
From: A Diep
Sent: 1/5/2022 4:38:58 PM
To:
Cc:
Subject: Do NOT mandate covid vaccines for Wa public schools- it is a PARENTS decision

External Email

Each family should decide for themselves if they want their own children to get a vaccine or not.

It is not the role of the Wa public schools to mandate what people decide to do with their own children's health.

Vaccines are a decision that each child's parents should decide based on their individual child's health - not the government.

From: John Lockard
Sent: 1/5/2022 9:17:04 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Good Morning,

I am writing today to express my view regarding mandating Covid Vaccines for youth in order to attend school in person in Washington State.

I would like to start off by stating the risk of death associated with COVID-19 in healthy children is virtually non-existent, as children have significant immunologic advantages relative to the older adult population (> 65 years) which comprises the high risk cohort for COVID-19. The risk of death and disease in children has become even more rare with Omicron. Yet even prior to the advent of Omicron, a peer reviewed study clearly demonstrated (using safety data accumulated during past variant circulation) that the genetic COVID-19 vaccines carry a risk/benefit ratio of five deaths in the older, high risk cohort for every one life saved from COVID-19 (and those data did not account for the reporting bias inherent in US deaths due to COVID consequent to inappropriate use of PCR tests). See "Why are we vaccinating children against COVID-19?"

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience/article/pii/S0950268821001665>>
" (Toxicology Reports, Volume 8, 2021, Pages 1665-1684).

The new variant of COVID-19, Omicron, has exploded onto the scene. What was already an inverted risk benefit ratio for genetic vaccination in children and adults (greater risk of death from vaccine than from COVID-19) will become even more inverted since the risks of COVID-19 are further reduced with Omicron. The Omicron variant is different in five essential ways:

- * More infectious and will soon be the dominant variant in the USA
- * Less pathogenic
- * Poorly matched to currently available vaccines
- * Natural immunity is providing good protection against Omicron
- * Disease symptoms are more similar to the common cold

The International Alliance of Physicians and Medical Scientists (16,000+ physicians from around the world) released a resolution concerning these exact issues. HERE

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>>
is the link to that resolution where 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.

With this information, it is my strong belief and the data empirically shows that using COVID-19 Gene Therapy in children has a strong probability to do more harm than good, and attempting to force said therapies on the children of our state would be a gross violation of medical ethics, individual rights, and parental rights. In addition, it would inevitably force families to remove their children all together from public education. This action would not only affect children in general, but would disproportionately affect minority and economically challenged families across our state.

It is in the best interest of our state, our people, and most importantly our children, that there is no further attempt to force COVID-19 Gene Therapy on our youth!

Sincerely,

John Lockard
Othello, Washington

From: Kelsie Hubbard

Sent: 1/5/2022 4:55:28 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid Vaccine madates

External Email

To our local government officials,

It has come to my attention that we have a very important upcoming vote regarding schools and our children. I am astounded that this vaccine with no history of side effects would be on the table for a vote to mandate it for CHILDREN! If this trend continues I will be joining the thousands of other parents that have chosen to seek education outside of the local school district. I urge you to consider the consequences of mandating an experimental shot for children when there is no data to tell us long-term effects. PLEASE VOTE NO!

Thank you,
Kelsie Hubbard

From: janie johnson
Sent: 1/4/2022 6:03:22 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandate for children

External Email

To whom it may concern I strongly oppose you mandating our children to be vaccinated for Covid 19. The FDA only approved version the vaccine is Comirnaty. It is not currently available and is different than the emergency use authorized Pfizer-BioNtech vaccine. 21 US code 360BBB Protects ones right to refuse any emergency us authorized medical products, therefor it is illegal to mandate an EUA vaccine. Our medical freedoms are being infringed upon. Janie Johnson

From: melinda dodge
Sent: 1/5/2022 5:07:45 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Freedom

External Email

Our family, citizens of Washington State, strongly oppose mandated vaccines for school children. Not enough is known about the long term effects of these vaccines.
Robert and Melinda Dodge

From: dawkins15.bd@gmail.com

Sent: 1/5/2022 10:14:56 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine mandates

External Email

To who will listen;

Please do not mandate our children to receive this vaccine. This should be a decision that is made in private with their doctor and parents. Educational personnel are not doctors and are not parental guardians this is a matter that should be decided upon privately on a case by case instead of a mandate or requirement. It's time to take a stand and not give in to political pressures or other threats of funding cuts. This has gone too far. It should be pretty obvious that the vaccine does not work entirely how the public was lead to believe it would. We don't know the long term effects on children's developing bodies and minds. I for one am not against anyone who would like to give the vaccine to their child but that should be a decision that is made privately amongst the family and their family doctor. You're going to find more people are against another mandate than are for this nonsense. I've done my best to be a rule follower and conform to what the consensus is among the general public. I'm sick about this along with other parents who will probably have a stronger worded objections to this. Stop the mandates let us make decisions for our own childrens health the way it should be with our doctor and guardians. This is a violation of rights. Take a stand for us and tell our government it's time to stay out of our personal decisions.

Brian Dawkins

Sent from my iPhone

From: BARBARA AND PHILIP SCHILE
Sent: 1/4/2022 7:48:22 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates

External Email

I have a grandson who is almost 4 years old. He will not wear a mask or be vaccinated. He will be home schooled. Many parents will be pulling their kids from public schools. No to mandates. No to CRT. No to teaching multiple genders. No to indoctrination.

From: Hoff, Christy Curwick (SBOH)
Sent: 1/5/2022 7:22:59 AM
To: DOH WSBOH
Cc:
Subject: FW: Mandatory vaccination

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

From: snjbuchanan@gmail.com <snjbuchanan@gmail.com>
Sent: Tuesday, January 4, 2022 6:17 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Mandatory vaccination

External Email

Please do not require school age children to receive the Covid-19 vaccination. It is dangerous and immoral. As a grandparent I'm vet worried about my grandchildren being harmed. If I still had kids in school I would pull them out before risking their health and life!

Sent from my iPhone

From: Bryan Rush
Sent: 1/4/2022 3:13:28 PM
To: DOH WSBOH
Cc:
Subject: NO COVID Vax Requirement for Children

External Email

Hello,

As a Seattle resident and a registered voter, I am writing to provide my comment on the topic of Covid Vax requirements for children that will be discussed during the WSBOH meeting coming up on January 12th. Covid vaccinations should absolutely NOT be a requirement for our children. It is wrong to create such a policy. Lawmakers and policy makers are not scientists. Let's give this vaccine a few more years to be proven, refined and the risks mitigated. This vaccine is experimental and nobody knows the long term effects. Vaccinating children will not help us get out of the pandemic. It has been proven that schools can open and operate safely without vaccines for children. Covid provides nearly zero risk to children.

Regards,

Bryan Rush

From: Amanda Smith

Sent: 1/5/2022 5:58:31 AM

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

Cc:

Subject: Mandate-school age children

External Email

Good morning,

If you pass this and force this serum on children, I for one will immediately remove my child from your school and will advocate for the same action from all parents.

This serum is NOT FDA approved. None of these "brands" have been cleared as safe to use nor are they effective. Informed consent is not being adhered to when this is being administered and that is also illegal. What you're proposing is wrong on so many levels.

Do some research. Find a medical insert on this serum. Look at the risks for something that can kill you without protecting anyone from anything.

If you push for this you are part of the problem with our government system, our freedoms, the constitution standing as rule.

Amanda Derschon

541-993-1310

Goldendale high school parent

From: Sabin Hogue

Sent: 1/5/2022 4:32:58 PM

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

Cc:

Subject: Covid concerns

External Email

Sirs and madams, I am writing as a very concerned parent and American.

I am writing in regards to the upcoming January 12, 2022 meeting.

It is time to stop the hysteria. From masks, to forced vaccines (threatening people with job loss is not a choice, it's extortion.). and now the covid camps.

WAC 246-100-070 is a gross overstepping of the government and breaks civil rights.

We are only 80 years post WWII and the hoocaust. Have we learned nothing? How can the voices of millions of people be silenced when the data shows Covid is not the mass death threat it was toted as.

Ignoring natural immunity, and suppressing side effect data is irresponsible.

Omicron is 40% less dangerous than the original strand and yet the hysteria by the media and government is still being spilled out.

Please vote AGAINST mandatory covid vaccines for school, jobs, and absolutely against the covid camps.

Sabin Hogue

From: Cassandra Erickson
Sent: 1/4/2022 4:01:07 PM
To: DOH WSBOH
Cc:
Subject: NO Mandates for Kids!

External Email

No one, including the government, has the right to force an unproven "vaccine" on our children. As property owners, we pay for public education. That education is guaranteed through our Constitution and the RCWs. You cannot make that right conditional upon a vaccine whose mid- and long-term side effects are unknown. COVID-19 has proven to be statistically harmless to children. Many of our children already carry natural immunity from having had the virus. In the words of the MRNA inventor, Dr. Robert Malone, and Dr. Peter McCullough, the vaccine presents far more harm than benefit to children! Our children are not experiments! Public education cannot be dependent on them partaking in this sick experiment!

Disgusted WA Resident,
Cassandra Erickson
Spokane, WA 99224

another example of what penalties will be faced when a pharmaceutical company puts profits ahead of patient welfare."

"The size and seriousness of this resolution, including the huge criminal fine of \$1.3 billion, reflect the seriousness and scope of Pfizer's crimes," said Mike Loucks, acting U.S. Attorney for the District of Massachusetts. "Pfizer violated the law over an extensive time period. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, Warner-Lambert, Pfizer was itself in its other operations violating those very same laws. Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated."

The company then went on to pay off 60.2 million in charges of bribery in 8 countries in 2011 and 23.85 million in 2018 for false claims. <https://www.justice.gov/opa/pr/drug-maker-pfizer-agrees-pay-2385-million-resolve-false-claims-act-liability-paying-kickbacks> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.justice.gov%2Fopa%2Fpr%2Fdrug-maker-pfizer-agrees-pay-2385-million-resolve-false-claims-act-liability-paying-kickbacks&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e1>

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine, Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine. <https://www.law.cornell.edu/uscode/text/21/360bbb> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2Ftext%2F21%2F360bbb>

Mandates also breach the following laws: 20 Code of Federal Regulations, Section 50.23 & 24 <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-A/part-50/subpart-B/section-50.23> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcurrent%2Ftitle-21%2Fchapter-I%2Fsubchapter-A%2Fpart-50%2Fsubpart-B%2Fsection-50.23&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e1> in which it is illegal to make anyone participate in an experimental program using coercion:

The obtaining of informed consent shall be deemed feasible unless, before use of the test article (except as provided in paragraph (b) <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcurrent%2Ftitle-21%2Fsection-50.23%23p-50.23\(b\)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcurrent%2Ftitle-21%2Fsection-50.23%23p-50.23(b)&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e1) of this section), both the investigator and a physician who is not otherwise participating in the clinical investigation certify in writing all of the following:

(1) The human subject is confronted by a life-threatening situation necessitating the use of the test article.

(2) Informed consent cannot be obtained from the subject because of an inability to communicate with, or obtain legally effective consent from, the subject.

(3) Time is not sufficient to obtain consent from the subject's legal representative.

(4) There is available no alternative method of approved or generally recognized therapy that provides an equal or greater likelihood of saving the life of the subject.

Are there really no available alternatives, especially for children? Here is a study, among many other treatments, showing a theoretical zero mortality risk from SARS-CoV2 infection in all persons with vitamin D levels over 50 ng/ mL.

<https://www.mdpi.com/2072-6643/13/10/3596>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mdpi.com%2F2072-6643%2F13%2F10%2F3596&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e>

Is COVID statistically life-threatening to children? Here is what Dr. Paul Alexander, Health Research Methodologist Evidenced Based Medicine, testified at 4:55 in the 8+ hour 167th Vaccines and Related Biological Products Advisory Committee – 9/17/2021 FDA hearing <https://www.youtube.com/watch?v=WFph7-6t34M>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=WFph7-6t34M&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e>

"Look, we want these vaccines to work...We currently do not have the safety data, we absolutely do not, and for anyone in the CDC, anyone in the NIH, and anyone in the FDA to say so is being disingenuous to the public. Now I wanted to end by saying this. When I, I looked at the study this morning by Chan...yes its a rat model, but we have to extrapolate to humans. That showed that the lipid nanoparticle, the constituency of the vaccine are accumulating in the ovaries, in the testes, in the spleen, in the adrenals, etcetera....people want to make this a joke and parody, etcetera, but this is a very, very serious consideration, because we even have animal data that shows us that there's a drop in fertility in the animal model. So we need this properly investigated. The public needs this answer properly, and I want to end by saying this: Under no condition, none, zero, based on the evidence, must children be indicated for these vaccines. There is no risk to children, no statistical, zero, in terms of spreading and in terms of getting serious illness or dying of this....Dr. Martin of John Hopkins....we looked at the children in America that have died, and we found that save 1, most, these children had at least 1 serious illness. So the reality is COVID is not a life-ending, life-threatening situation for children. Right now the CDC and NIH has not prosecuted the case as to why these children should be vaccinated, period. I say, do not do this, and I beg your consideration, thank you."?

Under 18 U.S. Code Section 2331, subsection (5):

<https://www.law.cornell.edu/uscode/text/18/2331>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F18%2F2331)

(5)the term “domestic terrorism” means activities that—

(A)involve acts dangerous to human life that are a violation of the criminal laws of the United States or of any State;

(B)appear to be intended—

(i)to intimidate or coerce a civilian population;

(ii)to influence the policy of a government by intimidation or coercion; or

(iii)to affect the conduct of a government by mass destruction, assassination, or kidnapping; and

(C)occur primarily within the territorial jurisdiction of the United States; and

Would mandating these experimental EUA vaccines to our most vulnerable population be considered domestic terrorism under the laws of our country knowing that intended coercion and intimidation tactics are being used within the united states which are potentially dangerous to human life, knowing that some children will die and be harmed from these inoculations? And if so, why is this even being considered?

I have multiple further questions that I hope the DOH considers:

We already know that there are reproductive problems associated with these vaccines, and the NIH received a 1.6 million grant to study "why."

<https://www.nichd.nih.gov/newsroom/news/083021-COVID-19-vaccination-menstruation>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nichd.nih.gov%2Fnewsroom%2FCOVID-19-vaccination-menstruation&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C>
Why would DOH WA state consider mandating these to young children with developing bodies?

Is broad vaccination in an Emergency Use Authorization trial considered safe if those injected are not monitored and few autopsies are done? How can the public be given true informed consent on safety without rigorous follow-up? Is 1 year long enough to prove something is safe? Do smokers get cancer immediately or is the damage found later, about 20 years later? Why did authorities vehemently deny that smoking had consequences for years and years? That DDT had longterm effects? What about x-rays for pregnant women? Widespread asbestos use and lead paint? Why did authorities argue that these were safe? If the FDA regards the term "safe" as having the benefits outweigh the risks, is this current covid vaccine, of unknown adjuvants and longterm complications, safe for children? <https://www.youtube.com/watch?v=WFph7-6t34M>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com/6t34M&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d04>

If Guillan Barre can show up 10 months after a vaccine according to the 2015 textbook "Vaccines & Autoimmunity," by Yehuda Schoenfeld, et al., is it ethical to tell parents that the vaccines are safe for their children if the breadth of benefit versus risk is not known for that individual? What about the many autoimmune disorders associated with adjuvants through Autoimmune/ Inflammatory Disorder Induced by Adjuvants (ASIA syndrome)? Or cancer risks? Why are adjuvants in the EUA vaccine not known even to doctors?

Steve Kirsch estimated back in September that for every 1 youth actually saved from dying of COVID, 6 will die from the vaccine. Dr. Toby Rogers PhD estimates it for the 5-11 year old age group as 117 deaths from vaccine/ treatment for 1 possible save from a COVID death. If it takes vaccinating 28 million children to potentially save 45 from a COVID death, does the risk outweigh the benefits for this age group?
<https://stevekirsch.substack.com/p/we-will-kill-117-kids-to-save-one>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com/p/we-will-kill-117-kids-to-save-one&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ce2e530ede9b64203369008d9d043>

Why was Maddie de Garay's data from the clinical trials listed in the results as "stomach pain" as an adverse event in the Pfizer clinical trials? She is 12 years old and can no longer walk after the vaccine, but the vaccine industry has no legal liability to do anything. <https://twitter.com/SenRonJohnson/status/1409882643827658766?s=20>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FSenRonJohnson%2Fstatus%2F1409882643827658766%2Fs=20>

Here are VAERS report accessed September 14, 2021: ""COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1466009-1" "1466009-1" "My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life." "He had no previous symptoms. I was with him one hour before and my assistant saw him 20 minutes prior and he did not show any irregularities." "None" "No prior vaccinations for this event." "None" "None.None"

"COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1420630-1"
"1420630-1" "~4 weeks after the 2nd dose of Pfizer, patient presented to the hospital
with chest pain; had pericardial effusion. Initially improved but then had

decompensation, prolonged hospitalization. Diagnosed with hemophagocytic lymphohistocytosis (HLH) and ultimately died." "No lab data for this event." "disseminated mycobacterium chelonae infection" "No prior vaccinations for this event." "Artane, azithromycin, calcium carbonate, dicyclomine, doxycycline, escitalopram, flovent, gabapentin, lansoprazole, melatonin, ondansetron, tedizolid," "ataxia telangiectasia; EBV-associated lymphoma,none"

"COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1420762-1" "1420762-1" "Cardiac arrest without resuscitation. Unknown cause of cardiac arrest. Awaiting autopsy report." "No lab data for this event." "No." "No prior vaccinations for this event." "Vienna 0.1-20 mg-mcg per tablet" "Obesity, Family history of clotting disorder (her workup with negative), and depression.,NKDA"

"COVID19 (COVID19 (PFIZER-BIONTECH))" "1200" "6-17 years" "6-17" "1225942-1" "1225942-1" "Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared dead by neurologic criteria 3/30/21." "No lab data for this event." "No current illness for this event." "No prior vaccinations for this event." "Reported to be on Drospirenone-Ethinyl Estradiol 3-0.02 MG per tab" ",,"

Were these deaths necessary? 99.798% of deaths occur in those over 40, according to accessed CDC data from September 14, 2021. Why does America have the highest death rates for COVID deaths in the world? Even compared to comparatively poor areas, like Uttar Pradesh in India, a region of 210 million people, a region that is virtually covid-free since September 2021 with a 6% vaccination rate?

<https://www.indiatoday.in/coronavirus-outbreak/story/uttar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-31>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.indiatoday.in%2Fcoronavirus-outbreak%2Fstory%2Futtar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.indiatoday.in%2Fcoronavirus-outbreak%2Fstory%2Futtar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-31&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e217)

[31&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e217](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.indiatoday.in%2Fcoronavirus-outbreak%2Fstory%2Futtar-pradesh-districts-covid-free-cases-deaths-1847365-2021-08-31&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e217)

Are there really no other options except mass-experimentation with an injection that bypasses the gut and skin barriers, can potentially hit the circulatory system and go straight to the heart when injected, and which causes known reproductive issues? Would the EUA have passed and normal safety trials been expedited and dismissed if we had used treatments that have shown great effectiveness in other countries? In 100 years, do we not have any antiviral medications that are cheap, easy, and proven safe for 40 or 65 years?

The definition of vaccine was changed from something that provides immunity to something that provides protection by the CDC in September 2021.

"Vaccine" Previous: vaccination: the act of introducing a vaccine into the body to produce immunity to a specific disease."

"Vaccine" *New: vaccination: the act of introducing a vaccine into the body to produce protection to a specific disease."

"Vaccination" Previous: "a product that stimulates a person's immune system to produce immunity to a specific disease"

"Vaccination" *New: "a preparation that is used to stimulate the body's immune response against diseases."

<https://www.miamiherald.com/news/coronavirus/article254111268.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.miamiherald.com%2Fnews%2Fhealth%2Fstory%2F2020-07-15%2Fmiami-herald-covid-vaccine-07-15-2020>
Since, at best, this vaccine lowers symptoms for an unspecified length of time, it is still leaky, meaning, the kids can still get the virus, and spread it. It does not provide immunity, but instead protection and stimulates a response. At best, it slows the spread of the virus, and prolongs the pandemic. Will vaccinating the young and healthy further put evolutionary pressure to cause Vaccine Enhanced Disease like in all other coronavirus vaccines in the past 20 years of trials in which initial robust immunity was observed, followed by death of susceptible animals when exposed to the wild virus?

<https://www.nature.com/articles/s41564-020-00789-5>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F2020-07-15%2Fmiami-herald-covid-vaccine-07-15-2020>

5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d0e2172

. As Christina Parks PHD Cellular & Molecular Biology said in her testimony to House Bill 4471: "So I'm very well versed in the science of both these mRNA, gene therapy vaccines, and the fact that this is extremely complex science that has been oversimplified by the media to basically take away our freedom of choice...do the covid vaccines prevent transmission? No." What about the cost in terms of autoimmune disorder risks? Heart issues? Reproductive health? If the vaccine does not stop transmission, then how can it contribute to herd immunity unless most people acquire breakthrough infections or "exposure through infection?"

<https://davidson.weizmann.ac.il/en/online/reasonabledoubt/ade-and-corona-vaccines>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdavidson.weizmann.ac.il%2Fen%2Fonline%2Freasonabledoubt%2Fade-and-corona-vaccines>

vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d

See Dr Toby Rogers PhD article from October: NNT for 5-11 year olds

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp%2Fis-the-number-needed-to-vaccinate>

vaccinate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d

. From this article, concerning the NNT (Number Needed to Treat):

* "At best, the Pfizer mRNA shot might be 80% effective against hospitalizations and death. That number comes directly from the FDA modeling (p. 32

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15344>

). I am bending over backwards to give Pfizer the benefit of considerable doubt because again, the Pfizer clinical trial showed NO reduction in hospitalizations or death in this age group. So injecting all 28,384,878

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdatacenter.kidscount.org%2Fdata-center%2Fchild-population-by-age-group%23detailed%2F1%2Fany%2Ffalse%2F574%2C1729%2C37%2C871%2C870%2C573%2C869%2C3>

children ages 5 to 11 with two doses of Pfizer (which is what the Biden administration wants to do) would save, at most, 45 lives (0.8 effectiveness x 57 fatalities that otherwise would have occurred during that time period = 45).

* So then the NNTV to prevent a single fatality in this age group is 630,775 (28,384,878 / 45). But it's a two dose regimen so if one wants to calculate the NNTV per injection the number doubles to 1,261,550. It's literally the worst NNTV in the history of vaccination.

* 31,761,099 people (so just about 10% more people than in the 5 to 11 age bracket) ages 12 to 24

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fcases-updates%252Fcases-in-us.html%23vaccination-demographic&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11d

have gotten at least one coronavirus shot.

* The COVID-19 vaccine program has only existed for 10 months and younger people have only had access more recently (children 12 to 15 have had access for five months; since May 10) — so we’re looking at roughly the same observational time period as modeled above.

- * During that time, there are 128 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fmortality&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ce2e530ede9b64203369008d9d043447> of fatal side effects following coronavirus mRNA injections in people 12 to 24. (That's through October 22, 2021. There is a reporting lag though so the actual number of reports that have been filed is surely higher).

* Kirsch, Rose, and Crawford (2021) estimate

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdocs.google.com%2Fdocument%2F1vXUj8BqR-7YDQ9oWwz3eZtTfEgG6mHd3yW3VnK1S>
that VAERS undercounts fatal reactions by a factor of 41 which would put the total fatal
side effects in this age-range at 5,248. (Kirsch et al. represents a conservative estimate
because others have put the underreporting factor at 100
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fmedia%2Fdocuments%2FVAERS%2FVAERS-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Ce2e530ede9b64203369008d9d0434479%7C11c32a79-4350-4680-a930-309330933093%7C>
.)

* With potentially deadly side effects including myo- and pericarditis disproportionately impacting youth

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fmortality&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ce2e530ede9b64203369008d9d043447>>
it is reasonable to think that over time the rate of fatal side effects from mRNA shots in children ages 5 to 11 might be similar to those in ages 12 to 24."

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. By January 2022, over 21,000 deaths and over 110,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children. He is quoted in a COVID Revealed interview with Dr. Patrick Gentempo as saying: "We can't take what's is normally a decade long process for developing a product in ensuring its safety and efficacy, and compressing it into 6 to 9 months and not cut some corners, that's just absurd."

Please vote against mandates for children, and protect our most vulnerable.

Thank you for your time.
Kari Matadobra, Camano Island

Additional Sources/links:

* <https://www.fda.gov/media/150386/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Db3f413061a%26e%3Da>

* Doctor analyzes death rates in Pfizer's trial:

<https://m.youtube.com/watch?v=crAyJvyDygm&feature=youtu.be>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D50048ff78a%26e%3Da>

* Pfizer's 6-month data shows they do more harm than good:

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D672dfbe24e%26e%3Da>

* <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D26c70db82c%26e%3Da>

* <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da4f598f7f9%26e%3Da9>

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D0db3d2f954%26e%3Da>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da2db36e764%26e%3Da>

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Dd29a8db5b3%26e%3Da>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D4ea68806a7%26e%3Da>

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D5c94c1b0f2%26e%3Da>

From: Jeff & Connie Lander

Sent: 1/5/2022 9:55:53 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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), Connie Lander

Cc:

Subject: Vaccines for students

External Email

Hello.

I'm writing as a concerned citizen, parent, and educator. I request that you do not add the COVID-19 vaccine to the list of required immunizations for students. Although I am in support of vaccines, I'm very hesitant and concerned about mandating this one so quickly for our youngest population. It is too early in this vaccine's history and development to require it. There has not been enough time to study the effects of this vaccine, and requiring it for our most vulnerable is a careless and rash decision. We need more time to study and evaluate potential dangers before requiring it.

I'm afraid that mandating it will push even more families and students out of the public school system, as well.

Social distancing and masking is already in place in schools which lessens the risk of contagion, according to many sources. That is enough protection at this point.

Please respond with your individual thoughts, not a cut-and-paste response.

Thank you.

Connie Lander

From: Nancy
Sent: 1/5/2022 6:52:13 AM
To: DOH WSBOH
Cc:
Subject: We will not accept mandatory covid shots for our kids

External Email

This has gone on too long and too far. The masking is bad enough. There are more than 16,000 physicians that agree that our children should not be vaccinated. We are prepared to take our kids out of the state school system if you mandate this vaccine.

<https://childrenshealthdefense.org/defender/physicians-scientists-kids-should-not-get-covid-vaccine/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/physicians-scientists-kids-should-not-get-covid-vaccine%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C64afd53641084833965f08d9d05ab43>>

<https://globalcovidsummit.org/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C64afd53641084833965f08d9d05ab43>>

From: Magnolia

Sent: 1/5/2022 5:31:39 PM

To: 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: Do NOT add Covid-19 Vaccines to the Childhood Vaccination Schedule!



*attachments\5B6615A749DF4D7D_Reasons NOT to add mRNA Covid
Vac_PRDTOOL_NAMETOOLONG.odt*

External Email

Attached is a longer document explaining the reasons I oppose this addition. But the best argument is the one put forth by Robert Kennedy JR: that the reason why this is being pushed is to provide vaccine manufacturers with a liability shield they would not otherwise have for an experimental vaccine that does more harm than good for young children.

Susan Rhodes
Geranium Press
2816 NE 117th St
Seattle, WA 98125

From: Adam
Sent: 1/5/2022 7:18:42 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Please remove mask mandates and do not impose a vaccine mandate for my children.

Sent from Yahoo Mail on Android

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

From: Jennifer Vanderholm
Sent: 1/5/2022 7:04:17 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To whom it may concern,

I oppose a vaccine mandate for children ages 5+ who attend public school in the state of Washington. Many many parents will pull their children out of public schools if they are forced to vaccinate their children. I am one of those parents. I would rather find a way to homeschool my kids, then vaccinate them for an illness that doesn't harm them. I am fed up with the masks as well.

Jennifer

Sent from Yahoo Mail on Android

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

From: Rod Richeson
Sent: 1/5/2022 8:34:30 AM
To: DOH WSBOH
Subject: No mandatory vaccination rules for EUA vaccines.

External Email

There should be no discussion about this as children are infected much less, and the long term data on any injection to combat covid has not been published. We have seen that once, twice, and thrice "vaccinated" individuals are having "breakthrough" infections, which means the efficacy of the injection is minimal, and the potential effects could be catastrophic to growing, developing individuals.

No injection that is being administered under EUA should not even be discussed for mandatory administration. The current injections are NOT the FDA approved version, and thus no liability is taken by the manufacturer of the injectable. People can argue they are the same, but the FDA and CDC say they are not the same.

This process needs to slow down considerably for data to be gathered on if this virus is going to burn itself out, ala omicron, be a seasonable virus, before a potential life altering injection is given to a child that cannot give consent.

Rod Richeson
Moses Lake, WA

From: Amy Michel
Sent: 1/4/2022 2:17:07 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I am writing in regards to the board considering adding Covid vaccinations to the children's vaccines required for school. This is an inappropriate proposal as none of the Covid vaccines available to children are FDA approved and children have extremely low risk of severe symptoms of this virus. Please do not consider these vaccines as required for public education.

Thank you,

Amy Michel

From: Jennifer Groeneweg
Sent: 1/4/2022 7:40:06 PM
To: DOH WSBOH
Cc:
Subject: IN OPPOSITION of a covid EUA vaccine being added to the childhood schedule-
with respect

External Email

To the Dept of Health regarding covid vaccination,

I appreciate you for taking the time to read this email. I am writing in as a very concerned parent and citizen.

It is unethical, immoral and illogical to place this unapproved EUA product on the children's vaccine schedule. The effects of covid on children are negligible to nonexistent.

We would be sacrificing innocent, healthy children to risks of injury and death from a product that has NO longterm safety data.
Thousands of experts at the Global Covid Summit have declared that these vaccines should NOT be used on children.

The Vaers database is signaling risks of heart inflammation, Myocarditis, Pericarditis, period irregularities, blood clots, etc. after covid vaccination.

If placed on the children's vaccine schedule to attend school, we run the risks of uninformed parents assuming "approval" and "safety," neither of which are true. Especially among those with language barriers.

If placed on the children's vaccine schedule to attend school, we run the risk of exemptions being eroded and a future of compulsory experimental vaccination of healthy, innocent children.

If placed on the children's vaccine schedule to attend school, we run the risk of continuous, compulsory, untested booster shots, further endangering healthy, innocent children.

If placed on the children's vaccine schedule to attend school, we run the risk of causing severe long-term health consequences of healthy, innocent children.

I am pasting part of the Global Covid Summit Declaration here:

NOW THEREFORE, IT IS:

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION (view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F%23children&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C66ce053fcfc48d408f208d9cfcf>
>)

* 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.

In conclusion, anyone involved in the approval and implementation of an experimental product which causes future injury & death will be morally responsible for harming innocent, healthy children.

If there exists any financial incentives for placing these experimental products on the child vaccine schedule, the immorality increases tenfold.

We need your help now to stop this process. We need your help now to protect our children. We need your help.

Please consider the words of terrified parents everywhere. Parents who are trying to protect their children from unnecessary harm. And with all of my heart, I appreciate you reading this email.

Sincerely,

Jennifer Groeneweg
(425) 236-1014

From: tara camp

Sent: 1/5/2022 4:46:43 PM

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

Cc:

Subject: Covid Vaccines for school

External Email

Regarding the rumor that you intend to add an covid vaccine requirement to attend school. You would be underestimating how many parents choose not to put such a experimental non vetted "vaccine" already proven to have adverse side effects on children that far outweigh the slight risk of symptoms they may have from the diminishing virus itself.

Parents will pull their children in a mass exodus from the public school system without hesitation in order to protect their health against something that is proven to cause issues and no science to back the potential long term side effects.

Leave our children alone. We as parents are the only person that should ever decide what is injected into out children not the government. This vaccine is ineffective, and unsafe.

There has already been a large number of parents who have pulled their children from public schools so much so that it is already impacting potential federal funding. You attempt to force a unwanted vaccine on our children and the mass exodus of children from public schools will essentially be the downfall of any sort of public education system. The public education system can not afford to run on local and state dollars alone, it needs the federal funding which come from how many children are in the schools. That will be gone.

Yes I am vaccinated but I will not under any circumstance vaccinate my child. I will follow suit if the thousands of parents who will pull their children from the public school system as well as likely leave to a state that respects a parents right to choose what's right to protect the health and well-being of their child.

Sent from my iPhone

From: Lisa Eastman
Sent: 1/5/2022 4:47:42 PM
To:
Cc:
Subject: Comments on upcoming mtg

External Email

Hello,

In regards to your upcoming meeting on January 12, 2022, I would like to comment on agenda #11 regarding immunization and children. I am deeply opposed to making COVID vaccinations a requirement with school-aged children and do not support this measure. Not only does COVID pose a zero-to-low risk for children, but the vaccine testing data are starting to show moderate to significant risk to some children. I believe it would be unethical and irresponsible to mandate COVID vaccinations of children.

Please do not endanger our vulnerable next generation.

Thank you for your time,

Lisa Eastman

From: Monte Madsen
Sent: 1/4/2022 5:11:29 PM
To: DOH WSBOH
Cc:
Subject: Mandatory vaccines for children

External Email

To whom it may concern,
Before implementing this, I feel it's mandatory to have an independent review of the data up to this point. Both the Moderna and Pfizer clinical trials did not have Clinical Events Committees (CEC), or Data Safety Monitoring Boards, (DSMB). This is very concerning, as this is required in most studies. We need an independent review for the safety of our children.

Sincerely,
Monte Madsen
Spokane

From: Brett Spore
Sent: 1/4/2022 9:04:03 PM
To: DOH WSBOH
Cc:
Subject: Immunization Criteria for Child Care and School Entry (Covid-19)

External Email

As a parent, medical employee and a member of the community, I implore you to please stop the push to require Covid-19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at an extremely low risk for Covid-19. The Covid-19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading Covid-19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children!

The disease burden in this case does not meet your criteria. There is NOT a significant morbidity and/or mortality in at least some sub-set of the population. The survival rate is well over 90% and even the long term effects of Covid-19 do not represent a significant amount. Additionally, this vaccine is not meeting your criteria because it is not reducing the risk of person-to-person transmission.

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally in regard to vaccines effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing Covid-19 nor is it preventing the spread of Covid-19. The vaccine is not cost effective for our nation. Perhaps it is cost effective or free or maybe even puts some money into the local schools, but as a nation, it is destroying our financial position at an alarming rate. "Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Yeah. Not even close. Tell that to the parents of the kids who are having heart attacks. Tell that to my friends who have had massive auto immune flare ups and other medical issues arise immediately after their second dose. This is not a safe vaccine for all people.

Please PROTECT our children by NOT requiring a covid-19 vaccination to attend child care or school.

Thank you,

Brett Elizabeth Spore

From: Bryan Balsley
Sent: 1/4/2022 9:15:36 PM
To: DOH WSBOH
Cc:
Subject: Mandatory vaccination for K-12

External Email

Dear Board of Health,

It has come to my attention that you will be meeting on January 12th to discuss requiring K-12 children to be fully vaccinated in order to attend public school.

As a parent of three children in the school system, the thought of requiring children to be vaccinated is insanity. You are not the parents, you do not get to decide what medical treatment children are required to have. Especially treatment that does not stop infection or transmission.

If vaccines are required, our children will be removed from public education. We will not allow our children to be vaccinated.

Thank you,
Bryan

From: Don Frazier
Sent: 1/5/2022 3:01:55 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Mandates

External Email

I oppose all mandates! Especially for children!

Vicki Frazier

Get Outlook for iOS

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

From: Amanda Jolley
Sent: 1/4/2022 10:15:31 AM
To: DOH WSBOH
Cc:
Subject: Include this comment in upcoming Jan meeting

External Email

While parents may choose to vaccinate their own children, these mandates are unethical and unlawful. Advocates of mandating Covid vaccines equate them with standard childhood shots against polio, chickenpox, TDaP (tetanus, diphtheria and pertussis) and MMR (measles, mumps and rubella). But those decades-old vaccines have gone through the full FDA testing regime. The Covid vaccine has received only emergency-use authorization for this age group, meaning its safety and efficacy have not yet been established to the FDA's satisfaction.

The Covid-19 vaccines are too new to have been studied for long-term effects. There are no studies of whether it is safe to vaccinate children who have recovered from Covid-19. Many states don't require vaccinating children against diseases they have already had, like measles or chickenpox, because they acquire natural immunity. Why should Covid be any different?

Amanda Jolley

From: Holly
Sent: 1/4/2022 7:50:23 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine Mandates

External Email

To whom it may concern:

I truly appreciate your invitation for public comment on whether or not the Covid vaccine should be required for K-12 students. My answer is a resounding no! As taxpayers and invested parents, my husband and I do not feel that we should decide between giving our children a vaccine or an education. We strongly oppose Covid vaccine mandates.

Please continue the good work of educating the children of Washington state and allow parents to make healthcare decisions for their own children.
My children will not attend a school with Covid vaccine mandates.

Sincerely,
Holly Kimm
Mother of 2 elementary students

From: Alatea Hoops

Sent: 1/5/2022 11:07:42 AM

To: Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Davis, Michelle (SBOH), Thai, Nathaniel J (SBOH), samantha.pskowski@sboh.wa.org, Glasoe, Stuart D (SBOH), DOH WSOH

Cc:

Subject: January 12 meeting

External Email

To whom it may concern,

I am a citizen of Washington, a worker of Washington state, and a mom. I am writing you today to voice my concern about the agenda of the meeting on January 12.

Washington state is already one of the most unconstitutional states concerning COVID-19. While 41 other states get to live freely without mandates, the citizens of Washington live behind the bars of non stop mandates. How is it that 41 states are able to breathe freely, while nine of the communist states continue to beat down their citizens.

What concerns me the most is our children. You guys want to mandate the vaccine for our children just to be able to get an education. That sounds discriminating, racist, and segregating to me. COVID-19 was never even a threat to children and yet you want to mandate them to get a vaccine that was pushed out in a short amount of time without the proper testing? You guys want to be responsible for ruining the health of children? Ever since the vaccine came out in December 2020, one variant after the next after the next after the next has come to surface. It's almost as if the vaccines are creating variants. Since the vaccine has come out the numbers in the US just keep going up. Originally you guys said the COVID-19 vaccine would keep you safe from getting Covid. Then you guys switched to it doesn't stop you from getting Covid unless 100% of the citizens get vaccinated. That was never how vaccinations have worked. It's funny how all of a sudden a vaccine doesn't work unless everyone has it. If you have a vaccine it should protect you from that virus. If it doesn't you guys have a very bad product. The vaccine does not keep you from getting sick. The vaccine does not keep you from dying from COVID-19. So what the vaccine does I do not know. So why on earth would you mandate our children to get this when it doesn't even work. Children were never even at risk. You guys said so yourself. The narrative changes so much that only someone without a brain wouldn't question it. I already know many citizens who have decided to homeschool their children or move out of state to get away from Jay Inslee's tyranny. And I can guarantee you that if you mandate this vaccine that doesn't work for our children many more will decide to move and homeschool including myself. Washington used to be a wonderful state it's sad to see the ruling of one power-hungry governor ruin it.

Let's not forget you guys are talking about detaining people to your quarantine camps on January 12. I never thought history will repeat itself, but Here we are in the beginning stages of what happened to the Jews in Nazi Germany. It did not start with murder. It started with shaming the Jews, calling them a disease, segregation, locking them up, and then the mass genocide. It looks like we are more than halfway there.

This is unconstitutional. This is not right. This is a fight for our children. As far as I know I carried my child for nine months, I brought my child out of my body, and everything that I buy from my child is from working hard to be able to provide for them. You the government have no say in my child.

I hope you decided to listen to the children and follow your "science" of how children were barely affected by Covid -19.

Since the vaccine came out the cases have gone up, more people have died, and things have gotten worse. This is an utter failure of our government.

Alatea Paez

From: heather wick
Sent: 1/5/2022 5:25:27 PM
To: DOH WSBOH
Subject: No mandatory vaccines!

External Email

To whom it may concern,

As a parent and a public school educator I am adamantly opposed to a covid vaccine requirement for school aged kids and daycares. This vaccine has not had any long term (or relatively short term) safety studies done and is only approved for emergency use. The SCIENCE shows that though this virus is becoming more transmissible it is also becoming LESS severe symptom wise (especially in children). No parent wants their child to get sick, not even with the common cold (which is where covid is heading in mutation). However the reality is that if they don't catch it at school they will catch it at the grocery store, the library, from mom or dad who got it from work etc. DESPITE vaccination status! It is absolute discrimination to refuse children access to public school because their parents don't feel comfortable giving them an experimental vaccine (and it's only considered a 'vaccine' because the definition of a vaccine has recently been amended). When my husband and I chose to have children we intended to raise them as a couple, the TWO of us. We are NOT interested in a menajhtwa or co-parenting situation with the government. Thank you for your time.

Heather Wick

From: Diana Benoit
Sent: 1/4/2022 1:45:14 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements

External Email

I don't understand how you all can make medical drug mandates for children and sleep at night!! All these drugs are only proving to harm children in what I'm reading from studies done! I don't want my tax dollars going to harm children!!! Stop this craziness! Children are being abused under your watch and it won't go without consequences!!
STOP GOVERNMENT TYRANNY!

From: Nicole Bright
Sent: 1/4/2022 11:20:34 PM
To:
Cc:
Subject: Vaccine requirement for children

External Email

Good evening!

I'm writing you to ask that you please consider my plea. Children are at no grave risk of this virus- not enough to warrant a vaccine!

Please leave this choice up to parents. Please keep schools a diverse place - where opinions and parents choosing what is right for THEIR family is honored.

The fear has gotten so bad that we are forgetting the facts!! Please no mandatory vaccines!!!

Nicole Bright
1st grade teacher

206-605-2050

Sent from my iPhone

From: Linda Hultman
Sent: 1/4/2022 8:46:48 PM
To: DOH WSBOH
Cc:
Subject: Vote NO to adding Covid inoculation requirement for public schools!

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccines adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Linda Hultman

Federal Way, WA

Sent from Mail

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

From: Dale and yvonne Anderson

Sent: 1/5/2022 8:36:12 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Vaccines for school children

External Email

I adamantly oppose any Covid vaccine requirement for Washington State school children. This should be a decision made between parents and their children's physician, not politicians. The day the law and courts make every one of you that vote in favor of any type of Covid mandate individually and communally liable for the damage caused by your forced political views on the citizens of this state is the only time this should even be suggested for discussion!

Yvonne Anderson
Ritzville, WA

Webinar ID

894 7406 4216

Passcode

957396

Please submit any questions to: Kelie.Kahler@sboh.wa.gov.

You can cancel

<https://us02web.zoom.us/webinar/register/tZ0pcO2oqD8oG9KF6FhUeOASqfB_9IIVqjfr/success?act=canceled&from=7w0LzmJpZA> your registration at any time.

WAYS TO JOIN ZOOM

1. Join from PC, Mac, iPad, or Android

Join Webinar

<<https://us02web.zoom.us/j/89474064216?tk=voragosNHZN1DYpWNdwdsJbIBF-Lct3Wp89FOkKRfzQ.DQMAAAAU1RHfWBZ5cXZSVW1kdFJHRy03dzBMem1KcFpBAAAAAAAAAAAAAAAAAAAAAAAEyQyDTdyxsw>>

If the button above does not work, paste this into your browser:

<https://us02web.zoom.us/j/89474064216?tk=voragosNHZN1DYpWNdwdsJbIBF-Lct3Wp89FOkKRfzQ.DQMAAAAU1RHfWBZ5cXZSVW1kdFJHRy03dzBMem1KcFpBAAAAAAAAAAAAAAAAAAAAAAAEyQyDTdyxsw>

To keep this webinar secure, do not share this link publicly.

Add to Calendar(.ics)

<https://us02web.zoom.us/webinar/tZ0pcO2oqD8oG9KF6FhUeOASqfB_9IIVqjfr/ics?user_id=yqvRUmdtRG7w0LzmJpZA&type=icalendar> | Add to Google Calendar
<https://us02web.zoom.us/webinar/tZ0pcO2oqD8oG9KF6FhUeOASqfB_9IIVqjfr/calendar/google/add?user_id=yqvRUmdtRG7w0LzmJpZA&type=google> | Add to Yahoo Calendar
<https://us02web.zoom.us/webinar/tZ0pcO2oqD8oG9KF6FhUeOASqfB_9IIVqjfr/ics?user_id=yqvRUmdtRG7w0LzmJpZA&type=yahoo>

2. Join via audio

One tap mobile: US: +12532158782,,89474064216#,,,,*957396# or

+13462487799,,89474064216#,,, *957396#

Or dial: For higher quality, dial a number based on your current location.

US: +1 253 215 8782 or +1 346 248 7799 or +1 669 900 9128 or +1 301 715 8592 or
+1 312 626 6799 or +1 646 558 8656

Webinar ID: 894 7406 4216

Passcode: 957396

International numbers <<https://us02web.zoom.us/j/kdrx2gOfLS>>

Thank you!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fzoom_us&data=0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fcompany%2Fzoom-us&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C75c7262d89ed4cc8767c08d9cfc>>
video-communications%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C75c7262d89ed4cc8767c08d9cfc

<<https://blog.zoom.us/>>

Copyright ©2022 Zoom Video Communications, Inc. All rights reserved.

From: Andra Davis

Sent: 1/5/2022 8:52:05 AM

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

Cc:

Subject: NO for child vaccine requirements

External Email

Good morning,

I want to make known my strong opposition to any covid vaccine requirements for school children. Our children have had covid and the only ones in the household who had the worst symptoms were the fully vaccinated ones.

My husband had adverse reactions to the vaccine also. Whether there is something more sinister going on with this vaccine and its impact on our human bodies, this is not appropriate to do to our children! Just the fact that we are here, trying to protect our children from this freedom being taken is shocking.

Please, please do the right thing and do not pass a vaccine requirement for our precious children. Thank you.

Andra Davis

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 3:31:32 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandates

From: Don Frazier <frazid277@gmail.com>
Sent: Wednesday, January 5, 2022 3:01 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Mandates

External Email

I oppose all mandates! Especially for children!

Vicki Frazier

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C0>>

From: Tesha Hudson
Sent: 1/4/2022 4:45:05 PM
To: DOH WSBOH
Cc:
Subject: Mandatory Vaccines

External Email

To Whom It May Concern:

I am writing to express my concern regarding mandatory vaccines. I am AGAINST requiring vaccines for any age, especially for children. In my humble opinion, there is NOT enough long term data. I believe it is far riskier to mandate a vaccine with little long term studies, than it is to mask up, social distance, wash hands and hope for the best. My Body, My Choice. Thank you for your time and for relaying the people's voice.

Sincerely,
Tesha Hudson
Spangle, WA

From: Meghan Lucas
Sent: 1/5/2022 10:06:13 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine passports and children's vaccine

External Email

Greetings

I plead with you to please uphold our Constitutional Rights and NOT support implementing the vaccine passport. This will not persuade my family and I know many others to get the "vaccine". This is not about politics and whether you are for OR against this said "vaccine" this is about us American citizens valuing our constitution and understand that it much harder to get these rights back once we give them up. Many agree with me that this has crossed over a line that is no longer about protecting us from a virus. We now see this about protecting our freedom and losing this negatively affects the next generation.

Benjamin Franklin once said: "Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety."

This quote came from the only founding father to have signed all four of the key documents establishing the U.S. We need to remember wisdom that our founding fathers helped build a foundation that has become our great free country. Let's not give up our freedoms. We have fought hard to be a free country! Let's not go back to the beginning creating another Civil War. Choosing to not step down from this position puts our livelihood at stake and we are willing to fight for this.

Have you personally sat down and realized the magnitude of this situation and what would happen to each county if this takes place?! Just spend at least 10 minutes thinking of both sides not just your side...it scares the hell out of me thinking what people are going to do and willing to do to fight for their families, for food, for a job etc. what price if your freedom worth? Your kids freedom worth? This is SOO much more and bigger than a just a vaccine and a vaccine passport.....

Then you taking away our rights as parents to choose what vaccines OUR children will receive is beyond wrong. That is not your place to bully or coerce people into these decisions. You will see more and more parents pulling their children from school which in turn hurts the district but parents will do what they need to do to protect them from you! Some people were willing to comply and lay down when it came to their job in order to feed their family; but will not lay down when it comes to their children!!!!

God bless America and may God give you the strength to do what is right. Fight for the people who vote for you! I'm sure if you did a study you would find most don't want this even if they have are vaccinated. This is so violating!

Meghan Lucas and family

Sent from Yahoo Mail for iPhone

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

From: Chris Lord
Sent: 1/4/2022 4:24:30 PM
To: DOH WSBOH
Cc:
Subject: Mandatory covid vaccination for school entry

External Email

As a parent of a 7 and 9 year old currently in Washington State public schools I am emailing to ask that you don't vote to have the covid vaccination mandatory for school entry.

Sent from my iPhone

From: Damien Hare
Sent: 1/4/2022 8:14:17 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu. This does not necessitate a flu shot, let alone a vaccine that is ineffective against the newest variant.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Damien Hare
Port Angeles, WA 98362

From: justin honcoop
Sent: 1/5/2022 4:19:10 PM
To: Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),DOH WSBOH
Cc:
Subject: Vaccine mandate for K-12

External Email

Good afternoon,

I am writing in regards to the potential requirement of a forced experimental "vaccine" on our children to attend public schools. Enforcing such a requirement would wreck our small communities especially. Our family as well as many others in our small community and surrounding communities have already stated that we will not send our children to any school if there is a requirement for an experimental vaccine such as the Covid-19 vaccine for our children to attend school. Enforcing this requirement with no options for parents to their rights of choice, will result in the loss of children in our schools and the potential collapses of the schools and communities. I imagine this would be a domino effect in bigger cities as well. If they haven't already, parents will quit their jobs to homeschool and we will see an even greater economic downfall. This would be a detrimental decision on so many levels. Please think about if you are ready to be held personally responsible for enforcing a requirement on children when you have no idea of the immediate and/or long terms effects these shots will have on children. Children that will be subjected to the potential risks of a shot because their parent(s) feel that they have no other option.

God entrusted each of us with our children not the government to decide what is best for our children. It needs to be the parents choice.

Thank you for your time and consideration.

Justin Honcoop

From: Jennifer Groeneweg
Sent: 1/5/2022 5:41:54 PM
To:
Cc:
Subject: IN OPPOSITE of EUA covid vaccine on childhood schedule

External Email

BOH,

I appreciate you for taking the time to read this email. I am writing in as a very concerned parent and citizen.

It is unethical, immoral and illogical to place this unapproved EUA product on the children's vaccine schedule. The effects of covid on children are negligible to nonexistent.

We would be sacrificing innocent, healthy children to risks of injury and death from a product that has NO longterm safety data.
Thousands of experts at the Global Covid Summit have declared that these vaccines should NOT be used on children.

The Vaers database is signaling risks of heart inflammation, Myocarditis, Pericarditis, period irregularities, blood clots, etc. after covid vaccination.

If placed on the children's vaccine schedule to attend school, we run the risks of uninformed parents assuming "approval" and "safety," neither of which are true. Especially among those with language barriers.

If placed on the children's vaccine schedule to attend school, we run the risk of exemptions being eroded and a future of compulsory experimental vaccination of healthy, innocent children.

If placed on the children's vaccine schedule to attend school, we run the risk of continuous, compulsory, untested booster shots, further endangering healthy, innocent children.

If placed on the children's vaccine schedule to attend school, we run the risk of causing long-term health consequences of healthy, innocent children.

I am pasting part of the Global Covid Summit Declaration here:

NOW THEREFORE, IT IS:

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION (view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F%23children&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C946bbf14a712457530a9>
)

* 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.

In conclusion, anyone involved in the approval and implementation of an experimental product which causes future injury & death will be morally responsible for harming innocent, healthy children.

If there exists any financial incentives for placing these experimental products on the child vaccine schedule, the immorality increases tenfold.

We need your help now to stop this process. We need your help now to protect our children. We need your help.

Please consider the words of terrified parents everywhere. Parents who are trying to protect their children from unnecessary harm. And with all of my heart, I appreciate you reading this email.

Sincerely,

Jennifer Groeneweg
(425) 236-1014

From: Tracy Stevens
Sent: 12/31/2021 11:56:22 AM
To: DOH WSBOH
Cc:
Subject: Info Requested...

External Email

Hello, I am a parent in Washington State, and I greatly oppose the COVID vaccine becoming a mandated vaccine. Who can I contact to get my voice heard?

This is a leaky vaccine and my kids have already been confirmed to have COVID. They have immunity which is better than the vaccine.

Please send me info on who to contact to let them know as a tax paying citizen, I oppose the COVID vaccine being mandated.

Thank you,

Tracy Stevens

From: Phyllis Winn

Sent: 1/5/2022 11:20:58 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: mandated vaccinations for children - or ANYBODY!

External Email

I am writing to express my extreme dissatisfaction in the required and mandated vaccinations that you are imposing on not only our children, but on the people in Washington State.

Vaccinations should be tested and proved as safe; these are not. The long-term results and implications are still yet inconclusive. There is no documentation that having a covid vaccination prevents you from getting covid - in fact it is the opposite. Many, many, MANY people who are vaccinated continue to get covid, so clearly the vaccination is not doing it's job. A vaccination is supposed to PREVENT you from contracting a disease - this covid vaccination does not do that! This vaccination is weakening peoples' immune system and should not be required at a government level. This is a personal choice issue and governmental agencies have NO BUSINESS being involved with the (our, as parents) decision.

Childrens' immune systems are strong. Their rate of infection with Covid is low and their hospitalization is lower. As this vaccination is still in its trial stages, please do not inject, or force our children to be injected, with an unknown long-term substance that we do not know, nor will we know the effects of the vaccination, for years to come.

Stay out of our homes and the governing our children. It is our jobs to monitor our children, what they inject or ingest into their systems, and their beliefs. Please, do your jobs and not ours.

Phyllis Winn
Concerned Parent

From: Mark Peachey

Sent: 1/4/2022 4:33:02 PM

To: DOH WSBOH, Davis, Michelle (SBOH), malanie.hisaw@sboh.wa.gov, Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH)

Cc:

Subject: vaccines

External Email

To whom it concerns

i am writing to you today about the upcoming vote(Jan 7) on vaccinating school age children.I would just like to caution the board against such a decision as all these decisions that are hurtful to the taxpaying constituent will be brought to light and charges will be brought against all those who mandate such illegal activiy.The SCOTUS just defeated Bidens mandate for servicemen and all others will be.We the people need you to do your job and protect and provide the safest environment for our children.It has been proven beyond any doubt what harm masks have done and will do..We the peop[le do not want our children touched unless WE say so.Any other choice will bring civil unrest assuredley and any injuries will be your direct responsibilty.

M.Peachey

From: Joanie Coe
Sent: 1/5/2022 8:05:49 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

My kids will not be getting this vaccine. As a respiratory therapist I know and see the reality of what this vaccine is doing to not only our kids but adults also. People are dying and having life changing complications from the vaccines. Our kids do not need this vaccine. They are healthy kids who have great immune systems which god gave them. He created our bodies to defend itself. All we need to do is exercise, take vitamins and eat nutritious foods. Our kids are not at risk! The vaccinated are no different than the unvaccinated regarding covid. The vaccine is not stopping the spread. Look at the other countries in the world! Herd immunity is the key! If your immune system is compromised then stay home. Let the healthy get herd immunity and move on with life. We have a right to what goes into our bodies and what doesn't. This Mandate is unconstitutional. Once again my family will not be receiving this vaccine. WE WILL NOT COMPLY!

Sent from my iPhone

From: Don Maak
Sent: 1/5/2022 8:04:16 AM
To: DOH WSBOH
Cc:
Subject: Mandates.

External Email

No Mandates. Uphold our Constitution. No forced vaccine's on anyone. Socialism is not welcomed in America.

From: candice hussain

Sent: 1/5/2022 4:04:09 PM

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

Cc:

Subject: VOTE NO on VACCINE mandates for School Aged Children

External Email

Attn: WA State Board Health Representatives

I am a beleaguered WA resident and a parent of school-aged children, just one of many, living through non-sensical mandates and forced medical tyrannies. I've already chosen to remove my children from school to avoid having them be traumatized by the policies that have been adopted since this pandemic began, but if our state chooses to make an experimental drug that is proving to maim and kill thousands of people mandatory for children to be enrolled in school, I am certain many, many more will be removing their kids by the droves. Let's stop destroying this beautiful state with bad policy.

Please support freedom of medical choice for children and their parents!

Sincerely,
Candice Cheadle

From: stacyrehfield

Sent: 1/5/2022 9:52:38 AM

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

Cc:

Subject: NO covid vax requirement for school age children

External Email

I realize you are hearing this from everyone. But I would like to go on to say that it is completely unconstitutional to force vaccines or any other experimental medical procedure without full disclosure to the patient. The VAERS report on its own shows massive adverse effects from the back scene. The CDC has also stated that children are at very low risk. On top of everything else you work for us we do not work for you. That's how the Constitution was set up. And it still is the law of the land. Our children belong to us not to the state.

I am asking the state of Washington and the Board of Health to stay out of our business. And if you cannot stay out of our business we will not comply!

Stacy Rehfield

Sent from my U.S. Cellular® Smartphone

From: Marisa Stephens

Sent: 1/5/2022 3:31:02 PM

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

Cc:

Subject: January 12th Decision

External Email

Hello Washington State Board of Health Members,

I am writing to you on this day regarding your decision to recommend the vaccine requirement for school aged children on January 12.

My name is Marisa Stephens and I am a teacher, a mom of a 4 year old and expecting my second baby. I am writing to express my concerns about making this shot, which many think will "stop this pandemic", a requirement for school aged children.

Over the last 2 years, we have been living in an extremely hard time as a nation, as COVID has continued to mutate and spread despite the rise in vaccinations and boosters. I have many family members and friends who have received the shot and have still gotten sick with COVID and have also spread it to others. To think that requiring the shot for more people is the right answer is mind boggling to me. The narrative is, "get the shot to protect yourself and others", but as we can see by the rapid rise in cases, this is not true.

There are many natural ways to prevent getting COVID, and honestly, most people who get COVID recover from it. I am in no way saying that COVID is not serious. My dad was hospitalized in August with COVID, but we were able to send him to the hospital with Hydroxychloroquine, Vitamin D, Zinc, Vitamin C, and they put him on high flow oxygen. He was in the hospital for 10 days, and a few times they thought they were going to move him to the ICU. He recovered in a couple of months. It is January and he is back up teaching PE. He is shot free, and has done a lot of research on other ways to combat COVID.

There are so many ways to fight COVID once you get it. A shot that does not prevent you from spreading the virus or prevent you from getting it, is not the answer. If the shot truly worked, we would not have to wear masks anymore and if the masks truly worked, then we would not be in this position. But we are still at square one. Making a requirement for a shot that does not stop the spread to adults and children alike, is beyond crazy.

COVID is real, yes. I know many people who have had it very severely, but there are many proven therapeutics used to combat this virus. I have many friends and family members who have used therapeutics along with preventative care such as exercise, vitamin D, vitamin C, Quercetin, Zinc, and eating a balanced diet. I have had family and friends who have taken Hydroxychloroquine, Ivermectin, and went to medical facilities to get the Monoclonal Antibody Treatment. These have all worked very well. Treating their

symptoms with cold medicines, Tylenol, ibuprofen, and staying hydrated, resting, getting fresh air, and making sure to get up and move, are things that ACTUALLY help with COVID recovery.

As a mom of a young child, a teacher, and a citizen of Washington State, I am asking that you really consider this decision you are about to make. Requiring our most vulnerable community to put an experimental substance in their body when we do not know how it will affect them in the future is irresponsible. Every person is unique with an amazing immune system. Anything you do to or put into your body affects each individual person differently. Health decisions should always be a personal decision, not a requirement.

So once again, as a concerned WA state citizen, I believe you should reject this requirement and let parents make the best choice for each individual child. If a parent believes the shot is best for their child, then by all means, that is their prerogative. If a parent believes that the shot is not the best health decision for their child, then that should be respected, as well. Choice is important, and we are living in the land of the free, right?

I will be praying for all who are part of the health board as you make this major decision for our state. I know that God is in control, and He has all of you wrapped up in His hands. With the grace of God, I pray you will be able to make the best decision for our state.

Thank you for reading my email. I hope you really listen to the public on this very important decision.

Sincerely,

Marisa Stephens

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 1:42:14 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine mandate for children

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

From: Viktor Bobrik <vlbobrik@hotmail.com>
Sent: Wednesday, January 5, 2022 1:28 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vaccine mandate for children

External Email

I vehemently oppose adding the Covid vaccine as part of the school vaccines. We don't mandate kids take the flu shot! So why the Covid shot? It is already proven that virus just mutates. So Covid vaccine is not a vaccine! Not if you keep having to take shot after shot!

Kids do perfectly fine when sick with Covid. No need to put an experimental drug in their bodies!

Lyuda
Concerned Parent

Sent from my iPhone

From: Gretchen Easley
Sent: 1/4/2022 8:20:03 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandates for school children

External Email

Please note I am against vaccine mandates for children. Children are at low risk for covid and vaccines are still only Emergency Use Authorization. The school website agrees that the vaccine may cause myocarditis in young men/boys. It still has not been tested properly. Please, do not agree to require the vaccine for children.
Gretchen Easley

--

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: Misty Kirn
Sent: 1/4/2022 7:27:35 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for kids

External Email

Hello,

It is my understanding that you will soon be meeting to discuss Covid vaccine mandates for students of Washington State. I am writing to implore you that this not become mandatory in our state. It's an emergency use authorized vaccine only. And what about all the students, including my 14 year old daughter, who already had Covid this fall? Why would she be mandated to get a vaccine for an illness she already had? This makes no sense.

I am a teacher in Spokane and do not want my students mandated to be Covid vaxxed either.

Thank you for your consideration-

Misty Kirn
Spokane

Sent from my iPhone

From: Jaime Maly
Sent: 1/5/2022 8:46:48 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirement

External Email

To Whom It May Concern,

As a Washington resident, I OPPOSE any Covid-19 Vaccine requirement for persons in our state, but I especially oppose any requirement/mandate for children or students (including college). Thank you for your consideration.

Sincerely,
Jaime Maly

From: Bailey Menashe
Sent: 12/29/2021 7:53:31 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Subject: Re: NO COVID VACCINE REQUIRMENT



attachments\70EB332A70F5439F_Video.mov

External Email

Please watch!! THIS IS NOT ABOUT HEALTH!

Sent from my iPhone

On Dec 29, 2021, at 7:23 AM, Bailey Menashe <bai.menashe@gmail.com> wrote:

□

Firstly, before anything should be implemented in as a required vaccine to OUR children's (not YOUR) vaccine schedule, there should be thorough consideration of the VAERS reporting (which is only 1% of those that report or experience adverse reactions). Secondly there is NO approved COVID vaccine that is being distributed in the United States. Furthermore a COVID vaccine is not even FDA approved for ages 5-11 (it's under EAU). There needs to be a printed list of ALL vaccine ingredients with risks and benefits for every Covid vaccine that is offered. This is a direct violation of informed consent and a COMPLETE disregard for natural immunity and asymptomatic cases in children!! This virus had a 99% recovery rate BEFORE any vaccines! There is NO logical science to back up requiring the COVID vaccine for children to attend school. Protect our freedom to choose, protect bodily autonomy, and protect our children!

SAY NO TO COVID VACCINE FOR CHILDREN TO ATTEND SCHOOL!

Sent from my iPhone

Sent from my iPhone

From: Joe Brouwer

Sent: 1/5/2022 8:29:46 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: King County breakthrough Cases!

External Email

Before you make any decisions wait for the state breakthrough cases.

The vaccine is not working!

King County COVID Breakthrough Report!

Breakthrough Cases: The Fully Vaccinated that Get COVID!

King County somewhat honestly presents the breakthrough data by including the actual numbers. They still present it as comparison to the unvaccinated which gives a biased view. WSDOH data is on a different report and is marginally useful. KPHD actually manipulates the data to favor the vaccine.

You will not see this type of analysis anywhere else. It should be everywhere.

You can see the vaccine is marginally effective.

This is important information when they are mandating all be vaccinated. Do these statistics warrant a vaccine mandate?

The vaccinated are spreading and getting the virus, going to the hospital and dying at a significant rate.

The only people that are truly safe from the virus are the naturally immune and those that have been tested in the last 72 hours.

Those with one Pfizer or Moderna injection or have not waited the two weeks are not included in the fully vaccinated, yet they are included in the unvaccinated.

If someone dies of the vaccine there is no record. We need three categories for the deaths!

30 days Ending 12-22-21 – 4,339 Cases 40% of the Cases

30 days Ending 12-22-21 – 26 Hospitalization 31% of the Hospitalizations

30 days Ending 12-22-21 – 6 Deaths 43% of the Deaths

They update it daily!

<https://kingcounty.gov/depts/health/covid-19/data/vaccination-outcomes.aspx>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkingcounty.gov%2Fdepts%2Fhealth%2Fdata%2Fvaccination-outcomes.aspx&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C50334ea9fb5742ccf29708d9d0688>

From: HEATHER TILLEY

Sent: 1/5/2022 1:46:21 PM

To: wsboh@sboh.wa.gob, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donahoe@sboh.wa.gob, Lang, Caitlin M (SBOH), lindsay.herndeen@sboh.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), kellie.kahler@sboh.wa.gov, Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine requirements for ANYONE

External Email

To whom it may concern,

I completely and wholeheartedly disagree with any forced vaccine for any human; particularly, in order to work, provide, educate and be a part of society. I feel we dropped the ball as free Americans back when vaccines were allowed to be required for public school attendance. Although, never did we think we would have a Governing party that would take advantage of their position to use such a thing as this, to push an agenda on the general public. However, that is why everything is being unveiled now. We trusted our Government and that was our first mistake. They are liars, thief's, greedy, and power hungry with evil intent, but I did not realize that until COVID; so thank the Lord for that. It also sickens me that our "ELECTED PARTY" would use a form of gaslighting and abuse to force an opinion and hatred to people living different than he wants them to. Inslee and Biden both have caused many hate crimes by stating, "THE UNVAXXED ARE KILLING PEOPLE", "IF YOU ARE SICK, IT IS THE UNVAXXED FAULT", "THE UNVAXXED KILLED YOUR FAMILY MEMBER"! This is the epitome of discrimination, segregation, and pure evil. How is this an example of leadership? How is this an example of being an unbiased leader in a position whose opinion, quite frankly does not matter. I find this a form of defamation of character to individuals who are forced to state their vaccine status and treated accordingly based off the image Inslee and Biden have both portrayed to the American people. Inslee and his team, along with the Biden administration, has painted pictures of the un-vaxxed. They have created an image and planted it in every person's mind. So, when you hear of an individual who rightfully chooses to not be vaccinated, automatically, this image of a murderer, selfish, self-absorbed, poverty stricken, no body, pops into the minds of the individuals. You no longer have the ability to choose for yourself if you want to be a part of society. You no longer have the ability to be different and have a perspective that might not fit the vast majority, because the narrative of your image has already been determined. I personally have never been an anti-vaxxer; however, the push for this does not make any sense to me. I do not trust it. I do not trust their agenda. Same for the global warming crap they are pushing for. It is another means of gaining tax dollars to pad their pockets. I personally would like there to be an extensive audit of all the tax dollars we pay out. There is an unseen war going on, on the verge of explosion. If the push for children's vaccines is forced, you will lose most of your funding for schools because people are already pulling their children from public school. On that note, the quality of public education is garbage! What exactly are we teaching our children and other than a daycare center what are we paying for? My heart hurts for everything that is going on. It hurts because God gave us free will! We were the land of the free, with liberty and that is exactly what we are rapidly losing.

Sincerely,
A Mother
A Citizen

A Christ Follower

From: Josh Daugherty
Sent: 12/18/2021 6:27:55 PM
To: Greg Brown, rswaim@auburn.wednet.edu
Subject: Re: NEW COVID protocols



attachments\16C20D80EC684E93_smime.p7m

External Email

Message was attached to: Re: NEW COVID protocols

From: Josh Daugherty
Sent: 12/18/2021 6:26:44 PM
To: Greg Brown, rswaim@auburn.wednet.edu
Subject: Re: NEW COVID protocols

Here's a thought...

Maybe have all players wear masks, during the participation, not just when seated... This goes for basketball, wrestling & cheer. We all know that masks stop covid...smh

This is the WA state 'science'. So glad that our children don't need to participate in this further nonsense, asinine behavior. They will not be tested for the common cold or flu at school. You teach education, not lecture us about health. The 'health' community has been wrong at just about every turn since this came up...

BOTTOM LINE: Let kids get it, build up their immunity and move on. covid is over, this is just the flu & common cold.

2022, no mandates, lets try it? Maybe we can even decrease the depression/emotional issues that have been climbing since these mandates took effect.

I'll leave you with one IMPORTANT thought:

IF MASKS, MANDATES & LOCKDOWNS WORK, WHY AREN'T THEY WORKING?

I will not comply.

Josh Daugherty

On Dec 18, 2021, at 10:02 AM, gbrown@auburn.wednet.edu
<mailto:gbrown@auburn.wednet.edu> wrote:

This email is regarding: Sakura Daugherty.

A couple important new COVID protocols to update you on:

1) we will be starting our Test to Stay program after break. This will allow any students who come in close contact with a positive case at school to take COVID tests at school, and if negative stay at school rather than having to go home! More info coming soon on that from the district. Watch your email.

2) the state health department has updated protocols for basketball and wrestling effective immediately. If your child is participating in basketball at school now (boys), or will participate in basketball (girls) or wrestling at school later this year, please see the info below and take the necessary actions.

The testing permission link below will cover your child for all testing at school (test to stay and/or sports) if/when it is needed. We will still contact you prior to doing any testing every time!

Dear Parents/Guardians of Basketball, Wrestling and Cheer Athletes:

The health and safety of our students and staff is our top priority. This letter is to inform you that on December 17, 2021 Public Health-Seattle & King County and Washington State Department of Health issued updated K-12 COVID-19 requirements for ALL sports considered High Contact/Risk Indoors sports such as Basketball, Wrestling, and Cheer. The updated mandate requires ALL vaccinated and unvaccinated athletes, coaches, athletic trainers and team support personnel to be tested 3 times per week. For high school, we will start testing on December 18 & 20 and middle school will start testing on January 3.

In addition, the Washington State Department of Health issued an update to the K-12 Schools Requirements 2021-2022 (wa.gov)

<<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F105-K12Schools2021-2022.pdf&data=04%7C01%7Cgbrown%40auburn.wednet.edu%7Cb6c1f2f4b97945ff29d908d9c1a14010%7>>
in response to these recent outbreaks.

Summary of December 17, 2021 Changes

- In response to recent sports-related outbreaks, the testing requirements for high-risk sporting activities has been updated to require screening testing of all athletes, coaches, trainers and supporting personnel, regardless of vaccination status. Further, the testing frequency has increased to 3 times weekly. Among those screening tests, at least one must occur no sooner than the day before the competition; ideally and whenever possible, the day of the event.

Here is the link to the online consent form for the rapid testing. Please complete this online form immediately <https://forms.gle/bJhFb8e4ZsdpVacD6>

<<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.gle%2FbJhFb8e4ZsdpVacD6>>

If this online consent form is not completed, your student athlete will not be able to participate in athletics for Basketball, Wrestling or Cheer.

You and your student need to watch carefully for the following COVID-19 symptoms; fever of 100.4 or higher, cough, shortness of breath, difficulty breathing, chills, fatigue, body aches, headache, sore throat, runny nose or congestion, nausea, vomiting, diarrhea or new loss of taste or smell. If experiencing any symptoms, your student must stay home.

If you or anyone you know need a COVID-19 test, you can test for free at 2400 Perimeter Rd, Auburn, Monday through Saturday from 8:30 a.m.-5:30 p.m. This is a drive through location but at times, you do need an appointment to get tested based on the needs of the site. This is a link to the site to make an appointment, COVID-19 testing locations and guidance - King County

<<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkingcounty.gov%2Fdepts%2Fhealth%2Ftesting.aspx&data=04%7C01%7Cgbrown%40auburn.wednet.edu%7Cb6c1f2f4b97945ff29d908d9c1a14010%7>>

There are also now two Curative trailer sites where you also can test for free in Auburn. One is located in the parking lot on the visitor side of Auburn Memorial Stadium on 4th ST NE. The other site is in the parking lot at Rainier Middle School, 30620 116th AVE SE. These sites are open to staff, students and the public for COVID-19 testing. Hours of operation are Monday through Friday from 7:30 a.m. to 3:30 p.m. For more information about Curative or to book a testing appointment there, please visit COVID-19 Testing & Health Services | Curative

<<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcurative.com%2F&data=04%7C>>

If you have any health-related questions, please contact your healthcare provider.
If you have specific questions about your student's sports schedule or the testing requirements, please contact the coach.

Sincerely,

Rob Swaim, CMAA
Auburn School District
Director of Athletics & Activities
Office #(253) 931-4999
Direct #(253) 887-3925
rswaim@auburn.wednet.edu <<mailto:rswaim@auburn.wednet.edu>>

Un par de nuevos protocolos COVID para actualizarlo:

1) comenzaremos nuestro programa Test to Stay después del descanso. Esto permitirá que cualquier estudiante que entre en contacto cercano con un caso positivo en la escuela tome una prueba de COVID en la escuela y, si es negativo, se quede en la escuela en lugar de tener que irse a casa. Más información próximamente sobre eso del distrito. Mire su correo electrónico.

2) el departamento de salud del estado ha actualizado los protocolos para el baloncesto y la lucha con vigencia inmediata. Si su hijo está participando en baloncesto en la escuela ahora, o participará en baloncesto o lucha libre en la escuela más adelante este año, consulte la información a continuación y tome las medidas necesarias.

El enlace de permiso de prueba a continuación cubrirá a su hijo para todas las pruebas en la escuela (prueba para quedarse y / o deportes) cuando sea necesario. ¡Aún nos comunicaremos con usted antes de realizar cualquier prueba cada vez!

Estimados padres / tutores de los atletas de baloncesto, lucha y porristas:

La salud y seguridad de nuestros estudiantes y personal es nuestra principal prioridad. Esta carta es para informarle que el 17 de diciembre de 2021, el Departamento de Salud Pública de Seattle y King County y el Departamento de Salud del Estado de Washington emitieron requisitos actualizados de COVID-19 K-12 para TODOS los deportes considerados deportes de alto contacto / riesgo en interiores como baloncesto, lucha libre, y animar. El mandato actualizado requiere que TODOS los atletas, entrenadores, entrenadores atléticos y personal de apoyo del equipo vacunados y no vacunados sean evaluados 3 veces por semana. Para la escuela secundaria, comenzaremos las pruebas el 18 y 20 de diciembre y la escuela intermedia comenzará las pruebas el 3 de enero.

Además, el Departamento de Salud del Estado de Washington emitió una actualización de los Requisitos para las escuelas K-12 2021-2022 ([wa.gov](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-105-K12Schools2021-2022.pdf)) <<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-105-K12Schools2021-2022.pdf>> en respuesta a estos brotes recientes.

Resumen de cambios del 17 de diciembre de 2021

- En respuesta a brotes recientes relacionados con el deporte, se actualizaron los requisitos de prueba para actividades deportivas de alto riesgo para exigir pruebas de detección de todos los atletas, entrenadores, entrenadores y personal de apoyo, independientemente del estado de vacunación. Además, la frecuencia de las pruebas ha aumentado a 3 veces por semana. Entre esas pruebas de detección, al menos una debe realizarse no antes del día anterior a la competencia; idealmente y siempre que sea

posible, el día del evento.

Aquí está el enlace al formulario de consentimiento en línea para la prueba rápida. Complete este formulario en línea de inmediato <https://forms.gle/bJhFb8e4ZsdpVacD6>

Si no se completa este formulario de consentimiento en línea, su estudiante atleta no podrá participar en atletismo para baloncesto, lucha libre o porristas

Usted y su estudiante deben estar atentos a los siguientes síntomas de COVID-19; fiebre de 100,4 o más, tos, falta de aire, dificultad para respirar, escalofríos, fatiga, dolores corporales, dolor de cabeza, dolor de garganta, secreción nasal o congestión, náuseas, vómitos, diarrea o nueva pérdida del gusto u olfato. Si experimenta algún síntoma, su estudiante debe quedarse en casa.

Si usted o alguien que conoce necesita una prueba de COVID-19, puede realizar la prueba gratis en 2400 Perimeter Rd, Auburn, de lunes a sábado de 8:30 a. M. A 5:30 p. M. Este es un recorrido por la ubicación, pero a veces, necesita una cita para hacerse la prueba según las necesidades del sitio. Este es un enlace al sitio para hacer una cita, ubicaciones de prueba COVID-19 y orientación - Condado de King.

<<https://kingcounty.gov/depts/health/covid-19/testing.aspx>>

Ahora también hay dos sitios de avances curativos donde también puede probar gratis en Auburn. Uno está ubicado en el estacionamiento en el lado de visitantes del Auburn Memorial Stadium en 4th ST NE. El otro sitio está en el estacionamiento de Rainier Middle School, 30620 116th AVE SE. Estos sitios están abiertos al personal, los estudiantes y el público para las pruebas COVID-19. El horario de atención es de lunes a viernes de 7:30 a.m. a 3:30 p.m. Para obtener más información sobre Curative o para reservar una cita de prueba allí, visite COVID-19 Testing & Health Services | Curativo. <<https://curative.com/>>

Si tiene alguna pregunta relacionada con la salud, comuníquese con su proveedor de atención médica. Si tiene preguntas específicas sobre el horario deportivo de su estudiante o los requisitos de las pruebas, comuníquese con el entrenador.

Atentamente,

District: AUBURN SCHOOL DISTRICT
District Web Site: www.auburn.wednet.edu <x-
msg://4/www.auburn.wednet.edu>
State: WA
District Code: 17408

From: Connie Stiller
Sent: 1/5/2022 8:19:36 AM
To: DOH WSBOH
Cc:
Subject: mandated school vaccines

External Email

Good morning,

I am writing to join those who oppose mandatory school covid vaccinations. I oppose it on several grounds.

1. It is an experimental vaccine.
2. Are you willing to take the responsibility and cover costs for side effects?
3. Studies are showings that myocarditis is a side of effect of this vaccination particularly for males in the teens to fifty. Studies are not yet established for children but studies do indicate that children do not have a severe reaction to covid itself unless they are immune compromised or have a co-morbidity.
4. VAERS information is being withheld from the public; consequently there is no such thing as informed consent.
5. Alternative treatments are not readily available- this is a failure, at best, of our government which limits trust.

I OPPOSE the issuance of Covid vaccination requirements for school attendance.

Sincerely,

Connie K Stiller,
resident of Otis Orchards, WA

From: Steve Smith
Sent: 1/4/2022 3:47:14 PM
To: DOH WSBOH
Cc:
Subject: Mandated covid shots for kids



attachments\F39B61B600C3435A_image001.jpg

External Email

To whom it may concern,

I and many of my family and friends are opposed to mandated vaccinations for kids.

Thank you

From: Katrinka Takeshia
Sent: 1/4/2022 4:26:03 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I support a covid vaccine mandate statewide and in my school district, Mead 354. I am a registered nurse in this state and I believe that requiring a covid vaccine is no different than requiring an MMR vaccine during the state mumps outbreak in 2017. I am vaccinated and also administer vaccines in my community health clinic in Spokane. The vaccine is safe, effective and has very few side effects as I have observed. This is the best hope we have to keep kids safe and in-person schooling. This keeps our community safe and the school districts safe.

Sincerely,
Katrinka Phillips
Spokane, WA
509-954-2340

Sent from my iPhone

From: Shannon Castelda
Sent: 1/5/2022 8:49:55 AM
To: DOH WSBOH
Cc:
Subject: Meeting on January 7th discussing vaccine requirements for schools

External Email

To Whom it May Concern:

I am the mom of 3 school-age children. I have seen the impacts of the choices of unelected and elected officials in the state of Washington on my children. This virus, covid, is not going away. We are no longer in a pandemic. However, our governor is still using emergency powers to rule our state. This shot that is provided was touted as a way to prevent getting covid. It does not. It was touted as a way to stop transmission of covid. It does not. The messaging has now changed to state that this shot will help keep you from getting severely sick, hospitalized, or dying of covid. It may do that, but at what risk? So, if this shot that we are being told we MUST take and our children MUST take to be a part of society doesn't do what we have been told it is supposed to do, how can you make it a part of the required vaccinations? I urge you to remember what a vaccination is and does, and then ask whether this covid shot should be included in that definition. The efficacy of said shot is so poor that the CDC is now changing the recommendations for boosters from 6 months to 5 months. Does that mean if your child doesn't get the booster, they will be asked to leave school? Using scientific data and determinations, listening to actual health personnel that are questioning whether our children should even be receiving this shot, please do not add this to the required list for schools.

Thank you,
Shannon Castelda

From: Roxanne Martinez

Sent: 1/5/2022 7:20:19 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine mandate for school children

External Email

The science does not show that a vaccine mandate for school children would be in the best interests of the children. Especially now with the Omicron variant being the dominant variant. We also don't know how many children could end up with long term or later term adverse effects. If you vote for the mandate you will be responsible for the future health issues of these children. Not enough data nor long term studies to support this!!

Sent from my iPhone

Sent from my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 1/4/2022 8:32:34 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandatory Vaccination of Children

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

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

From: snjbuchanan@gmail.com <snjbuchanan@gmail.com>
Sent: Tuesday, January 4, 2022 6:21 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Mandatory Vaccination of Children

External Email

Please do not require Covid-19 vaccination for school age children. It is dangerous and immoral. I don't have school age children now, but would pull them out if I did. I'm fearful for my grandchildren!

Sent from my iPhone

From: Erina Kong

Sent: 1/5/2022 8:19:39 AM

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

Cc:

Subject: Vaccine mandate for children

External Email

Greetings WA State Board of Health,

Please do not mandate our children to get a vaccine that is clearly proven now to be ineffective in preventing infection and transmission of Covid-19.

This experimental drug simply needs more time to prove and improve.

Your job is critical in protecting the children of our future it would be unconscionable to make every child get immunized when the true long-term effects are not known - no one truly knows- clinical trials don't end for a few more years and vaccine injuries are real.

Please take the time to watch this expert panel talk about the vaccine and the impacts that some have experienced.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C0340c7d5851841b90b8908d9d066>>

If only a fraction of this is true, there needs to be more consideration taken before a blanket mandate is enforced.

I recognize that you are very busy and if you can't watch the whole session, please fast forward to the 2:29:00 mark. Please look at Maddie De Garay and please think about all those children and their livelihoods you hold in your hands.

Please watch Ernest Ramirez at 1:16:26, and as a parent, please listen to his story and know that you have the power to save many from suffering the most unbearable loss a parent could ever suffer

What we need is more time to figure out and study what makes one child react differently from others. We need more time to study and learn - that is all that I am asking for, time to make sure this is the best for all our children.

Sincerely,
Erina Kong

206.227.3380

From: Wells,Angela
Sent: 1/5/2022 7:58:50 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To the Washington State Board of Health,

I am writing to you today to voice my extreme concern with the policy of forcing the covid-19 vaccine to be included in the immunizations to attend public school. As a parent it is my job to ensure the health and safety of my children. To protect them against people and things what want to do them harm. I see this vaccine as one of those things that could potentially cause them harm if not now, then further into their years as they grow. This vaccine was rushed into production to say the least and is not even approved by the FDA! We do not know what the outcomes of such a vaccine will do to our already vulnerable child still in development. To require such a thing in order for a child to obtain an education is simply cruel and unjust. It is MY responsibility to take care of my children...NOT YOURS! If this should pass, I, among thousands of Washington parents will be pulling our children from public school and that will definitely impact the schools ability for federal funding as well as keep our already short staffed schools even more short staffed. I as well as my children will not be forced into a corner.

I urge you to please not require this vaccine as part of school immunization...its not right, its not ok and I will stand up for the rights of my children until they are old enough to do so themselves!

Thank you for your time

Regards,

Angela Wells

From: Diana Hutchison
Sent: 1/4/2022 8:41:03 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To Whom It May Concern-

I WILL NOT vaccinate MY child. If the board decides to mandate it, I WILL pull MY child out of public school and home school her. And I know for a fact there are many parents who will do the same.

I have discussed vaccinating MY child with our family physician. He has informed me it is not medically necessary for MY child or any other member of our family. Given the EXTREMELY low risk Covid poses to MY child and the fact that vaccination will not prevent her from contracting or spreading the virus, she WILL NOT BE VACCINATED!

The board of health doesn't get to decide what medical treatments and/or vaccines MY child receives. That is SOULY mine and my husband's decision. End of discussion.

With sincerity-
Diana Hutchison

From: S. Mendoza
Sent: 1/5/2022 8:33:47 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Good morning. If pushing the vaccine onto children is on the agenda, which I'm assuming it is, I would like to say that if you require vaccines for school aged children I will be pulling my children out and home schooling them. My children have already tested positive for covid, therefore they have antibodies and do not need a vaccine that no one knows the long term effects of. My daughter has to use an antibiotic gel twice a day to treat the rash on her face from having to wear a mask all day. It finally cleared up over Christmas break, just in time for her to go back to having to wear a disposable mask that is absolutely useless in combatting the virus. So many parents and people are disgusted and disappointed in the way that children have suffered at the hands of people in power, you are NOT protecting them if you mandate the vaccine for kids and you will most definitely be setting back education by forcing parents to pull their children out and trying to find others ways to teach them instead of allowing them to attend school, in fear of a virus that has an incredibly high survival rate and is proven to not significantly affect children. Parents need to have the right to choose what they want for their children.

Sent from my iPhone

From: Jim Tomeo
Sent: 1/4/2022 5:57:37 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for children.

External Email

Hello.

I am a Washington state resident of 40 years, and pediatrician MD for 40 years. I am writing to express my extreme opposition to a COVID 19 vaccine mandate for children. There is no legitimate health reason to mandate this vaccine for children, who really do not get any serious symptoms from COVID. The risk of this experimental vaccine with no long term data on safety is much greater than the benefit, if any, they would get from the vaccine. As a pediatrician, mother and grandmother, I am vehemently opposed to this insane proposal and I will not allow my grandchildren to be vaccinated.

I urge you to vote with the science, which does not support a risky vaccine for children who have minimal or no risk from COVID. I urge you to vote for the freedom of parents to make decisions for their own children's health. I urge you to listen to the citizens of Washington state, a majority of which oppose a vaccine mandate for children.

Sincerely, Elizabeth Tomeo MD
Spokane, WA

From: Jeremy Hines

Sent: 1/5/2022 3:03:17 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine Mandates

External Email

I don't think it is a good idea to include the Covid Vaccine as a required vaccine for K-12 school kids. I have the luxury of getting time off to take my children to their pediatrician so he and I can discuss vaccination for my kids (they carry a rare genetic disease that I have). There are a lot of small groups of people that don't have the luxuries that I do (indigenous people, people of color, etc). I can't see this as being a good move to help include those that are farthest from equity.

--

Jeremy Hines

<mailto:jeremy@hinesplace.net>

"When you tear out a man's tongue, you are not proving him a liar; you are proving to the world you fear what he has to say." - George R.R. Martin

From: pam
Sent: 1/4/2022 6:45:29 PM
To: DOH WSBOH
Cc:
Subject: Mandate

External Email

No vaccine mandate for children in school is my vote. NO MANDATES PERIOD for anyone. Let the intelligent public, the mothers, fathers and guardians decide whether to take a vaccine.

Thank you.
Pam Cate
Spokane WA

From: Erika Simpson

Sent: 1/5/2022 3:16:35 PM

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

Cc:

Subject: VOTE NO ON VACCINE MANDATES

External Email

Hello all,

I just read that the Washington State Board of Health is voting on Friday on a mandate to make OUR children take the Covid-19 vaccine in order to attend school.

Have you seen that the LA County school district pulled their mandates because so many families decided to pull their kids from school? How many families currently have pulled their children in 2020 and 2021??? I know many families that have either 1) moved out of state, 2) put their kids in private school, or 3) have enrolled their kids in an on-line school.

I guarantee you, I WILL pull my three kids out of the Washington state school district if this happens. They WILL NOT be taking weekly Covid tests either if that's your solution.

NOPE

Vote no!!!

Erika Simpson

From: Deborah Foster
Sent: 1/5/2022 6:50:36 AM
To: DOH WSBOH
Cc:
Subject: No mandatory vaccines for children

External Email

Inslee has overstepped. The vaccines don't do what we were told they do and are unnecessary, especially for children. Deb Foster 4681 Bittrich Antler rd Deer Park Wa 990906

From: Elizabeth Reichwald-Price
Sent: 1/4/2022 11:38:24 AM
To: DOH WSBOH
Cc:
Subject: NO Mandates for Kids

External Email

Dear Washington State Board of Health,

I urge you to consider the real science (or lack thereof, since we really do not have enough data on kids and these vaccines) and the full spectrum of medical data (again, lack thereof) when considering requiring a COVID vaccine for day care and school attendance.

"A voting member of a Food and Drug Administration (FDA) advisory committee admitted Tuesday that whether or not Pfizer's Covid-19 vaccine is safe for 5 to 11-year-old children won't be known fully until it begins being administered.

"We're never gonna learn about how safe the vaccine is until we start giving it," said panel member Dr. Eric Rubin during the hearing. "That's just the way it goes." "

We do know they handle sarscov2 infection well.

Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets a vaccine, one group gets a placebo. More people died in the Pfizer vaccine group than the placebo group in the 6 month trial. Before the trials were unblinded, which obfuscates future data. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different from the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use of authorized medical products, therefore it is illegal to mandate an EUA vaccine. Comirnaty is NOT available yet.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children. Especially when their innate immune systems do SO well with the disease. Their thymus glands create more T cells than adults, thus they can respond faster to infection. We have NO long term safety data on what the vaccines will do to them, we do know they

handle sarscov2 extremely well.

Thank you for your time.
Elizabeth Price Bremerton

From: Mary Robinson
Sent: 1/4/2022 7:05:52 PM
To: DOH WSBOH
Cc:
Subject: Mandated vaccination

External Email

Please stop your authoritarian mandates which carry a high risk of harm and a low risk of any benefit to the people you are sworn to protect.
Please stop playing politics with people's, and especially children's, lives and beliefs.

Sincerely
Mary Robinson

From: Stephanie Keaton
Sent: 1/5/2022 9:29:49 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for school age kids

External Email

I say NO to vaccinating my child against COVID!!! It is my choice, let's look at the facts:

1. Children are not at risk
2. The vaccine poses a bigger risk to kids than COVID
3. It is my choice what I put in my body as well as MY CHILD
4. Why are we sacrificing the safety, well being and livelihood of the many to protect the few that already have pre existing conditions? Immune compromised people should be taking extra precautions!
5. If you have gotten the vaccine it supposedly protects you from COVID why do I need to be vaccinated?
6. It is our choice!!!!
7. You will lose funding because people will be pulling their children out of school, I will be.
8. I believe in vaccines , happy to get the one that was tested for the right amount of time like all the other vaccines we use. Not one that effect our RNA and could result in autoimmune disease later on.
9. Why is the fact that my family has had COVID and carry antibodies (which is what the vaccine does) not a replacement for having to get the vaccine? It doesn't make sense.
10. How is this not unconstitutional?
11. Make it stop!!!!

Thank you for your time,
Stephanee Keaton

Sent from my iPhone

From: Schmozesmalone
Sent: 1/4/2022 4:18:29 PM
To: DOH WSBOH
Cc:
Subject: No Mandadated Covid Shots for Children

External Email

Greetings,

Regarding Wednesday January 12ths' meeting, in no way should we be mandating EAU, non-FDA-approved Covid vaccinations for children. We have no way of knowing the long-term effects of this is "vaccine" has on children. And we're talking about a virus with a 99.8% recovery rate. And it's even greater for children. As a tax payer and concerned citizen I'm disgusted this is even up for consideration. DO NOT approve this horrendous mandate. We are watching.

Sincerely,

Concerned Citizen

Sent from ProtonMail mobile

From: Brett Bly
Sent: 1/4/2022 9:59:43 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate feedback



attachments\0A9BE38F29DD4C8C_image003.png



attachments\74B60440591E4A56_image004.jpg



attachments\D990A11EFD444791_image002.png



attachments\6FC817B60B1B4311_image001.png

External Email

Dear Washington State Board of Health,

As a concerned parent I wanted to reach out and voice my opposition to any vaccine mandates for school children. I have checked the data repeatedly and it is clear that the flu has caused more deaths for children 18 and under in the US in the past year than the coronavirus. For a risk that is less than the flu, mandating a new technology vaccine (mRNA) seems like a risky, high liability decision. New data is just now starting to come in related to higher risk of negative consequences of the vaccine as it is now looking like the spike protein generated by the vaccines might be crossing the blood/brain barrier which can cause problems that previous vaccine technology would not cause.

It is imperative that we wait for more data and understanding of this technology before we mandate its use in children whose risk profile from the Covid virus is so vanishingly low. Especially at this time when the Omicron variant seems to be spreading with significantly less virulence (even if it has a higher R-naught value) forcing children to take this vaccine at this time seems like a highly risky, imprudent thing to do.

Thank you for your time.

Regards,

Brett Bly, J.D.

Senior Loan Officer MLO-135523

Westwood Mortgage Inc. CL-38080

9706 4th Avenue NE, Suite 205

Seattle, WA 98115

206-601.9302 cell

206-526-2602 office
206-374-2277 fax

brett@westwoodmortgage.com <mailto:brett@westwoodmortgage.com>

Apply online with this link

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

Follow Westwood Mortgage

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

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

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.linkedin.com%2Fcompany%2Fmortgage-inc-

and check us out on

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.yelp.com%2Fbiz%2Fwestwood-mortgage-inc->

seattle&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f434afb76344679500b08d9d0106a63%7C11d0e.

This electronic message contains information from Westwood Mortgage, Inc. and is confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this message is prohibited. If you have received this electronic message in error, please notify us immediately by replying to this message and then please delete the message entirely from your system.

From: Gina Howerton
Sent: 1/4/2022 11:47:47 AM
To: DOH WSBOH
Cc:
Subject: Mandatory Vaccination

External Email

Vaccine Mandates are illegal, unconstitutional and a crime against our children. This injection was mandated under an Emergency Use

Authorization. It is Not approved by the FDA. Many children will die and be injured for life from this injection and it will be by the hands of You!

Do your job and protect our God given and constitutional rights.

Gina Howerton

From: Kim Simons

Sent: 1/5/2022 9:20:04 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Jab requirement for school aged children

External Email

Hello,

I am a registered voter and life long Washington State resident.

Our kids health decisions are not a state agency's choice. That is the choice of the child's parent.

The fact that these jabs are experimental, non FDA approved and that they are for a virus that has never been isolated is also cause for concern.

You do not have the authority to jab the children, all this will do is cause a further exodus from the state run schools.

Kim Simons

From: Connor Paysse

Sent: 1/5/2022 5:26:29 PM

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

Cc:

Subject: Covid Vaccine in Schools

External Email

Good Evening,

My name is Connor Paysse and I along with my wife are concerned parents regarding the potential to make the Covid 19 vaccine mandatory for our children. As a father of two (2.5 years and 8 months) I have some very strong concerns with making this vaccine required in schools for our children.

Covid-19 as shown in studies has little to no effect on children. In most cases they are shown to not even transmit the virus. With the vaccine being such a rushed option in fighting this "pandemic" I do not believe we need to be injecting our children with an experimental vaccine which is exactly what this is.

There have been numerous documented side effects in young people regarding this vaccine. While it does not seem to effect the elderly in the same way, the younger generation is having a lot more issues. I will not sit back and watch my children become a lab rat for an experimental vaccine.

I strongly oppose this requirement and urge you to reconsider and vote no to this becoming mandatory for schools. I can tell you right now if it is mandatory my children will not be attending public school and will be going to a private school. I know many parents who feel the same way. I went through the public school system and have turned out just fine but where you're wanting to take this now is the line I will draw in the sand and stand up for all children and say no. Do not make the vaccine a requirement for school.

Thank you for your time.

Connor Paysse

From: casey grow

Sent: 1/5/2022 10:45:58 AM

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

Cc:

Subject: Vaccine mandate

External Email

To whom it may concern,

Let me first start out by saying i am by no means an antivaxer. All of my children have had all regular required vaccines up to this point.

I am writing you to let you know that it would be highly unacceptable to force the Covid19 vaccine as a requirement for schools for a few reasons.

Number 1 this vaccine is NEW and has not even been fully FDA approved! That by its self should be enough to understand that you shouldn't require a vaccine for kids to be educated that's not even fully approved.

Number 2 the flu vaccine has been around for many years and many people die from the flu but the flu vaccine has never been required just recommended.

Number 3. This vaccine does not prevent you from getting the virus. I understand that while measles, Varicella etc. They are required. They are Fully FdA approved and prevent you from getting it. This vaccine does not.

Since these children can catch and spread this virus no matter the vaccine status , why should it matter if they are vaccinated against it. Those who want it have received it and those who don't will then be given no choice but to find alternatives to education. This will create an even bigger divide in our already seriously lacking educational system.

We have already lost many kids to homeschooling due to mask mandates and I don't think you understand how many will leave if you force this vaccine into their education. This was approved for emergency use ONLY. How is it acceptable to force it upon our children to endure they get an education? When its not fully approved, has not been around long enough to know if there is any long term side effects?

No Vaccine Mandates for our Children in school!

Thank you

Casey

Sent via the Samsung Galaxy S21+ 5G, an AT&T 5G smartphone

Get Outlook for Android

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

From: Charles Harris

Sent: 1/4/2022 2:01:40 PM

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

Cc:

Subject: Vaccine mandate for elementary school students - STOP IT

External Email

WSBOH Members:

Please reconsider and re-think the mistake of mandating Covid vaccines for elementary school children in our state.

Instead of mandating vaccines for other people's children, please:

- Mandate Covid vaccines only for your own children, for whom no one else has that rightful responsibility for their lives & healthcare, particularly given their relative low-risk of death or hospitalization.
- Reconsider that your BOH authority to supersede a parent's responsibility for their children's lives and health must be based on better Covid hospitalization and death data than what is currently being given to the public.
- Consider that under our Washington State Constitution the state itself educates our children as an "en loco parentis" entity, that is, under the authority and on behalf of their parents or legal guardians, and that, as our children's medical care is a far more critical concern & responsibility of parents than is their education, it SHOULD also remain and even higher responsibility and authority of parents than it is of the state – unless voluntarily given to another entity.
- Consider that were the documented risks of death or hospitalization from this virus to this population be applied to other health risks common to normal life, what other responsibilities would you be taking out of the hands of our citizens – in the name of their health & safety?

I believe fervently that the vaccine mandates you are now considering constitute a serious overreach of state authority by you, as a non-elected board. Therefore, I will do what I can to expose the meager science behind the alleged health risks you are stating, and I will non-violently resist and protest its compliance at local school board meetings - continually.

Sincerely,

C. R. Harris II

909 Alameda Ave.

Fircrest, WA 98466

From: Nataly Herrman
Sent: 1/4/2022 5:59:13 PM
To: DOH WSBOH
Cc:
Subject: Immunizations criteria for child care and school age entry.

External Email

To whom it may concern,

The covid 19 vaccine should not be made mandatory for school entry or daycare entry. Children are at low risk and the vaccine does not slow the spread of covid 19. The vaccine is still only EUA (emergency use authorization).

Thank you,

Nataly Herrman

From: Becky Gromlich
Sent: 1/4/2022 5:38:00 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate for Children

External Email

Gov Inslee, and all the others involved in making this decision.

Please do not mandate a Covid vaccine on all school children. Let this decision be made between doctors and parents. You are not doctors and you should not be making these decisions carte blanche!

Rebecca Gromlich

From: Laura Price
Sent: 1/3/2022 7:41:27 AM
To: DOH WSBOH
Cc:
Subject: Letter to Board of Health - Regarding TAG Meeting and Question



attachments\50B762E78E7F4514_Letter to BOH - Question on TAG Process.pdf

External Email

Please see the attached letter for the Board of Health. Thank you.

Laura Price

Sent using Zoho Mail

January 3, 2022

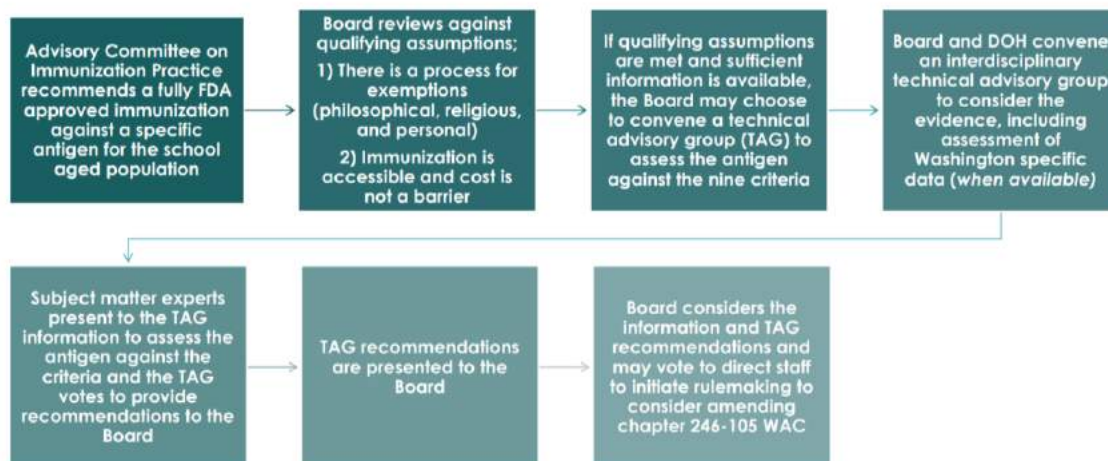
Washington State Board of Health
PO Box 47990
Olympia, WA 98507-7990
wsboh@sboh.wa.gov

Dear Washington State Board of Health Board Members:

I am writing in follow up with a question related to the first Technical Advisory Group (TAG) meeting held on December 29th, 2021 and considering Covid-19 for inclusion in WAC 246-105.

During that meeting, as staff was briefing the participants using a PowerPoint presentation, they indicated that the group was at the point of the fourth box in the process as shown on the below included slide. My question for Board of Health members is how is it that the TAG has progressed to step four when step one of the process has not yet been met. Step one states that the Advisory Committee on Immunization Practice recommends a **fully FDA approved immunization** against a specific antigen for the school aged population.

Board Process



The only fully FDA approved Covid 19 vaccine at this time is the Pfizer-BioNTech vaccine, marketed as Comirnaty, for individuals 16 years of age and older. There are currently no fully FDA approved immunizations for the majority of school aged children.

How is it that the Board of Health has ignored its own process to move this forward to the point of convening a technical advisory group? How can the public trust a process established by the Board of Health that is not followed by the Board of Health? How can the citizens of Washington, in particular parents of school aged children, have

confidence that the Board of Health and the TAG are fairly assessing and judging the information and criteria? I believe that in ignoring step one of this process and moving forward at a brisk pace, the Board has already "showed its hand" related to this critical decision.

There are many who believe as I do that it is far too early and there is not enough data and scientific evidence to ensure safety of the Covid 19 immunizations for children. A decision to require a Covid-19 immunization for school entry will be catastrophic and both inhumane and unethical. I implore you to not include the Covid-19 vaccine among those required for school attendance.

Sincerely,

Laura Price
Washington parent and grandparent

From: JASON ZAHARRIS

Sent: 1/5/2022 4:37:44 PM

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

Cc:

Subject: COVID-19 Vaccine Mandate Proposal for Schools

External Email

To the Washington State Board of Health,

As a parent and 12-year resident of Anacortes, I wanted to take the opportunity to express my concern regarding the discussion/decision to mandate COVID-19 vaccinations for students in order for them to attend in-person learning and participate in school-sponsored extracurricular activities.

Before voting to recommend implementation of such a drastic measure, I would encourage each of you to consider the following:

It is well known and documented, as reported by the CDC, FDA and vaccine producers, that the COVID-19 vaccine does NOT prevent a person from contracting COVID-19.

It is well documented that a person who is vaccinated is still able to spread COVID-19 after having contracted the virus.

It is well documented that the vaccination ONLY protects the person who is vaccinated by decreasing (not eliminating) the likelihood of experiencing more severe symptoms from COVID-19.

It is well documented and reported that ANY person who has previously been infected by, and recovered from, COVID-19 possesses a higher level of immunity than a person who has not had COVID-19 and is vaccinated.

According to the Washington State Department of Health, since March 2020, in Skagit County there have been ZERO deaths from COVID-19 among kids aged 0-19. There have been only 12 hospitalizations for COVID-19 in the same age group.

It is well documented that the Flu virus is significantly more harmful to kids than COVID-19, yet Flu shots have never been mandatory to attend school.

Vaccinated individuals are able to transmit COVID-19 to others who are vaccinated.

Current K-12 COVID-19 protocol allows vaccinated individuals who have been exposed to COVID-19 and are asymptomatic to remain in contact with others. Even though it is known that a vaccinated individual is still able to contract and transmit COVID-19 while asymptomatic as mentioned above. With this practice in place, you could argue that an asymptomatic vaccinated individual could be more likely to infect others.

Considering the above points of fact (not opinions), it is reasonable to conclude the following when analyzing the risk with respect to COVID-19:

The only person assuming increased risk with respect to COVID-19 is the individual who is NOT vaccinated.

The un-vaccinated individual poses NO INCREASED risk to ANYONE else who is vaccinated.

Given the incredibly low rate of death (ZERO) and hospitalization among kids aged 0-19 in Skagit County since March of 2020, COVID-19 poses a VERY LOW risk to students.

The overall risk of COVID-19 to students is negligible and ONLY assumed by the UNVACCINATED. Therefore, it makes no sense to implement and enforce a Vaccine Mandate for COVID-19 under the threat of denying students the opportunity of in-person learning and school-sponsored extracurricular activities should they (and their parents) choose to not get vaccinated.

Regarding the concern about the risk to teachers and staff - again, the only risk is assumed by the unvaccinated. Those who are vaccinated are protected. And vaccinated people can transmit COVID-19 among other vaccinated people.

This is a very different scenario than the Mumps, Measles, and Rubella vaccine requirements in that symptoms and complications for anyone exposed to MMR can result in pneumonia, seizures, encephalitis, immunosuppression, hearing loss, blindness and death if contracted. Again, to date, we have NOT seen anything to this level among children aged 0-19 with respect to COVID-19.

In conclusion, given the points of fact laid out above, I implore you - as our duly elected officials - to honor and defend our rights to Privacy and Medical Freedom as laid out by both the US and Washington State Constitutions by NOT implementing such a mandate. If such a mandate is implemented, you are setting the State up for legal action for something that is of negligible risk.

It is incumbent upon you all to do your due diligence and research on this subject prior to levying such an unconstitutional mandate on your community. This is about choice. Do the RIGHT thing, not the EASY thing, and DO NOT RECOMMEND A COVID-19 VACCINE MANDATE FOR OUR CHILDREN TO ATTEND SCHOOLS.

Thank you for your time and consideration on this very important matter.

Sincerely,
Jason Zaharris

Parent, Anacortes School District

From: emersonservices306@gmail.com

Sent: 1/5/2022 11:02:25 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccines for school children

External Email

As a concerned grandmother who is taking care of my grandson I want this group to know I am very opposed to mandated Covid vaccines for school children.

There have been many side effects from these vaccines for children who have had them.

There have not been enough research done to see what the effects could be in future years for the children being vaccinated.

It is a parents right to determine their child's health care not the schools.

I want to be on record that I am opposed to mandates for vaccines for COVID-19.

Joan Emerson

Sent from my iPhone

From: carriemarty@yahoo.com
Sent: 1/5/2022 5:00:16 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No mandatory covid vaccine for kids

External Email

I am a parent who does not want the covid vaccine for my child. Please do not make the vaccine mandatory to attend school.

Sincerely,
Carrie Rutt

Sent from my iPhone

Sent from my iPhone

From: Robert Day

Sent: 1/4/2022 7:33:14 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Kids over Vaccine mandate

External Email

To whom it may concern,

Thank you for taking the time to read this email and your willingness to do what is best for our kids and communities.

I have been informed that on Jan 12th there will be discussions and a decision made on whether to impose a vaccine mandate on our public schools and all the children that attend. I appreciate the desire to protect our kids and create a safe learning environment; however, forcing a vaccine on our kids is unsafe and unconstitutional. The health decisions of a child is a parent's responsibility especially when this virus is not an emergency for children and this is not a true vaccine that prevents them from getting or transmitting Covid.

As elected leaders I implore you to lead within the community by promoting open discussion and rebuild trust. Now is not the time for agenda's or fear to cause us to make rash decisions which will divide our communities and force parents to make unnecessary decisions.

Thank you for your time and I pray that you will make the right decision for our public school families.

Respectfully,
Robert Day

Sent from my iPhone

From: Brandi Butler
Sent: 1/5/2022 9:41:47 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirement for children

External Email

To whom it may concern:

I can not believe the WA State Board of Health is even considering requiring vaccination for any children to be able to go to school. This is atrocious and a complete grab of power. Perhaps you don't know the data but here are some facts to consider before you make such an egregious decision:

* Pursuant to the CDC, the fatality rate for children from COVID-19 nationwide is .00003%. Accordingly, children are not warranted to be vaccinated for COVID-19.

* Pursuant to the CDC, the CDC Director and Dr. Fauci in his New York Times November 12 interview, the COVID-19 vaccine will not prevent infection or transmission of the COVID-19 virus, nor will it prevent serious injury, hospitalization or death any longer. Therefore, the vaccine is no longer the best tool for prevention of transmission. It is now a medical treatment, at best, hence it cannot be mandated as treatments are a personal medical choice pursuant to the state and federal Constitutions.

* Pursuant to the FDA, the vaccine manufacturers, and multiple scientists across the nation and the world, these vaccines pose grave risks of severe myocarditis, blood clotting, and neurological damage to name a few, predominantly prevalent in adolescents. As such, the risks of taking the vaccine strongly and significantly outweigh the benefits especially as it pertains to the pediatric community.

Sincerely,
Brandi Butler

From: Anna Marie Morales
Sent: 1/5/2022 8:51:58 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: What is this all about?!?!



attachments\3752D939B1DA4E1F_image0.png

External Email

Sent from my iPhone
~Anna

From: Akihiro Nakamura

Sent: 1/4/2022 11:00:31 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Mandatory jab is illegal and against Nuremberg Cord



attachments\1AA851EB654B452A_image0.jpeg

External Email

Dear, board members

It is unconstitutional and illegal to mandate any jab without personal consent. Federal judge just ordered to block mandatory jab to military as "There is no Covid 19 exception to The First Amendment."

It is also against Nuremberg Cord, Article 6, Section 3, "No government can mandate or force medical treatment without individual consent."

You may be liable for the rest of your life if mandate, and "I was just following the orders," will not excuse you from liability as it didn't work for Nazis workers.

Parents has had enough with this Covid nonsense.

Sincerely,

Very concerned parent of 12 and 17 years old

Akihiro Nakamura

iPhone

From: teresaannkollmar
Sent: 1/5/2022 5:09:14 PM
To: Davis, Michelle (SBOH),melanie.davis@sboh.wa.gov,Hoff, Christy Curwick (SBOH),Donahoe, Kaitlyn N (SBOH),Herendeen, Lindsay (SBOH),Thai, Nathaniel J (SBOH),tracey.Schreiber@sboh.wa.gov
Cc:
Subject: Vaccine Mandate

External Email

Good evening. I understand the Board is about to have a meeting to make a decision (Thursday)on whether the covid vaccine should also be required for students attending school. In the past there weren't so many health risks AFTER getting a vaccine. There are medical documents of children dieing or severely getting sick after getting the shot. The numbers of younger students under age 12 don't have very many covid cases or deaths as adults do. It's too new. Please vote NO. If this gets pushed through, I fear our public school system will see more students being withdrawn & put in private schools. Our public school system isn't the place to push this political agenda. We as educators, you as professionals should have the best interest of ALL kids. Not the political scene or medical companies. It's about attending school in the UNITED STATES OF AMERICA. We value freedom yet rules & laws get made (without a vote to the people) taking away more freedoms of choice or the parents rights to parent. I hope you will take medical & religeous freedoms into consideration. Please say NO!

Thankyou,

Teresa A. Kollmar

Mother, grandmother, wife

& teacher in a Developmental Preschool in a rural public school district.

Sent from my U.S.Cellular© Smartphone

From: Ashley Pratt

Sent: 1/5/2022 9:11:35 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), stuart.glasoe@sboh.gov, 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), Kahler, Kelie (SBOH)

Cc:

Subject: WSBOH Vaccination Requirement for School Aged Children RE: January 12, 2022

External Email

To all Board of Health Directors/Members/Delegates,

It has been brought to my attention the meeting to be held on January 12, 2022 to recommend vaccination for all school aged children. I am writing to inform you NOT to require such a vaccine for our youth. There has not been enough time to test the repercussions of such "vaccine." You are overstepping parental rights and the right to choose what is best for THEIR children's health. It is not up to you to make these decisions for OUR children.

The data has repeatedly shown that children are not affected by COVID-19 in a deadly manner. "Keep in mind it is rare for children to die from either virus. CDC data shows COVID-19 and the flu combined make up less than 1% of all pediatric deaths since the start of the pandemic in March of 2020." <https://www.msn.com/en-us/health/medical/verify-covid-19-has-caused-more-pediatric-deaths-than-the-flu-in-the-last-18-months/ar-AANmi6V>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fverify-covid-19-has-caused-more-pediatric-deaths-than-the-flu-in-the-last-18-months%2Far-AANmi6V&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C6002e8e4b1af4d1a9acf08d9d06e613f%2F>>

We all watch the data, the overreach, the insanity that has come with this virus. Children will lose greatly with a push of a vaccine like this. Not only are you risking their health with the many side effects that could come for years, but you will force parents to withdraw their children from public schools. That will be a major ripple effect as far as funding, depression, and complete hardship; with children taking the greatest hit from that.

Again, I am voicing my concerns to NOT REQUIRE THE COVID-19 VACCINE to any one, let alone our children.

Sincerely,

Ashley Pratt

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

Colville, WA 99114

From: Luke McKnight
Sent: 1/5/2022 10:00:29 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: NO Covid-19 Shot

External Email

DO NOT make the covid-19 shot mandatory in schools. This is very unnecessary. Also The mask mandate in schools is so hypocritical its not even funny. Stop punishing our children. You are damaging them, mentally, physically, emotionally and psychological.

We the people have the right to overthrow a tyrannical government and will do so if needed.

From: Gabrielle Hardy
Sent: 1/5/2022 10:00:50 AM
To: Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),DOH WSOH,Davis, Michelle (SBOH)
Cc:
Subject: Vaccine mandate

External Email

Hello-

Please send me the science that says our CHILDREN need to have such a new vaccine injected into their body... For a virus that they would beat (with OVER 99% survival rate).

There is a reason that families are leaving this state and seeking freedom, OR withdrawing their kids for homeschooling in the safety of their own home, like my family. I pulled my family out of the public schools when you guys decided to cross lines before.

I'm upset that this is happening. I'm upset that children are being targeted. I'm upset that the schools think parents are co-parenting with them. I'm upset because this is all propaganda that we're not allowed to question. I realize there is a virus (I'm not denying that), but to force parents into having their children get the shot is hilarious, especially since those vaccinated are spreading it at the same rate as those who are not vaccinated.

I'd love a personalized email, but doubt I'll get that.

I'm looking forward to your general email that will be copied and pasted.

Gabrielle Hardy

From: Julie
Sent: 1/4/2022 1:17:45 PM
To: DOH WSBOH
Cc:
Subject: Mandating covid vaccines for children

External Email

Mandating covid vaccines for children is wrong, irresponsible, and not founded in facts and science. Please stop the madness. Please.

Sent from my iPhone

From: Charlene O

Sent: 1/5/2022 8:27:54 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine mandate for schools

External Email

Do not mandate covid vaccine for children in schools. We will pull our child out of public school if it becomes required.

Thanks,
Charlene Ocampo

Sent from my iPhone

From: Ray Stewart
Sent: 1/4/2022 8:09:16 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

That's a big NO for that fauci poison you want to require of children.

Have you never heard of the Nuremberg Code, which you will violate by forcing this poison on anyone!

From: a777dude@aol.com
Sent: 1/5/2022 5:29:01 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Absolutely NOT! No Vax mandate for children!

External Email

There will be NO vax mandate for school children, period!

There is NO science that backs that up. All you are after are the federal dollars you get paid by vaccinating our children.

You should all be ashamed of yourselves.

This is unhealthy for our children and against parents wishes.

Ken Johnson

Lifetime Washington resident

From: Linda Massman
Sent: 1/4/2022 7:26:49 PM
To: DOH WSBOH
Cc:
Subject: Mandates for vaccines

External Email

I absolutely oppose vaccine mandates of any kind and especially for school-aged kids. There is absolutely no basis behind this recommendation given vaccines do not stop the person from getting the virus or spreading it. The CDC has also stated the viral load is essentially the same between vaccinated and unvaccinated people. There is no logical reason to mandate this other than abusing your power.

In addition, Omicron, the main variant is shaping up to be a mild virus where all people who contract that variant have an even higher survivability rate than many other risks we readily accept every day. Please see studies coming out of S Africa that validate this.

Pfizer's own vaccine trial analysis was flawed and well-documented in a video by the Canadian Covid Care Alliance.

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf54aef96afae45f538cc08d9cffb165a%7C11d0e2172>>

If you can implement mandates after watching this then you are operating under pure evil intentions.

With over a million VAERS incidents reported related to this vaccine (more than all other vaccines combined since the 70s) there is a strong warning signal for our children's health that is being blatantly ignored.

Also, look at the studies on the mask - they don't work and should be dropped for our schools.

I don't know how you could ethically mandate this vaccine.

Linda

Linda Massman
509-290-4967
lkmassman@gmail.com
www.linkedin.com/in/Linda-Massman
Sent from my iPhone

From: LES FOX
Sent: 1/4/2022 12:13:10 PM
To: DOH WSBOH
Cc:
Subject: Kids vacine mandate

External Email

I am against the mandate for vaccinations in order for kids to attend school. Kids are low risk for covid and my kids have already had covid. I do not want mandates for kids and the vaccine ever. If this should pass, we will be removing our child from public school.

Thank you
M. Fox

From: erin nelson
Sent: 1/4/2022 5:17:08 PM
To: DOH WSBOH
Cc:
Subject: Mandate for schools

External Email

No to the vaccine mandate. I do not believe it is right to force our kids to take this vaccine. It is not proven safe or effective.

Erin Nelson

Get Outlook for Android

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

From: Dena Gregory
Sent: 1/4/2022 10:46:28 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for schools

External Email

Also, in LA County 30,000 children would not comply to their mandate. So the mandate was pulled. How many more kids do you want pulled from public schools? This is not a one size fits all problem. Those at high risk from Covid etc. should be free to get the vaccine if they choose. Healthy kids do not need an EUA drug that does not stop risk of infection.

D. Gregory

Sent from my iPhone

From: Ruth Church

Sent: 1/5/2022 5:20:52 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pskowski@sboh.gov, Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), kelie.kahler@sboh.wa.com, Thai, Nathaniel J (SBOH)

Cc:

Subject: Just say NO!

External Email

Hello,

Please do not make the COVID vaccine mandatory for our children to attend school next year. This vaccine does not stop COVID from happening. Children have a high rate of recovery. The decision should be up to the family to decide what is right for them. My family and I do not support FORCED vaccine requirements and think it is wrong. Please stand up for our freedom and EVERYONES right (no matter what they believe) to do what we think is best for our families.

Thank You

Ruth Church

Sent from my iPad

From: Autumn Welker
Sent: 1/5/2022 7:00:39 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Requirement for School Age

External Email

Washington State Board of Health, to whom it may concern,

My name is Autumn Zesch, a mother in Tacoma Wa. Who hopes that one day my child will be able to not only attend, but enjoy, grow, and prosper in the same public schools that I attended. However, that will not be happening if you require the very new Covid-19 Vaccine for school age children.

If Washington state passes this abuse of power, you have my word that not only will my son never attend your corrupt public school system, but the schools will never receive any financial or physical support from my family.

Leave our children out of it.
Regards, Autumn Zesch

Gina Howerton

Colbert, WA

From: Gail Frowick
Sent: 1/4/2022 7:06:30 PM
To: DOH WSBOH
Cc:
Subject: Vote NO on children's covid 19

External Email

I am STRONGLY AGAINST adding the covid 19 vaccine, to the already list of vaccine requirements for public school children.
PLEASE VOTE NO

Sent from Yahoo Mail on Android

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

From: Serah N
Sent: 1/4/2022 4:19:37 PM
To: DOH WSBOH
Cc:
Subject: It is a parent's choice to vaccinate or not to

External Email

Hello

I am writing this email to express my concern to force my child to get vaccinated against my will.

It is wrong and against the law to violate my rights as a parent. If my child developed a heart condition from this vaccine or any other side effect you will not accept responsibility.

It is wrong on all levels to misuse your power to force these in schools.

As parent I will not accept anyone or any government to put anything on my child's body because it is my God given right to protect my child.

Thank you.

Serah N

From: The Estell's

Sent: 1/5/2022 5:04:32 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: January 12, 2022 Board Meeting Agenda - Immunization Criteria

External Email

To Whom it May Concern,

This message is in regards to the upcoming January 12, 2022 meeting. Included on the agenda is immunization criteria for childcare and school entry. It has been brought to our attention that this time will be used to discuss adding the COVID 19 vaccine to the list of requirements for public schools.

The COVID vaccine should absolutely NOT be a requirement for our children. Not only are children extremely low risk for Covid, the CDC classifies their symptoms as mild and even asymptomatic. Furthermore

there is only one vaccine that would even be available for those under 12 (such as our daughter) and it does not even have full FDA approval. EUA should not be mistaken for full clearance. The vaccine itself does not prevent against contracting the virus. At best, it produces a reduction in symptoms, but we know that regardless of vaccine status, children already present with mild symptoms if any at all. This decision should be made by each child's parents after careful thought and consideration. You are not our child's parents, and you should not call the shots!

Tim & Courtney Estell

From: Amelba Martinez
Sent: 1/4/2022 11:57:12 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To Whom It May Concern-

I WILL NOT vaccinate MY children. If the board decides to mandate it, I WILL pull MY children out of public school and home school them. And I know for a fact there are many parents who will do the same.

I have discussed vaccinating MY children with our family physician. He has informed me it is not medically necessary for MY children or any other member of our family. Given the EXTREMELY low risk Covid poses to MY kids and the fact that vaccination will not prevent them from contracting or spreading the virus, they WILL NOT BE VACCINATED! The board of health doesn't get to decide what medical treatments and/or vaccines MY children receives. That is SOULY mine and my husband's decision. End of discussion.

With sincerity-
A. Martinez

Sent from my T-Mobile 5G Device
Get Outlook for Android

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

From: Kellie Krogh

Sent: 1/5/2022 4:45:43 PM

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

Cc:

Subject: For your Jan 12th meeting

External Email

I am writing in regards to the potential requirement of a forced experimental "vaccine" on our children to attend public schools.

Enforcing such a requirement would wreck our small communities especially. Our family as well as many others in our small community and surrounding communities have already stated that we will not send our children to any school if there is a requirement for an experimental vaccine such as the Covid-19 vaccine for our children to attend school.

Enforcing this requirement with no options for parents to their rights of choice, will result in the loss of children in our schools and the potential collapses of the schools and communities. I imagine this would be a domino effect in bigger cities as well. If they haven't already, parents will quit their jobs to homeschool and we will see an even greater economic downfall. There has already been a big number of children who are not attending public schools at this time.

This would be a detrimental decision on so many levels. Please think about if you are ready to be held personally responsible for enforcing a requirement on children when you have no idea of the immediate and/or long terms effects these shots will have on children.

Children that will be subjected to the potential risks of a shot because their parent(s) feel that they have no other option. God entrusted each of us with our children not the government to decide what is best for our children.

It needs to be the parents choice.

Thank you for your time and consideration.

Sincerely,

Kellie Krogh

Sent from Yahoo Mail for iPhone

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

From: Sarah Geiger
Sent: 1/5/2022 8:53:15 AM
To: DOH WSBOH
Cc:
Subject: January 12th Meeting - Concerned Citizen

External Email

Board Members,

I write to you as a mother of two young boys and ask that you pump the brakes on your decision making efforts the last two years and really review the evidence around covid-19 protocols. What is working? Are you considering the long term health and safety of our children?

Where is the long term safety data on the covid-19 vaccine? Is the board reviewing the VAERS data to determine if mandates are safe and effective for all children? Is the board reviewing the safety of mask wearing? Where is the evidence that masks prevent the transmission of viruses? What about the lack of developmental cues our children are receiving as they cannot see the faces of their peers and teachers? What will the long term mental health effects be when generations of children are forced to comply to fear mongering tactics?

To be clear here is what we support and oppose:

1. I oppose the Board's formation of a Technical Advisory Group to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!
2. I support Informed Choice Washington's Petition for Rulemaking (item 11 on the agenda). This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

As a parent, it is my choice on what is best for my child, not the board of health. More parents are waking up and questioning the hasty decisions and we will not tolerate poorly informed decisions that will have lasting effects in our communities.

Sarah Geiger

From: Curtis Earl
Sent: 1/4/2022 10:12:25 PM
To: DOH WSBOH
Cc:
Subject: January 12 BOH Public Meeting

External Email

Hello,

In reviewing the agenda for the upcoming January 12 public meeting, I see that there will be discussion regarding the Immunization Technical Advisory Group (TAG) and a petition regarding Chapter 246-105 WAC.

I'm writing to express opposition to any COVID-19 shot mandates, and especially so for school-aged children. Though obfuscated by the CDC, FDA, and other arms of HHS, there is plenty of evidence indicating lack of efficacy and lack of safety for the current inoculations on the market for COVID-19.

Perhaps the most succinct resource is the Canadian Covid Care Alliance, which has a pdf summary on their website (<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/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Caa35eaf4599045ea764f08d9d0123d1c%7C11d>). A video going through this pdf can be found on their home page as well. All of the information presented is linked, much of it directly to Pfizer's own study, which was unblinded well prior to Phase 3 of the trial being completed, but yet still indicates major safety and efficacy concerns.

Furthermore, the publicly available data on mortality rates in children for COVID-19 indicates rates well under other causes of death such as homicide, car accidents, cancer, suicide, and numerous other maladies. When this is taken into account along with clear signs of risk with the inoculation (permanent disability, myocarditis, etc.), it becomes glaringly obvious that most parents are not getting the entire picture when it comes to informed consent of the COVID-19 inoculations.

Based on the current inoculations on the market, there is no logical justification for any shot mandates for school-aged children.

Please confirm the BOH (and the TAG) have reviewed these resources along with publicly available mortality and adverse event data prior to discussions on any possible mandates. It is not acceptable for the BOH to take a stance similar to the FDA, which stated during the FDA approval process of Pfizer's inoculation: "We're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes." This is unacceptable, especially when discussing whether children should be taking these shots.

Lastly, I support the petition put forth by Informed Consent Washington for this meeting (Item 11 on the agenda).

Respectfully,

Curtis Earl

From: Marisa Stephens

Sent: 1/5/2022 10:53:51 AM

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

Cc:

Subject: Vaccine requirement Jan 12th

External Email

Hello Washington State Board of Health Members,

I am writing to you on this day regarding your decision to recommend the vaccine requirement for school aged children on January 12.

My name is Marisa Stephens and I am a teacher, a mom of a 4 year old and expecting another baby. I am here to express my concerns about making this shot that many think will "stop this pandemic" a requirement for school aged children.

Over the last 2 years we have been living in an extremely hard time as a nation, of people getting sick from COVID. BUT, once the shots and booster shots have come out, we still are seeing the numbers spike, not only in the unvaccinated people, but in the vaccinated as well. I have many family members and friends who have gotten the shot and still have gotten sick with COVID and ALSO have spread it to others. To think requiring the shot for more people is the right answer is mind boggling to me. The narrative was "get the shot to protect yourself and others." But it doesn't do any of that.

There are many natural ways to prevent getting COVID, and honestly, most people who get COVID, recover from it. I am in no way saying that COVID is not serious, my dad was hospitalized in August with COVID, but we were able to send him with hydroxychloroquine, Vitamin D, Zinc, Vitamin C, and they put him on high flow oxygen, he was in the hospital for 10 days, and a few times they thought they were going to move him to the ICU. He recovered in a couple of months. It is January and he is back up teaching PE. He is shot free, and has done lots of research on other ways to combat COVID.

There are so many ways to fight COVID once you get it and a shot that first of all does not prevent you from spreading the virus or prevent you from getting it, is not the answer. If the shot truly worked, we would not have to wear masks anymore, if the masks truly worked, then we wouldn't be in this position. But we are still at square one. So making a requirement for a shot that does not even stop the spread for anyone, including children who will mostly only get cold like and flu like symptoms when they get COVID unless they have an underlying condition, is beyond crazy.

As a mom of a young child, a teacher, and a citizen of Washington State, I am asking that you really consider this decision you are about to make, about having our most vulnerable community put a substance in their body that we do not know how it will effect them and we know, it is proven, that it is not combatting COVID effectively. I truly believe that getting this shot is like a flu shot. It should be a personal choice not a requirement.

COVID is real, yes, I know many people who have had it very severely, but there are ways other than this shot to combat this beast of a virus, and I have many friends and family members who have tried the other things. Like preventative care with exercise, vitamin D, vitamin C, quercetin, Zinc, and eating a balanced diet. I have had family and

friends who have gotten COVID who have taken hydroxychloroquine, ivermectin, and went in to get a monoclonal antibody, along with treating their symptoms with cold medicines, tylenol, ibuprofen, and staying hydrated, resting, getting fresh air, making sure to get up and move, and those things seem to ACTUALLY help with recovering once they have been sick.

I will be praying for you as a whole health board as you make this huge decision for our state. I know God is in control, and He has got you all wrapped up in His hands and with the grace of God you will be able to make the best decision for our state.

Really think about what could happen if we continue forcing a shot on people that are not doing the job that our public health professionals say should be "stopping the spread" of this crazy virus. These kids are our future, and have immune systems, if our health officials would give some natural health advice, I bet the number of cases would start to drop. This shot is not the answer to fixing our health crisis.

Our leaders have found a way to control the people, by spreading so much fear into people, that everyone is following this narrative, living in fear, and thinking this shot is the only thing that will save them. But it's not.

So once again I really think you should reject this requirement, and let parents make the best choices for each individual kid. If parents think the shot is best for their kids, then by all means, they should let their kids get it, but if a parent thinks that the shot is not the best thing for their own kids then that should be okay too.

Every person is different, everything you do to and put into your body affects every individual person differently. So if people are feeling like the shot is not a good idea for them personally, I think people should understand that just like an allergy to dairy, or to a cat for one person, it might affect another person completely differently.

Anyway, thank you for reading my email. I hope you really listen to the public on this one.

As a concerned WA state citizen, I disagree with the decision of making this shot a requirement for our school age kids. Choice is important, and we are living in the land of the free, right?

Best Wishes,
Marisa Stephens

From: Kay Capps

Sent: 1/5/2022 9:28:18 AM

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

Cc:

Subject: NO Mandatory vaccine

External Email

Requiring mandatory injection of this experimental drug is unconstitutional. This whole idea is absolutely crazy, pure overreach and abuse of power.

Sincerely

Kay Capps

Sent from my iPhone

From: Sara Johnson
Sent: 1/4/2022 9:16:49 PM
To: DOH WSBOH
Cc:
Subject: NO COVID vaccine mandates for children

External Email

I am writing to let you know that as a parent of 3 Washington state students, I strongly OPPOSE any COVID vaccine mandates. My children all have had covid and have natural immunity. We are currently seeing that with Omicron, the vaccines do little to nothing to even stop transmission. Where there is any risk, there must be a choice. You do not have the right to take parent's medical choices over their children away. I will pull my children from the public school system before I will let you force me to give them an experimental gene therapy that won't finish long term studies for several more years. Do the right thing. No covid vaccine mandates for our children in Washington state.

Sincerely,
Sara Johnson-Buell
Tacoma, WA

Sent from my iPhone

From: Becky Tolf
Sent: 1/5/2022 4:28:20 PM
To:
Subject: Do NOT REQUIRE the C-19 vax for school children

External Email

To Whom It May Concern,

I am very concerned about requiring the Covid-19 shots for children and adding this "vaccine" to the required vaccinations for school aged children. This "vaccine" is absolutely too new to be required for children. There are absolutely NO long term studies done on these vaccines and they are still only approved under EUA. This alone makes it so you cannot and should not require or mandate these "vaccines" for children. Further, children do not have a high risk of dying from COVID-19. They just don't! So why would you push an untested vaccine, that has known side effects of causing heart problems on children who have a very small chance of actually dying from the illness?? This is not right. If parents want to make an informed decision and get their child vaccinated for covid-19 then that is one thing, but it is not right for you to require or mandate that children have this vaccine. I hope that you will look at all the studies that are being done, adverse reactions that are happening because of the vaccine, and realize that it is not your place to require or mandate this vaccine for anyone but especially for children.

Thank you for your time and honest consideration!

A concerned mother of 4 daughters,

Becky Tolf

From: Yvonne
Sent: 1/4/2022 12:35:55 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

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

I am a mother of 3 and a Pharmacist by profession. This mandating of unproven vaccines is a stain on the medical profession and an unconstitutional overreach by people who have no boundaries or common sense. Children have been almost completely protected from the devastation that this virus has caused more vulnerable adults. Yet the college students were immediately discriminated against, setting the stage for what was to come for the rest of civilization. No one should be made to take a medication which has a very small population and history of use. There will most definitely be a mass pulling of children from public school and also encourage a movement of families out of Washington. Of course for many families, especially the more disadvantaged, these choices will not be an option and they will be left to ignore their own better judgement to fit the profile expected of them and their children. This is a tragic turn this state and country has taken. And just like Germany almost a century ago, the world will judge us for it. Omicron is spreading like wildfire. Vaccinated kids can go to school even after exposure though all the data says they are not protected from getting or spreading the virus. Meanwhile healthy unvaccinated kids sit at home. Every mandate from lockdowns to masks to vaccines have done nothing to stop this virus. It is time to start letting people learn how to improve their health and weight and stop the illegal treatment and discrimination of our citizens. The government needs to get busy on fixing the problems they created and let families make their own decisions on how to protect themselves. God help us if that does not happen.

Yvonne Storhaug

From: Tina Edinger

Sent: 1/4/2022 8:19:02 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine Mandates for Children

External Email



I'm asking you to vote against mandating vaccines for school aged children.

Please do not use our children as Guinea Pigs or lab rats by injecting our children with an experimental vaccine.

It's safer for them to get Covid and have natural immunity than to give them this vaccine.

Thank you,

Tina Edinger

Sent from my iPhone

From: J Billadeau
Sent: 1/5/2022 4:27:06 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),hannah.hag@sboh.wa.gov,Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: 932A0534-8ACA-484B-838C-370F500380F0

External Email

To whom it may concern,

I am a very concerned mother about the Covid 19 Vaccine. I do not think this should be made mandatory to attend public school. This shot is NOT one size fits all. The vaers report speaks for itself.

DO NOT MAKE THIS MANDATORY FOR CHILDREN TO ATTEND SCHOOL.

Thank you,

Jaimee Billadeau

From: Melanie Hayes

Sent: 1/4/2022 6:38:56 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine mandates

External Email

To Whom It May Concern:

This entire idea is a total infringement and stretch to consider "including" COVID-19 vaccines under WAC 246-105-030! It's also a total waste of tax payers money!! This WAC says it all....."IMMUNIZATION OF CHILD CARE AND SCHOOL AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES"! I am focusing on the word "preventable" in this WAC. The message from the drug companies, our government, and local municipalities from the start was that the vaccine would "prevent" a person from getting and or spreading the COVID-19 virus in adults. Since then we have learned this to be untrue! Not only can vaccinated get COVID-19, they can also spread it just as easily. Not to mention every 6-12 month there have already been 2 widely known variants in Delta and Omicron and many more variants to come, as Coronavirus has been around for decades. It has already been proven the vaccine in adults did not prevent, stop, or even mitigate these variants in industries with 97%+ vaccination rates such as the NFL, NBA, and NHL to mention a few. All of which have had higher rates of COVID than the previous seasons/year with "choice" vaccinations! Or the Airline industry which is cancelling flights at unprecedented rate that they say is COVID related. Interesting, since almost every Airline demanded employees' be vaccinated!

Chicken Pox, Measles, Polio, Mumps, etc. listed under WAC 246-105-030 in Numbers 1-11 are preventable with an early childhood vaccine regiment between parent and physician. Again, the word "preventable". This whole process is unnecessary! Allow choices to be made on all FLU vaccines, just as we have for decades. It's unconstitutional and against our civil rights to force an experimental vaccine that hasn't been properly tested in our kids or adults.

All this discussion, fear, and misuse of emergency power will create chaos, distrust, and massive un-enrollment in the public school systems of Washington State. Ultimately harming the public school system, the amount of staff they employ, disrupting our children's education, the quality of education, and community division! We and many others will unenroll or kids immediately if this is forced. We have enough reasons and problems in the world creating division already, we don't need our local school systems creating more! And remember that covid is a 99.9% SURVIVAL rate not a DEATH rate, more people die from the normal flu every year!

Aaron and Melanie Hayes

From: JESSIE HONCOOP
Sent: 1/5/2022 3:37:35 PM
To: DOH WSBOH
Subject: Vaccine requirement for K-12 students

External Email

Good afternoon,

I am writing in regards to the potential requirement of a forced experimental "vaccine" on our children to attend public schools. Enforcing such a requirement would wreck our small communities especially. Our family as well as many others in our small community and surrounding communities have already stated that we will not send our children to any school if there is a requirement for an experimental vaccine such as the Covid-19 vaccine for our children to attend school. Enforcing this requirement with no options for parents to their rights of choice, will result in the loss of children in our schools and the potential collapses of the schools and communities. I imagine this would be a domino effect in bigger cities as well. If they haven't already, parents will quit their jobs to homeschool and we will see an even greater economic downfall. This would be a detrimental decision on so many levels. Please think about if you are ready to be held personally responsible for enforcing a requirement on children when you have no idea of the immediate and/or long terms effects these shots will have on children. Children that will be subjected to the potential risks of a shot because their parent(s) feel that they have no other option. God entrusted each of us with our children not the government to decide what is best for our children. It needs to be the parents choice.

Thank you for your time and consideration.

Jessie Honcoop
--

~jessie~

~*Today is the Tomorrow you were waiting for Yesterday*~

From: Hoff, Christy Curwick (SBOH)
Sent: 1/4/2022 12:17:18 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 Vaccines for Children - Are You Kidding???

From: kskh4656shop@comcast.net <kskh4656shop@comcast.net>
Sent: Tuesday, January 4, 2022 10:04 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Cc: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: RE: Covid-19 Vaccines for Children - Are You Kidding???
Importance: High

External Email

Dear Washington State Board of Health,

Our children are not for human experimentation. Mandates for inoculating anyone without full disclosure of experimental gene-therapy injections should never be an acceptable tactic for our government agencies to approve. Even though the media continues to tell us that these injections have received FDA approval, that is a lie. Pfizer's only approval is to license BioNTech as Comirnaty and even with that, Comirnaty has not been distributed in the U.S.

<https://dearpandemic.org/comirnaty-is-available-in-us/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdearpandemic.org%2Fcomirnaty-is-available-in-us%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%7C11d>>

This is copy/pasted directly from the Congressional Research Services:

Pfizer and BioNTech are marketing their licensed vaccine under the new brand name Comirnaty (pronounced koe-MIR-na-tee). Comirnaty has the same ingredients and formulation as the Pfizer BioNTech vaccine that is authorized under the EUA. The two products differ in branding and labeling but can be used interchangeably without any impact on safety or effectiveness. Although Comirnaty is fully approved by FDA for

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fprodu>

HCP.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%7C11

myocarditis&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%70

data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%7C11d0e

Kristin S Keyes-Halterman

More attachments/references/evidence:

https://fact-checked.org/2022/01/03/covid-19-vaccines-for-children/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2022%2F01%2F03%2F%2Fcovid-19-vaccines-for-children%2F&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%7

https://fact-checked.org/2022/01/03/how-likely-is-reinfection-following-covid-recovery/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2022%2F01%2F03%2Fhow-likely-is-reinfection-following-covid-recovery%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7Cb1e5cd08b8814d34f61308d9cfbf34ad%

https://fact-checked.org/2021/12/24/pfizer-and-mercks-new-antiviral-cv19-pills/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F12%2F24%2Fpfizer-and-mercks-new-antiviral-cv19-pills%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7Cb1e5cd08b8814d34f61308d9cfbf34ad%7C11

https://fact-checked.org/2021/11/17/pfizers-covid-19-pill/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F11%2F17%2Fpfizers-covid-19-pill%2F&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%7C11c

https://fact-checked.org/2021/10/22/covid-19-booster-shots-for-all/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F10%2F22%2F%2Fcovid-19-booster-shots-for-all%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34ad%7C11d

https://factcheckedorg.files.wordpress.com/2021/09/covid-vaccines.r10.pdf
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com/vaccines.r10.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb1e5cd08b8814d34f61308d9cfbf34a

From: Lauren Welch
Sent: 1/4/2022 10:34:57 PM
To: DOH WSBOH
Cc:
Subject: My further sentiments about TAG and mandating Covid-19 shots

External Email

1. I OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!
2. I SUPPORT Informed Choice Washington's Petition for Rulemaking. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you!

Lauren Welch

From: joe zvara

Sent: 1/5/2022 10:35:41 AM

To: Davis, Michelle (SBOH),DOH WSBOH,Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),stuart.glasow@sboh.wa.gov,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: Vax mandate for schools

External Email

I'm a parent of 2 kids in public school who is 100% against the Vax for kids. The threat of covid for kids is non existent and the risk of side effects outweighs any benefits. If you really care about our kids stop terrorizing them with this insane overreaction to covid, and do not make this Vax a requirement.

Joe Zvara

Sent from my T-Mobile 5G Device

Get Outlook for Android

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

From: Katie Woodard

Sent: 1/3/2022 8:11:26 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine requirement for school

External Email

We are Washington state citizens with 3 school-aged children, and are very against a covid vaccine requirement to attend school.

Any vaccine without determined long term safety information is not something that we will risk having injected into our children. They are not at severe risk of harm from this virus and the possible vaccine side effects are not worth any possible benefits for them.

I know for a fact that many other people share my opinion and will also simply pull their children out of the school system entirely if need be. Their health is more important than anything and we will not comply. We will remain in control of our children's health, not the government.

Thank you for your time.

Sincerely,
Katie Woodard

From: nessa79
Sent: 1/4/2022 5:08:17 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for students

External Email

Please do not do this. It is wrong. Vaccinated people still get the virus. It will not help with the numbers. It will only hurt children and families.

Sent from my iPhone

From: Rick Humphrey
Sent: 1/5/2022 6:58:05 AM
To: DOH WSB OH
Cc:
Subject: Mandated covid vaccinations for students

External Email

I don't believe that the time is right for mandating additional vaccinations for students. First off, this vaccine is not like any others from the past. It works differently. Then comes the question of how well does it work. Obviously if you're still able to contract as well as spread covid after being vaccinated, then it's not nearly as effective as the vaccines for polio and the others. In no way is it going to eradicate this disease. The next thing is that if this virus acts like every other virus that's come down the pike throughout history, it will become less deadly and possibly more contagious. Sounds a lot like colds and flu. Every person I know that takes a flu vaccine still catches the flu from time to time because of the number of variants of the virus and the fact that a vaccine will never provide protection against all the variants. Lastly, if politicians hadn't politicize this issue so much and kept it down to the actual science and not up to their own interpretation with their own agendas being at the root of their decision-making, then there would have been more to talk about. As it stands now, I'm not for mandatory vaccinations for anyone. That being said, I have been vaccinated but I can assure you that it was not because of any mandates. Since no one has figured human nature into the equation, I'll put my two cents in and just say. People don't like being told what to do and a lot of times if you try that on them they will just go in the opposite direction.

No to mandated covid vaccination, they don't know enough about the disease, they don't know enough about the vaccine, they don't know enough about human nature. What they do know is using this as an opportunity to get their political agenda through using fear and intimidation to reach their goal.

In closing, what you may find is that you end up with a half full classroom because parents will do what they have to do. They don't have to rely on the government to get their children educated which is barely happening now anyway

Sent from Yahoo Mail on Android

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

From: Alissa
Sent: 1/5/2022 12:35:29 PM
To: DOH WSBOH
Cc:
Subject: NO to vaccine mandate

External Email

As a parent to three school aged children I'm writing because I am vehemently opposed to mandating the Covid vaccine for school aged children. There are three main reasons why.

First, the current vaccine does not have any long term safety studies done yet, they are simply too new. The studies and evidence currently available show that receiving the vaccine poses far greater health risk to children than Covid does. VAERS data as well as many other studies prove this. Children have a 99.998% survival rate with Covid, a vaccine with possible side effects is not necessary nor a smart risk assessment.

Secondly, the vaccines do not stop the transmission of Covid. There is no argument that vaccinating someone helps protect anyone other than themselves. If children have basically no risk of harm from the disease, a vaccine is not necessary. Teachers and staff are already vaccinated so they should be protected if their vaccine works to lessen symptoms. Our hospitals are not overwhelmed with Covid patients, if they are struggling it is because of the firing of unvaccinated workers, delayed/improper care for other issues, and/or extreme quarantine and safety precautions unnecessarily being taken because of Covid.

The third reason I am opposed to mandating this vaccine for school entry is that while the FDA did approve the Comirnaty version of the Pfizer vaccine, it is currently unavailable anywhere in the US. Public schools may not require an experimental vaccine that is under EUA. The only vaccine currently available to our children is NOT the FDA approved version.

Thank you for your time,
Alissa H

From: Jennifer Hall
Sent: 1/5/2022 10:55:01 AM
To:
Cc:
Subject: OPPOSE vaccine mandates for children

External Email

To Whom it May Concern:

I am opposing your formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school-aged children.

I am writing to vehemently OPPOSE any vaccine mandate in children. The shots are still EUA and haven't gone through the proper 3 phase trials for all ages. (Yes, I know the word game the FDA and CDC did for Comirnaty approval which isn't even available in the USA). These shots DO NOT prevent you from contracting covid. More and more vaccinated individuals are contracting covid despite being told early on they wouldn't get it if they were fully vaccinated against it. This is not a vaccine per definition because it doesn't stop one from contracting it. Children are not in danger of dying from covid. There is over a 99.9% survivability rate for children. Contracting covid is not a death sentence. Just because cases of covid are going up doesn't mean deaths are. This is a virus that will never go away despite efforts to vaccinate against it. Viruses constantly mutate and become less deadly over time. The choice to inoculate for this virus should be left up to parents and the doctor. Just say NO to required covid shots for school aged children.

I am in full SUPPORT of the rulemaking petition set forth by Xavier Figueroa PhD on behalf of Informed Choice Washington. This needs to be looked at and supported by all involved.

Thank you for your time.

Jennifer Hall
Kalama, WA

From: Katie Nichols
Sent: 1/5/2022 12:13:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

I would like to let you know that I am COMPLETELY and TOTALLY OPPOSED to requiring childhood COVID-19 vaccines.

Katie Nichols
38 Walnut Way
Lopez Island, Wa 98261

Sent from my iPhone

From: Alex Bennett
Sent: 1/5/2022 1:03:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools.
Just remember that you work for ME! I do NOT work for you.

From a very angry registered voter
Alex Bennett

Sent from my iPhone

From: Elaine Niemann
Sent: 1/5/2022 1:41:47 PM
To: DOH WSBOH
Cc:
Subject: Informed Choice WA- Petition to Adopt a New Rule

External Email

Good afternoon! I am writing to express my deep concern over the prospect that WA will require children in our school system to take medical procedures under any circumstances, but in particular, those that are still under EUA.

I oppose the the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose any kind of vaccine or other medical procedure mandate, period!

I support Informed Choice Washington's Petition for Rulemaking, item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits the board from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

After almost 2 years of experience with the COVID19 pandemic we've all seen the well documented fact that children 1) Aren't at an increased risk of death or serious illness from COVID 19 and 2) They do not spread the virus.

How can we morally require that they undertake a treatment that we know will not help them but that we know could be harmful or even fatal to them?

It would seem that the CDC and other government authorities are pressing for this, even in the absence of any compelling data to support a vaccine mandate in children. We look to you, our fellow Washingtonians, to look into this carefully. Your decision will impact hundreds of thousands of children and their families.

Thank you for your consideration.

Elaine
Elaine M. Niemann
c) 908-268-2216

From: Jeff Rohr
Sent: 1/5/2022 1:42:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\D1001688B7C2494B_WA BOH Public Comment - JR 1-12-22.docx

External Email

Please include the attached letter in the public comments for the 1/12 WA BOH Board meeting in regards to the requirement of the Covid-19 vaccination for school-aged children.

Jeff Rohr

From: Lisa Poole
Sent: 1/5/2022 11:23:02 AM
To: DOH WSBOH
Cc:
Subject: Oppose mandates and quarantine

External Email

We are opposed to adding Covid-19 to current infectious disease WAC codes.

We are also opposed to mandating the Covid-19 vaccine for school age children.

The Poole Family
Seabeck, WA

From: eight arrows

Sent: 1/5/2022 12:25:01 PM

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

Cc:

Subject: Covid vaccines for minors

External Email

Dear Washington State Board of Health member,

I strongly oppose recommending these experimental vaccines for children. There is no data that proves that they are without risk. There are MANY FDA approved vaccines and drugs that over time were proved to be detrimental. Swine flu, for example. We simply do not have enough information to deem these as safe, especially in developing children.

Sincerely,
Pauline Salo

From: Becky Gallagher
Sent: 1/5/2022 12:05:44 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

I am writing this email in regards to our children and their rights to be able to attend public school. This education is funded by tax payers and should not be withheld from ANY child of WA state based on their religious beliefs or personal preferences. We have always had exemptions for vaccines and a covid vaccine should be no different. All of our children deserve access to equal education and without discrimination. I am beyond appalled by how heartless this state has operated during the pandemic by way of promoting division and supporting isolation of our children by encouraging learning online as opposed to in person.

Covid is something we have to live with and OBVIOUSLY masks and vaccines have not solved the issue. I am firmly against requiring vaccines for children to attend schools as this was not voted on by the public nor is it accommodating for all of our children. Segregation will not cure covid but only increase childhood depression and anxiety and eventually suicidal tendencies.

This entire state has been a laughing stock across the country and this is just one more example of how you've failed us. Do not fail our children again.

Get Outlook for iOS

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

From: Herendeen, Lindsay (SBOH)
Sent: 1/5/2022 2:46:11 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

Lindsay Herendeen, MPH, MCRP (she/her)
Health Policy Analyst
Washington State Board of Health
lindsay.herendeen@sboh.wa.gov
360-628-6823
Website, Facebook, Twitter

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

From: Becky Hernandez <bckybrndn@icloud.com>
Sent: Wednesday, January 5, 2022 7:23 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Covid vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most precious age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

Sent from my iPhone

From: Shelley Montgomery
Sent: 1/5/2022 1:10:55 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools. These covid vaccines aren't working to stop the spread of covid or from getting covid. I got my covid vaccine and I've had nothing but side effects from the vaccine and now have had covid twice (much worse than my family members who aren't vaccinated). These covid vaccines aren't FDA approved and are doing more harm to our health than good. Natural immunity is all that's needed to fight covid. Please don't force children to get these covid vaccines!

Shelley Montgomery

From: Josh Frei
Sent: 1/5/2022 12:24:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment-Involuntary Quarantine and C-19 Vaccination in Children

External Email

To Whom it May Concern,

I am adamantly opposed to any and all increased policies and practices intended to inhibit the spread of SARS COV 2 in the population of Washington State residents.

The misuse of emergency powers based on a stated pandemic is egregious and tyrannical. We as a state and nation have 2 years of knowledge regarding transmission, infection and early treatments, 3 widely available vaccines, and an over abundance of tests to identify the illness early in the elderly.

To further remove or restrict the liberties of the people of Washington State are scientifically unfounded and only serve to perpetuate fear in the already terrified vulnerable.

Children are off limits for mandates of any kind. Data has proven and continues to prove they are not a significant vector of spread and they are not at risk for severe illness. Any action to for inject children with an experimental vaccine or reinstitute isolation or restrictions of our youngest and most emotionally fragile population are abusive and disgusting.

Stop mandating, start educating.

Stop restricting, start encouraging.

Stop experimenting, start researching.

Josh Frei
Husband, Father, Firefighter, Veteran
Redmond WA
425-443-6531

From: Rebecca (Wells) Carpenter
Sent: 1/5/2022 11:15:12 AM
To: DOH WSBOH
Cc:
Subject: Please defend parents' rights to informed choice for their own children

External Email

Dear Washington State Board of Health,

Please know that many of your constituents, my family included:

1. OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. We oppose COVID-19 shot mandates, period!
2. SUPPORT Informed Choice Washington's Petition for Rulemaking. Our petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks you, the Board, to establish a new rule that prohibits the addition of any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you for your time. All the best to you and yours.

Sincerely,

Rebecca Carpenter

From: Paul Reyes
Sent: 1/5/2022 12:22:25 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!

Thank you,
Paul Reyes
Wenatchee Washington
2438 Iemaister Ave.

From: Andrea Bruns
Sent: 1/5/2022 12:38:22 PM
To: DOH WSBOH
Cc:
Subject: Public Comment WAC 246-100 and WAC 246-105

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools. See Nuremberg code for more details.

Andrea Bruns
Lake Stevens, WA 98258

Sent from my iPhone

From: Julie Michener
Sent: 1/5/2022 11:57:41 AM
To: DOH WSBOH
Cc:
Subject: Consideration of adding Covid-19 Experimental Use Authorization shots to WAC 246-105

External Email

To the State Board of Health,

I am writing to strongly OPPOSE adding ANY and ALL covid 19 mRNA treatments to the WAC 246-105 list of required vaccines for children to attend school.

All vaccines come with some risk to children and society, be they small or great, and no vaccine should be added to this list lightly. But, these new treatments called 'vaccines' for SARS COV2 should never be considered for the reasons listed below.

1. All covid-19 'vaccines' being used are still listed under EXPERIMENTAL USE AUTHORIZATION, and therefore, by law, use MUST be voluntary. No person can legally be required to take them. And no parent can legally be required to authorize them for their children.
2. This SARS COV2 virus has been statistically proven to be benign in children. Children have less chance of serious illness or death from Covid-19 than the average cold. Statistically 0%. We have never required a vaccine for a benign illness in children with a statistical death rate of zero.
3. Children have been proven to not be carriers of this disease and therefore do not asymptotically spread it to adults.
4. The many SARS COV2 'vaccines' now in use under EUA have been proven to be dangerous and deadly by the CDC's own VAERS system, and also by many, many peer reviewed papers based on the CDC's own statistical collection data.
5. MRNA technology is new and has not been proven safe or effective, in any age group, in long term studies.
6. The cost to society from medical treatment for vaccine injury in all age groups is already mounting. It cannot be cost effective to require this treatment in healthy children who are not at risk of serious illness or death.
7. Washington State citizens have overwhelmingly demonstrated that SARS COV2 mRNA technology treatments are not wanted or acceptable, especially in children. Less than half the population of our state is considered 'fully vaccinated' despite them being widely pushed and available. The public does not want these 'treatments' nor do we want them for our children.
8. The above points make it completely clear that these treatments do not meet the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030 <https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Be it known, that if, after review of the information above and peer reviewed studies and data collection of the vaccine injured, these treatments are approved by this board to be added to the list of required vaccines under WAC 246-105, the members of this board will be held responsible under Nuremberg codes for all maimed and injured children as a result of these EUA 'vaccines' forced without consent. The citizens of this state know and understand the freedoms and responsibilities we are afforded in our state and national Constitutions. And we stand on them.

In closing, I strongly request that no SARS COV2 EXPERIMENTAL USE AUTHORIZATION drugs be approved for inclusion in WAC 246-105.

Thank you,
Julie Michener

Grandview, Washington

--

Sent from Mail.ru app for Android

From: Jonathan Anderson
Sent: 1/5/2022 10:14:51 AM
To: Jonathan Anderson
Cc:
Subject: No more mandates!

External Email

Happy New Year! It is now 2022 and we are still pretending there is a state of emergency related to a virus from 2019. It is time to move on. Most of us have already moved on and it is time for the board of health to try to keep up. It is time to end the emergency declaration and all associated mandates. It is definitely not time to add more mandates to the list. It would be a particularly bad idea to mandate COVID vaccinations for children. Those of us who are opposed to the idea will not be complying anyway, so don't waste your time. Please review the declaration and information at the following link as you consider your decisions: <https://doctorsandscientistsdeclaration.org/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>>
. It is important that you get this decision right for the sake of our society and for the sake of your own credibility and reputation.

Thank you.

Jonathan
Tacoma, WA

From: Sara Pipkin
Sent: 1/5/2022 2:44:20 PM
To: DOH WSBOH
Cc:
Subject: OPPOSE - COVID 19 Shot Mandates in Schools

External Email

I listened to the TAG meeting for the COVID 10 shots last week and it was a complete JOKE! This committee is not impartial, and in some cases definitely not qualified to make such an important decision. This TAG should not have been formed. They should not be tasked with reviewing information about COVID 19 shots for consideration of mandating the shots for school. We are OPPOSED to COVID 10 shots mandates period.

I support Informed Choice Washington's Petition for Rulemaking. The Board should establish a anew rule that prohibits them from adding an EUA product or any licensed product that lacks a completed Phase 3 trial study to the school required list. This is a complete waste of time and tax payer money at this point. There is ABSOLUTELY no reason this shot should be under review for requirement in schools. Effectiveness has not been proven, not have the proper trials been completed.

From: Stephanie Bradshaw
Sent: 1/5/2022 1:55:07 PM
To: DOH WSBOH
Cc:
Subject: Public Comment | Agenda Item 11

External Email

WSBOH Members,

We oppose the mandate to have our children vaccinated with the experimental COVID vaccine.

Our children's immediate and long term health is our top priority. We understand the risk for side effects as well as many other long term health problems is a potential outcome. We do not accept this risk by giving this experimental vaccine to our children. Along with our children's healthcare providers, we say no to this mandate for our children.

Thank you,

Mike & Stephanie Bradshaw

From: Corina Maser

Sent: 1/5/2022 2:34:51 PM

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

Cc:

Subject: COVID Vaccination Requirement for School aged Children



attachments\E8D9D9C6E7FC461B_image.png

External Email

Good Afternoon -

I am strenuously opposed to the COVID vaccination requirement currently being considered for all schools in the state of Washington for school aged children including college aged children/adults.

This "vaccine" which is better classified as a shot, is still in the trial stage. It's still a EUA and it's illegal to mandate an EUA product.

The state department of health has this information currently on their website regarding the three types of shots currently available:

How can you possibly mandate a "shot" that is still unproven to be effective past 2 months? Boosters are not required but they're out there? It's clear that there is already great concern on the effectiveness of this/these shot/shots that are still in the trial stage. There is no logical rationale behind this possible mandate.

If you mandate this ridiculous shot as a requirement to attend public school in the state of Washington including colleges, universities, trade schools and/or any other educational organization, we will pull our children and home school them.

Regards,

Corina Maser
Hockinson School District Parent

From: Saber Sterling
Sent: 1/5/2022 12:30:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals.

I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools.

From: Tanya Brayer
Sent: 1/5/2022 1:19:24 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

I as a Parent/Professional and Member of our community I, oppose the bill which would mandate school children to receive a vaccine for Covid before entry to school.

I believe this would be an irrational decision and one definitely not based on science; especially since it does nothing for the transmission of Covid and simply sets up a system requiring multiple boosters.

This decision is about the health of our children and the Covid vaccine does not provide either health or safety from Covid infection.

In health,

Tanya Brayer DC MSc
Sent from my iPad

From: Matthew MacEwen
Sent: 1/5/2022 2:47:12 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My name is Matthew MacEwen, I have a 12 year old daughter in Middle School.
I oppose the Covid-19 vaccine being put on the vaccine schedule.
We are for personal choice and freedoms.

From: Chris Spofford
Sent: 1/5/2022 12:51:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment-Involuntary Quarantine and C-19 Vaccination in Children

External Email

To Whom it May Concern,

I am reaching to relay my stance on the State's position on involuntarily quarantines, and adding C19 Vax mandates for Children. I unapologetically and furiously oppose both efforts.

Children are off limits for mandates of any kind. Data has proven and continues to prove they are not a significant vector of spread and they are not at risk for severe illness. Any action to inject children with an experimental vaccine or reinstitute isolation or restrictions of our youngest and most emotionally fragile population are abusive and disgusting. The mere fact that these efforts are under consideration is extremely concerning.

-Chris

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 2:49:09 PM
To: DOH WSBOH
Cc:
Subject: FW:

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Jenn Walker <cowgirljen212@gmail.com>
Sent: Tuesday, January 4, 2022 6:22 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject:

External Email

I am opposed of school age children being forced into getting a covid vaccination and if you really care about children you will be too!!

From: Stephanie Hayden
Sent: 1/5/2022 3:11:41 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am emailing in regard of the request for feedback for vaccine mandates. I am opposed to implementing covid 19 vaccine mandates in schools.

Thanks for your time

From: barbara schile
Sent: 1/5/2022 9:19:58 AM
To: DOH WSBOH
Cc:
Subject: NO to mandatory covid vax

External Email

My family and I are opposed to mandatory covid vaccines for school children in Washington state. Our country is all about freedom, including medical freedom to resist putting medication into our bodies. As a retired RN, I am well aware of the untoward effects of some medications/injections that are not discovered/acknowledged for years later.

My grandson will not be attending public school should the covid vaccine become mandatory.

Sincerely,

Barbara Schile, 26107 200 Ave SE, Covington, WA 98042

From: Jeni Patterson
Sent: 1/5/2022 2:10:57 PM
To: DOH WSBOH
Cc:
Subject: My kids my choice

External Email

I wanted to get my opinion on record and let you know that I 100% oppose the board's formation of a technical advisory group to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period! IT SHOULD BE THE RIGHTS OF THE INDIVIDUAL PERSON AND THE PARENTS OF THE CHILDREN TO MAKE THAT CHOICE.

I do SUPPORT Informed Choice Washington's Petition for Rulemaking our petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

PLEASE KEEP OUR FREEDOM IN THIS COUNTRY AS AMERICA IS SUPPOSE TO BE LAND OF THE FREE!!

Sent from my T-Mobile 5G Device

From: Shell Rasmussen
Sent: 1/5/2022 3:40:55 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly oppose any efforts to mandate the Covid-19 vaccine for school children of any age. The young population has been shown to be the least threatened by the disease. Current case trends show that the vaccine does not mitigate spread. Combined, these facts are evidence against any urgency that this proposal may stem from, or any assumptions that mandating said vaccine would offer significant public health benefits. Considering the unknown long-term effects of the vaccine due to insufficient time to perform the rigorous studies necessary, requiring this therapeutic would be irresponsible. The decision should be left to the parents, free from the coercion that the threat of unenrollment represents.

Sincerely,
A very concerned citizen (Shelly Osmonson)

Sent from my iPhone

From: Schreiber, Tracy N (SBOH)
Sent: 1/5/2022 1:04:36 PM
To: DOH WSBOH
Cc:
Subject: FW: No Mandate to Vaccinate School Children against Covid-19 and variants

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

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

From: Treva Mahar <trevas1955@hotmail.com>
Sent: Wednesday, January 5, 2022 11:18 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Cc: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: No Mandate to Vaccinate School Children against Covid-19 and variants

External Email

Dear Washington State Board of Health members,

I am deeply opposed to any recommendation for a vaccine requirement for school aged children and ask that you not adopt any such requirement.

I am not convinced that this would be in the best interest of our children based on the lack of evidence for long term effects of the vaccine.

I ask that you leave the decision to the parents whether they vaccinate their children against Covid.

I would ask that you encourage everyone to eat healthy, get plenty of exercise, and build their immune systems with necessary Vitamin D, Vitamin C, Zinc, etc to help their bodies function at the best disease fighting capacity possible. This is good science!

Thanks for considering my plea to Not Mandate Vaccines for school aged children.

Sincerely,
Treva Mahar

Sent from my iPad

From: roni dally
Sent: 1/5/2022 2:36:20 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

As a grandmother of school age children I am absolutely opposed to mandating the not-yet-FDA-approved COVID 19 shots for children in order for them to be allowed to attend school.

Our children have survived the pandemic. The shots are still in the experimental stage and we do not know the long term affects yet.

No one has the right to force another human to inject something into their body that they do not agree to.

Vote no on this mandate.

With respect,

Roni Dally

From: JP Retzlaff
Sent: 1/5/2022 1:43:54 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for our Kids

External Email

Good afternoon dear Board Members,

We see that you are beginning the process of considering the covid vaccine addition to the list of immunizations required for children to attend school. Our family OPPOSES this addition as no children have died due to covid according to the Public Health website for Clark County as of Dec 30, 2021. In fact, Clark County has not had any deaths for anyone under the age of 19yrs, and only 1 loss of life under 29yrs of age since the onset of covid.

Our family also SUPPORTS the Informed Choice Washington's Petition for Rulemaking. We have read the petition and see the value in making sure that the products complete all clinical trials and are found safe before being required for our children in order for them to get their education.

Passionately, your tax payer and mom of 3,
Peggy Retzlaff

From: Carrie Auckland
Sent: 1/5/2022 12:26:16 PM
To: DOH WSBOH
Cc:
Subject: Our children

External Email

I am very opposed to vaccinating our children with a vaccine that is not working and is actually harming and killing people. No one has a right to choose what we put into our children but us the parents. Do not do this. It is unconstitutional!

Sent from my iPhone

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 12:18:51 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Becky Hernandez <bckybrndn@icloud.com>
Sent: Wednesday, January 5, 2022 7:21 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Covid vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most precious age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

Sent from my iPhone

From: Liz Berrigan
Sent: 1/5/2022 1:31:21 PM
To: DOH WSBOH
Cc:
Subject: Oppose Mandating Covid-19 shot

External Email

Washington State Board of Health,

I am writing today because I understand that you will soon be making a decision on whether to add the Covid-19 shot to the school age vaccination schedule in order to attend K-12 school.

I oppose mandating the Covid-19 shot in all forms including for employment, accessing services, travel, restaurants, entertainment, sports, and in order to attend K-12 school. This shot is NOT necessary and is causing more damage than it is causing good. Children are the least affected by the Covid virus and Washington State has not seen one child death from Covid. 42 other states are successfully operating their schools without mandating masks or the Covid-19 shot. It is ridiculous and morally reprehensible to force anyone to take this shot. Our children have been hurt enough in the past 2 years with lockdowns, virtual learning, masks, etc. Please stop the madness and don't continue to make it worse by mandating the Covid-19 shot in order to attend school. Please also note that the Los Angeles Unified School District tried to mandate the Covid-19 shot and failed miserably.

In addition, I oppose the mandatory masking of students (and staff) as well. Masking is not healthy for our children and their ability to learn is affected. For example, when children are learning to read, they need to hear the sound and see the way the sound is made. When a teacher is wearing a mask the student hears a muffled "th" sounds for example. When a teacher is wearing a mask the student cannot see the lip/mouth formation of the sound. In addition, the teacher cannot see the way the child is making the sound when the child is wearing a mask.

Medical decisions (including masking and vaccines) are personal decisions for parents to make and between parents and their child's pediatrician. The Board of Health should respect these personal choices and put an end to mandatory masking and mandatory Covid-19 shots.

I also would like to point out that I support Informed Choice Washington's Petition for Rulemaking (Item 11 on the January 12th agenda) which asks the Board to establish a new rule that prohibits the Board from adding any Emergency Use Authorized product, or any licensed product that lacks completed Phase 4 trial studies (and beyond), to the school vaccine required list.

Thank you for your time.
Liz Berrigan

From: Shelley Dodd

Sent: 1/5/2022 3:01:39 PM

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

Cc:

Subject: Covid 19 vaccinations for school children

External Email

I strongly oppose requiring Covid 19 vaccinations for school children. I also strongly suggest you get educated on the vaccinations and Covid 19. There is excellent early treatment and kids are at higher risk from vaccine reactions than Covid 19. I am not an anti vaxxer, I am just against this vaccine. There is a lot of information out there regarding what is happening. I suggest you look at other countries and their success with Covid 19 including Uttar Pradesh in India, Japan, Sweden and more. There are thousands of highly educated scientists, attorneys and physicians who are against this and I suggest you look into why. Please question the narrative.

Thank you for your time,

--

Shelley Dodd

sdoddrio@gmail.com <<mailto:sdoddrio@gmail.com>> | 206-819-3637

From: Arne Herstad
Sent: 1/5/2022 12:50:03 PM
To: DOH WSBOH
Cc:
Subject: Comment on quarantine law

External Email

To Whom:

RE: Upcoming meeting being held to consider the use of law enforcement to enforce COVID mandates.

A very large number of Washingtonians are very well informed about what's afoot. They know Covid isn't fatal if properly treated. They know the vax doesn't work. They know our officials cannot keep their stories straight. They know we are being lied to.

If, against this backdrop, our officials choose to pursue a course of action that paints the innocent into a corner, it cannot end well, not for anyone.

This meeting may be our last chance to deescalate. We must oppose the further weaponization of the Health Department, and furthermore, throttle back their power to levy fines and otherwise oppress the innocent.

Yours,

Arne Herstad
253 432 0461 (afternoons, PST)

From: S J
Sent: 1/5/2022 3:26:40 PM
To: monroe.artist114@yahoo.com
Cc:
Subject: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

External Email

To Whom it May Concern;

I am submitting this email in regards to the upcoming January 12, 2022 decision recommending the Covid-19 Vaccine for school age children.

Public education is funded by taxpayers and should not be withheld from ANY child in Washington State based on their personal or religious beliefs and preferences. Our children deserve equal access to education without discrimination. Segregating our children by forcing parents to make decisions to un-enroll their children in Public Education and find alternate means of education or in many cases, leaving the state completely, will not cure Covid-19. It will only increase childhood depression and anxiety and, as you all should know, even increase suicidal tendencies in Washington State Youth.

Washington State, in my opinion and that of numerous fellow parents I have spoken with in regards to the subject, has operated at an extremely poor level during this pandemic. It has promoted division and supported the isolation of our children by implementing online learning as opposed to in-person learning, and the requirements that have been imposed on our children when they were allowed to return to in person learning are proving to be detrimental to their mental health and well-being even now. I implore you to talk to students at all grade levels and actually see what they are thinking and how they feel being in the situations they are in with the restrictions in place. Given that Washington State has seen a withdrawal of students from their Public Education program over the past two years in excess of 55,000 students, this should be a blatantly obvious indication that the decisions being made that effect the students of Washington are not "Popular". If this becomes a requirement, the number of students pulled from Public will grow exponentially. Washington State is already disregarded across the country with the poor handling of the pandemic and the excessive restrictions that leadership has put in place, don't add any 'Fuel to the fire' by adding yet another layer to this already disgraceful situation.

The Covid-19 virus and it's continued variants are something that we are ALL going to have to live with going forward. It is abundantly clear at this point that vaccines and masking have not solved the issue. It is being reported that upwards of 70% of Omicron infected patients are all vaccinated. I personally know of several Breakthrough cases of Covid-19 in family and friends, and some of them were severe enough to end up in ICU BEING FULLY VACCINATED! The rules for masking, types of masks, etc. change so often a person could get whiplash attempting to keep up with current protocols. My family and I have all had, and recovered, from Covid-19 even with the protocols in place.

I am firmly against the requirement of the Covid-19 Vaccine for our children to attend public school. This is not something that was put forth by a vote of the People of Washington State, nor is it accommodating for all of our children. As a parent of 3 children in Public Education, I am imploring you oppose making the Covid-19 Vaccine a requirement to attend Public School in Washington State.

I thank you for your time.

Shiriah Jelenek
17526 20th St. SE
Snohomish, WA 98290
425-329-5132
ewdnbbd@yahoo.com

From: Ron Burch
Sent: 1/5/2022 12:39:50 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This is a Ron in Jamie Burch emailing with a comment on the possibility of mandating the Covid vaccine for kids to go to school. We oppose this deeply and we would like to remind you that children are very low risk for Covid and the vaccine is still emergency use only. Say no to this absolutely unconstitutional push!

Sent from my iPhone

From: Elizabeth Henry
Sent: 1/5/2022 11:05:54 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Washington State Board of Health Members:

I'm writing today to share my concerns about an item on your agenda for your January 12 meeting. I strongly oppose the proposal of requiring the COVID vaccine for our children. Not only is this a new drug that has had limited time to be studied, it has proven to not be effective at spreading disease.

Experts around the world agree that COVID is not a life threatening risk to our youth. We are also seeing increased risks from the vaccine, which should tell us that our focus should be researching why these side effects are happening before we push this on our kids.

Parents should have the right to choose what is best for their children and their individual health. Mandating a new experimental drug that has proven to not be effective at stopping the spread of COVID is not the answer.

I strongly urge you to listen to the parents and not support this proposal.

Kind regards,,
Elizabeth Henry
509.899.4840

From: J. J. H.
Sent: 1/5/2022 3:10:25 PM
To: DOH WSBOH
Cc:
Subject: I oppose mandates for children

External Email

Dear Washington State Board of Health,

Mandating an experimental inoculation for children to attend school is coercion. It is immoral, unethical, and illegal.

Please give parents a choice!

Sincerely,

Jennifer Hicks

Spokane

From: dhuey1
Sent: 1/5/2022 3:03:19 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am absolutely opposed to mandatory vaccinations for children. I personally know a number of individuals that died after receiving a vaccination or had critical life threatening reactions that landed them in the hospital for days. My sister died after receiving the J&J. No health authority asked if she had recently received a vaccination or performed an autopsy. I know of two other individuals this happened to. A friend went into Afib after getting the vaccine and almost died. Another had to have heart surgery 8 months after getting the vaccine and was told by the VA doctors that his heart issues were caused by the vaccine.

The truth is that no one wants to acknowledge there are serious health issues related to the vaccines. Healthy children are not likely to die from contracting Covid and are probably more likely to die or have long term health issues from the vaccine. This should be the choice of the parents who know what is best for their children. The public is being kept in the dark about the vaccine risks and that is criminal. That poor woman that wanted to volunteer in her child's classroom got it and died and now her child is motherless. NO MANDATORY VACCINATIONS!!

Sent from my Verizon, Samsung Galaxy smartphone

From: Bree Kressly
Sent: 1/5/2022 11:37:07 AM
To: DOH WSBOH
Cc:
Subject: Public Comment AGAINST Vaccine Mandates

External Email

Hello,

I am writing this email in regards to our children and their rights to be able to attend public school. This education is funded by tax payers and should not be withheld from ANY child of WA state based on their religious beliefs or personal preferences. We have always had exemptions for vaccines and a covid vaccine should be no different. All of our children deserve access to equal education and without discrimination. I am beyond appalled by how heartless this state has operated during the pandemic by way of promoting division and supporting isolation of our children by encouraging learning online as opposed to in person.

Covid is something we have to live with and OBVIOUSLY masks and vaccines have not solved the issue. I am firmly against requiring vaccines for children to attend schools as this was not voted on by the public nor is it accommodating for all of our children. Segregation will not cure covid but only increase childhood depression and anxiety and eventually suicidal tendencies.

This entire state has been a laughing stock across the country and this is just one more example of how you've failed us. Do not fail our children again.

Bree Kressly

From: Tylene Kuentler
Sent: 1/5/2022 11:58:55 AM
To: DOH WSBOH
Cc:
Subject: Oppose mandating Covid 19 vaccine for children

External Email

1. I strongly OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period! There is not enough research, the vaccines don't prevent transmission and children are not at risk for severe illness from Covid-19! It should be a parents choice what they inject into THEIR children, not the governments!

Sent from my iPhone

From: Marcy Anderson
Sent: 1/5/2022 1:59:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am totally opposed to an experimental drug being called a vaccine being given to any child! Remember that it only has emergency use and has not been approved. There are so many side effects and it is a survivable disease that doesn't effect kids the same as adults. So many numbers have been squed and lied about and it's time this non sense stops!!! My kid will be pulled from public school as I'm sure others will too.

Marcy Anderson

From: Schreiber, Tracy N (SBOH)
Sent: 1/5/2022 3:19:35 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandates

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Don Frazier <frazid277@gmail.com>
Sent: Wednesday, January 5, 2022 3:00 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Mandates

External Email

I oppose all mandates! Especially for children!

Vicki Frazier

Get Outlook for iOS

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

From: Treva Mahar
Sent: 1/5/2022 11:17:44 AM
To: DOH WSBOH
Subject: No Mandate to Vaccinate School Children against Covid-19 and variants

External Email

Dear Washington State Board of Health members,

I am deeply opposed to any recommendation for a vaccine requirement for school aged children and ask that you not adopt any such requirement.

I am not convinced that this would be in the best interest of our children based on the lack of evidence for long term effects of the vaccine.

I ask that you leave the decision to the parents whether they vaccinate their children against Covid.

I would ask that you encourage everyone to eat healthy, get plenty of exercise, and build their immune systems with necessary Vitamin D, Vitamin C, Zinc, etc to help their bodies function at the best disease fighting capacity possible. This is good science!

Thanks for considering my plea to Not Mandate Vaccines for school aged children.

Sincerely,
Treva Mahar

Sent from my iPad

From: Sherri Martin

Sent: 1/5/2022 1:10:47 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (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: Opposing school covid vaccinations

External Email

Hello, I am writing to let you know, I totally oppose any covid vaccination requirements for school children. This is government over reach. Thank you. From a concerned Wa. citizen, Sherri Martin

From: Melissa Eylar
Sent: 1/5/2022 10:11:08 AM
To: DOH WSBOH,Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH)
Subject: Opposition of Mandated Vaccination

External Email

Respectfully,

I am writing to you as a concerned parent of a 14 year old boy and a 17 year old girl. I am writing to you to oppose any mandates for children that require Covid-19 vaccination as a condition of attending public education.

As a parent, I judge the risks of covid-19 vaccines to be greater and more harmful to my children than actual infection from the covid-19 virus. As such, I will not tolerate, be forced or coerced into jeopardizing the health of my children for a vaccine whose long term side effects are unknown and which doesn't even grant immunity to the covid-19 virus.

My goal, (which should be the same as our lawmakers/policy makers) is to protect my children from harm. Mandatory, forced and coerced vaccination is in direct opposition to that goal. While vaccinations themselves are not a new requirement I would like to point out that existing required vaccines had a longer development and testing phase. They were not subject to hiding of side effects and squashing of experiences of people experiencing side effects that the covid-19 vaccines are currently producing. As a parent, I see the rushed production of the vaccine, propaganda, silencing and shaming people of differing points of view, as a misguided attempt to do "something" rather than risk being prudent and be accused of doing "nothing".

My answer, to forced mandatory vaccination for covid-19 is NO, it will continue to be no until safety is proven and the vaccine becomes able to grant immunity. My husband and I will remove my children from the public education system if it becomes necessary in order to protect them from derelict policy making.

Sincerely,
Melissa Eylar
Okanogan, WA

509-322-1998

Sent from my iPhone

From: Hoff, Christy Curwick (SBOH)
Sent: 1/5/2022 11:58:43 AM
To: DOH WSBOH
Cc:
Subject: FW: Oppose Covid-19 Shots for School Children

From: Jessica Ask <lavajess@hotmail.com>
Sent: Wednesday, January 5, 2022 11:47 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Oppose Covid-19 Shots for School Children

External Email

I would like my opinion on record. As a WA state citizen with 3 school age children, I am in strong opposition of making the Covid-19 vaccine mandatory. There is not nearly enough time or scientific study to validate adding it to the list of mandatory vaccines. There is also not enough evidence that the risks out way the benefits for the age group under 18.

I will remove my children from public school or apply for an exemption if this shot goes on the list of required shots.

Please provide valid scientific studies to support the decision to add this to the list of mandatory vaccines.

STOP THE MANDATES!!! MEDICAL FREEDOM! PROTECT OUR CHILDREN!!

Jessica Ask

From: Devorah Nelson
Sent: 1/5/2022 11:37:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - covid vaccine mandate for children

External Email

WSBOH Members,
I oppose the mandate to have our children vaccinated with the experimental COVID vaccine.

Even the scientist who invented the MRNA technology said publicly that the covid vaccine is dangerous to children. Follow the science. As it happens no one can PROVE based on any studies that the covid vaccine is safe for children.

As a parent, my children's immediate and long-term health is my top priority. With my own personal research, I know that the risk for cardiomyopathy as well as many other long-term health problems is a potential outcome. I do not accept this risk by giving this experimental vaccine to my children, nor should other parents be forced to. Along with our healthcare providers, we say NO to this mandate for our children.

Respectfully,
Devorah Nelson

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Becky Helland
Sent: 1/5/2022 2:29:33 PM
To: DOH WSBOH
Cc:
Subject: Comments for Jan. 12 BOH meeting RE adding Covid-19 to infectious disease
WACs--OPPOSE

External Email

To Whom It May Concern:

I am writing in regard to an item on the agenda for your upcoming meeting on January 12, 2022. I OPPOSE adding Covid-19 to the current infectious disease WACs, and I OPPOSE adding COVID to school immunization requirements.

According to the CDC's own numbers, covid has a 99.74% survival rate
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nbc26.com%2Fnews%2Fcoronavirus%2Fhealth%2Festimates-covid-19-fatality-rate-including-asymptomatic-cases&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cf47a2260e84d4a83f82f08d9d09ab38e%7C11d0e218.html>
 . What warrant is there for requiring children and potentially adults take a risk on a product that has no long term safety data available, is still in experimental trials for two more years, and doesn't stop infection or transmission
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fover-100-fully-vaccinated-people-in-washington-state-test-positive-for-covid-19_3757218.html&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cf47a2260e84d4a83f82f08d9d09ab38e%7C11d0e218.html
 ? A .26% death rate is still in line with the viral death rate that circles the planet every year. With a bar (death rate) that low, any annual flu or cold could be a candidate for inclusion as an infectious disease. That would be a terrible precedent to set.

Also worth noting, according to the CDC's own numbers
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fpub%2Fpub_000007.htm
 , (scroll down to the section "Comorbidities and other conditions") only 6% of the deaths
 being attributed to Covid are instances where Covid seems to be the only issue at hand.
 In other words, reduce the death numbers you see on the news by 94% and you have
 what is likely the real numbers of deaths from just Covid. These are not death numbers
 worthy of adding Covid-19 to the infectious disease WACs.

Forced quarantines for not wanting to take a risk on an experimental product that has been demonstrated to be neither safe (see VAERS data <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F&data=04%7C>) nor effective by the CDC's own admission are not the right public health measure to be considering. There are known effective therapeutics and highly successful early treatment options available which should be promoted and pursued by the WA Board of Health instead.

For the above reasons, please discontinue your consideration of adding Covid-19 to the

infectious disease WACs and school immunization requirements and turn your attention to early treatment and proven, highly successful therapeutics.

Thank you for your time.

Becky Helland

3763 NE Trout Brook Ln.

Bremerton, WA 98311

From: patricia lara
Sent: 1/5/2022 10:17:08 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Vaccine for schools

External Email

Dear government representatives.

As the time has come to make a decision for vaccine mandates for schools, please consider that parents rights will be violated and our family supports keeping a choice to our Childs health concerns remain intact. My family highly oppose force vaccination in children for Covid.

Hope the light is with you and oppose this horrid mandate.

Martha P Lara Maldonado
Resident of Snohomish County.

From: Jessica Ask
Sent: 1/5/2022 11:43:47 AM
To: DOH WSBOH
Cc:
Subject: Oppose Vaccine Mandate for School Age Children

External Email

I would like my opinion on record. As a WA state citizen with 3 school age children, I am in strong opposition of making the Covid-19 vaccine mandatory. There is not nearly enough time or scientific study to validate adding it to the list of mandatory vaccines. There is also not enough evidence that the risks out way the benefits for the age group under 18.

I will remove my children from public school or apply for an exemption if this shot goes on the list of required shots.

Jessica Ask

From: Lang, Caitlin M (SBOH)
Sent: 1/5/2022 12:42:14 PM
To: DOH WSBOH
Cc:
Subject: FW: NO to vaccine mandates

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

From: Alissa <hialissa@gmail.com>
Sent: Wednesday, January 5, 2022 2:42 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: NO to vaccine mandates

External Email

As a parent to three school aged children I'm writing because I am vehemently opposed to mandating the Covid vaccine for school aged children. There are three main reasons why.

First, the current vaccine does not have any long term safety studies done yet, they are simply too new. The studies and evidence currently available show that receiving the vaccine poses far greater health risk to children than Covid does. VAERS data as well as many other studies prove this. Children have a 99.998% survival rate with Covid, a vaccine with possible side effects is not necessary nor a smart risk assessment.

Secondly, the vaccines do not stop the transmission of Covid. There is no argument that vaccinating someone helps protect anyone other than themselves. If children have basically no risk of harm from the disease, a vaccine is not necessary. Teachers and staff are already vaccinated so they should be protected if their vaccine works to lessen symptoms. Our hospitals are not overwhelmed with Covid patients, if they are struggling it is because of the firing of unvaccinated workers, delayed/improper care for other issues, and/or extreme quarantine and safety precautions unnecessarily being taken because of Covid.

The third reason I am opposed to mandating this vaccine for school entry is that while the FDA did approve the Comirnaty version of the Pfizer vaccine, it is currently unavailable anywhere in the US. Public schools may not require an experimental vaccine that is under EUA. The only vaccine currently available to our children is NOT the FDA approved version.

Thank you for your time,
Alissa H

From: Schreiber, Tracy N (SBOH)
Sent: 12/30/2021 11:24:25 AM
To: DOH WSB OH
Cc:
Subject: FW: Covid-19 vaccine

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: sharolharwood <sharolharwood@aol.com>
Sent: Wednesday, December 29, 2021 12:29 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid-19 vaccine

External Email

You cannot approve a requirement of children in Washington state for the covid-19 vaccine as there is no FDA approved vaccine available. All brands of covid-19 vaccines available to the public are EUA only.

<https://dossier.substack.com/p/bait-and-switch-there-remains-no>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdossier.substack.com%2Fp%2Fbait-and-switch-there-remains-no&data=04%7C01%7CW SBOH%40SBOH.WA.GOV%7Cd3b72b220b3243fbb35908d9cbc9fd0e%7C11d0e2>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Shirley Brown
Sent: 12/30/2021 9:40:56 AM
To: DOH WSBOH
Cc:
Subject: mandating "vaccines"

External Email

I am very much against mandating "vaccines " for Gpv't run school s!

Zoom meeting tomorrow Wednesday 12/29/2021 from 1:00 to 2:30pm. Here is the link to register to attend. I will attend and speak up if they allow comment.

https://us02web.zoom.us/webinar/register/WN_TEfcoeisQBqjZDJH4gsPlw

Here is a link to WAC 246-105 below concerning: IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-105>

2) Potential vaccine mandates for students

The WA State Board of Health will be meeting on Wednesday, January 12, 2022 regarding potential vaccine mandates for students. From now until Friday, January 7 at Noon, they are accepting public comment via this link - <https://sboh.wa.gov/Meetings/ProvidePublicComments>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FPro>

I will be commenting and I encourage you to join me. As many of you as possible.

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

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:24:31 PM
To: DOH WSBOH
Cc:
Subject: FW: NO COVID Mandated Vaccines for School Children

From: ANNE BAGNIEWSKI <abeandanne@comcast.net>
Sent: Saturday, January 1, 2022 10:58 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: NO COVID Mandated Vaccines for School Children

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable. You are going to destroy the already failing public schools. Many parents are already home schooling their kids and this will send other parents in that same direction. Think about who you are helping. 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 years of age the least, if at all. Follow the data! The virus is safer than the vaccine for children. This is a dangerous plan! Please end this conversation NOW!!!

Anne Lightfoot-Bagniewski, concerned citizen

From: Kahler, Kelie (SBOH)
Sent: 1/3/2022 6:47:23 PM
To: DOH WSBOH
Cc:
Subject: FW: In Kind regards to your meeting of 1/14/22, Recommend Covid shot for Children



attachments\6B6418A611554DBB_Handwritten_2022-01-03_143641.pdf

From: Michele Pearson <veryverytimes2@gmail.com>
Sent: Monday, January 3, 2022 2:44 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: In Kind regards to your meeting of 1/14/22, Recommend Covid shot for Children

External Email

Thank you for your consideration to read my important words on your upcoming meeting to recommend the Covid shot for Children.

We as a society rely heavily on our parental instincts, the aid of our pediatricians, the advice of our family and friends to guide us in raising healthy children. We have now come to an age, just as in 1971 when our country left the Gold Standard and created inflation with fiat currency in order to control our society and make way for classism that Sars-Covid-19 will create with vaccinations of the mRNA classes. I appreciate science and what it has done for the health of our community. We in our family, follow the school district and state recommendations of vaccinations in order for our children to enter public school, but with the control you think you are going to have over this next group of up and coming tax paying citizens it will be unforgiving.

Not one official can tell me what the Covid-19 vaccination will or how it will affect my daughter in her possible fertile years. BUT - you will say, because you've been taught to say that 'nothing will happen.' You will tell me that the vaccination is safe for my 2 year old son, but if he were to develop a heart condition, one of which we have no family history of, the Pharma companies cannot be held liable for the side effects. You are part of the Mass Formation Psychosis, welcome aboard.

When will you stop and let nature take its course? We have seen through science and medicine that the Covid-19 virus has mutated into a more contagious BUT LESS SEVERE virus. Which is more important to you, the more contagious part or the less severe part?

Our household will not be getting the Covid-19 shot, until there are years of data behind it and that the pharma companies be held liable for major health side effects. We have no issues removing our child from public government schooling and teaching them on our own, giving them global learning. If you were to implement this vaccine as a requirement, as a 'law,' for children to remain in school you will lose many students. Yes, the public schools will still get their share of property taxes, but for each child that un-enrolls in school, that district can lose up to \$14,000 in value for that child (

<https://schoolchoiceweek.com/guide-school-choice-washington/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fschoochoiceeweek.com%2Fguide-school-choice-washington%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C5a0992af97ba49e74f8908d9cf2c7fea>).

You are teaching children they have no rights over their own body, you are not good leaders if you vote for this to pass. You are showing our communities that body autonomy is soon to be a thing of the past.

I have attached for you, in my own handwriting the years in which I was born and my children. It shows when the required vaccines were FDA approved (you can do your own google search to verify) and how long the vaccine was out, before we got whatever shot is on the list. The closest shot that I received to FDA approval was 8 years. That is about my comfort level from testing to final usage, not like Covid-19 vaccine, which had final approval just in August of 2021.

Sincerely,

Michele Pearson

Your life is an occasion. Rise to it.

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:10 AM
To: DOH WSBOH
Cc:
Subject: FW: Do NOT Force unapproved poison!

From: Jacob Lind <seahawksd24r@gmail.com>
Sent: Thursday, December 30, 2021 11:55 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Do NOT Force unapproved poison!

External Email

Why would you ever force our babies to get this experimental poison? I will NEVER enter my children into that horrific situation!

From: Dayna Monardez
Sent: 12/30/2021 10:06:28 AM
To: DOH WSOH
Cc:
Subject: Covid19 Vax added to school requirements

External Email

The action of mandating a vaccine to the least impacted age group is not in anyone's benefit, especially the children.
99.99% survival rate and you are entertaining this as a requirement? WHY? Where is the data to support this dialog??
You are going to 'force' the hand of as many parents to possibly submit to this option if they have no other resources to support thier children with an alternative to education if you implement. Maybe that's the point?

In children, COVID is much safer to get than the vaccine. There have been many adverse reactions, especially in children.

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!

The CDC has walked back its quarantine policy from 10 to 14 days to 5 days for those who have a positive PCR test (no matter jabbed or not jabbed) in the middle of a supposed massive surge in COVID variant cases.

Not only this, but there's even a no-quarantine option if quarantine "isn't feasible." Like if you have a major football game to play or something...Then you can just wear a mask! WOW! Really? So are they saying it's not so infectious or dangerous that you need to quarantine and can just wear a mask and be o.k to not spread it to others when you are SYMPTOMATIC?! Then why the quarantine guidelines? Masks are both ineffective and a health hazard. And you follow thier guidelines?

The CDC has also stated that if you are directly exposed to someone who tests positive, you are in the same boat as the unvaccinated when it comes to isolation if you are vaccinated but NOT boosted. If I were a double jabbed individual, I'd be mad because this would mean it is as if I was never jabbed at all. Why would we do this to our children????

Surely the CDC must have a solid reasons for this change in policy right? The CDC's website explains that "The change is motivated by science demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after."

□□

DID YOU CATCH THAT?! There is no such thing as asymptomatic spread. Never has been. Never will be. They are basically telling us to stay home if we're sick and to stay there until symptoms go away.

sick= symptomatic...

We have known this from day one. The narrative on asymptomatic spread and vaccine efficacy is falling apart quickly. However, I have yet to see any walk back on mandates and vaccines. None.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

<https://www.cnn.com/2021/12/27/cdc-recommends-shorter-covid-isolation-quarantine-for-all.html>

Ultimately, who does this "mandate" benefit? Not the children. Not the parents. It is a virus. A Flu. It needs to be a choice. It should ALWAYS be a choice. Please end this conversation NOW.

Dayna Monardez, concerned parent

From: Jen Edelhauser
Sent: 12/31/2021 8:46:46 AM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email

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.

In children, COVID is much safer than is the vaccine. There have been many adverse reactions, especially in children.

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!

Please end this conversation NOW.

Jennifer Edelhauser , concerned citizen and parent
26220 235th Ave SE, Maple Valley, WA 98038

From: Don Hill
Sent: 12/29/2021 1:22:35 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID vaccination for children

External Email

To the Washington State Board of Health:

As you consider requiring vaccination against COVID-19, I respectfully draw your attention to the reality that these vaccines have not been proven by the required extensive period of testing for safety and efficacy to be either safe or effective in children, adolescents, or young adults. By mandating these vaccinations in our children as a requirement to attend schools, you are being coercive, and such action is not only unjustified on any scientific basis, it is unethical, immoral, and frankly criminal to apply a greater risk of death and adverse effects on a population that has a much lower risk of these from the virus itself. If parents or teachers themselves consent to be vaccinated, they must be fully informed and deal with the consequences. While your motivation to "save lives" may help you feel better about making these vaccinations mandatory, how many lives must be lost or ruined to pay for that?

As a retired Family Physician, I am very concerned by the serious overreach by the various government health-related agencies (CDC, NIH, FDA, WHO, etc) in the mandates (largely unscientific and even counterproductive), and especially the efforts to tie the hands of medical practitioners in the care of their patients by restricting access to safe and effective prophylactic and early treatment for COVID-19. The trust we previously had in these government entities - and even some medical professional organizations - will be difficult or impossible to restore.

Sincerely,
Donald G. Hill MD (retired FP)
291 Parish Rd
Selah, WA 98942

From: kevco@cruzio.com
Sent: 12/30/2021 2:46:49 PM
To: DOH WSBOH
Cc:
Subject: Interfering in the Health of Private Citizens (not your family)

External Email

I hear you are attempting to justify giving the mRNA gene DNA altering therapy to children as a requirement to be educated with the money taken/stolen from taxpayers.

I am increasingly against the communist controlled government school indoctrination programs, but this would take the cake. If you play Jesus Christ (which you're obviously not even closely related to), I hope this will inspire even more home schooling and taking away of your "targets" for indoctrination.

Dr. Robert Malone, the inventor of this un-tested serum, states it should not be used on children. There has been over a 250% increase in emergency heart problems, including death, to European soccer players due to communist governments in Europe forcing them to receive this experimental serum. Numerous medical doctors who treat victims of the China virus (sometimes called Covid 19) who are vociferously opposed to this sort of genocidal policy.

What side of history will you be on? Just say no, and allow personal choice to continue as it has for since this biological warfare attack was launched. South Africa has been saying all along, with the Communist propaganda media (CNN, MSNBC, NBC, ABC, CBS, Huffpo, etc) ignoring it, that the South African variant (sometimes called Omicron) is mild. Are you part of the communist propaganda machine? Just say no, and hold the course. You're going to incite normal Americans, who believe in their freedom, if you go down this path. JUST SAY NO!!!!

Kevin Coyne - Taxpayer, American, and native born Washingtonian

From: Robert Leib
Sent: 1/1/2022 12:24:30 AM
To: DOH WSBOH
Cc:
Subject: Covid Vax Mandate

External Email

I am writing to you to voice my disagreement with mandatory Covid vaccinations for school children. It is sickening enough seeing children forced into wearing masks in school. You are destroying a generation of children with your unfounded fears. My grandson will be old enough for kindergarten this year. If you try and pass this rule, he will never attend school in Washington. I will send him to a saner state where he can be a child and live in health and safety without all of this forced fear. --

Robert Leib
360.303.6186

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zillow.com%2Fprofile%2FBrooke%2F%23reviews&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfc9f281a2ab04fd0243008d9cb45>

www.BrokerBrooke.com

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

From: Cody Cook-Winscher
Sent: 12/29/2021 1:44:46 PM
To: DOH WSBOH
Cc:
Subject: Don't you dare make vaccines mandatory for my brother to attend.

External Email

He lives in one house with someone who thinks these vaccines are risky and under-tested, and in another house with someone who believes they are safe but not necessary for kids. He doesn't want one. He has made it clear multiple times to us he doesn't, and he is a mature, intelligent kid. But if you guys move forward with this, you are stripping him of medical freedom, and washington parents at large of the ability to raise their kids with their values and beliefs.

Don't you do dare do that to us after the past year or two. I appreciate all you folks do to keep our state running, but you cannot continue making the mistake of putting new variant fears over simple rights and ethics.

Cody Cook

Evergreen St. College Graduate ☐☐
Amazon transportation Tier 3 ☐☐
Environmental Activist/Lobbyist ☐☐
Casual Rock Songwriter ☐☐☐

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:40 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19

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

From: Irina Izotova <izotova250@yahoo.com>
Sent: Thursday, December 30, 2021 10:33 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid-19

External Email

I am a mother of 5 children. I am writing to you because of a vaccine that has not been tested, and it has been proven that it is experimental and does not protect against Covid-19, but only brings harm to health. I am opposed to this liquid being forced to take my children.

Irina Izotov

From: Mary Small
Sent: 1/1/2022 12:07:31 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Data Dashboard Washington State Depar...



*attachments\AC78FB478B874E16_COVID-19 Data Dashboard Washington State
Depar....png*

External Email

As of 1/1/22. Why kids do not need Covid vaccine. Data above. The vaccines have not had long term results studied and the manufacturers are not held liable for any damages suffered by vaccine recipients. This needs to be parental choice not a school requirement.

Mary Small - Retired from public health

From: Glasoe, Stuart D (SBOH)
Sent: 1/3/2022 6:34:07 PM
To: DOH WSBOH
Cc:
Subject: FW: NO COVID Mandated Vaccines for School Children

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: ANNE BAGNIEWSKI <abeandanne@comcast.net>
Sent: Saturday, January 1, 2022 10:58 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: NO COVID Mandated Vaccines for School Children

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable. You are going to destroy the already failing public schools. Many parents are already home schooling their kids and this will send other parents in that same direction. Think about who you are helping. 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 years of age the least, if at all. Follow the data! The virus is safer than the vaccine for children. This is a dangerous plan! Please end this conversation NOW!!!

Anne Lightfoot-Bagniewski, concerned citizen

From: Schreiber, Tracy N (SBOH)
Sent: 1/3/2022 12:09:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine mandate school children

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Amy Reber <bubsy0307@gmail.com>
Sent: Monday, January 3, 2022 12:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <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: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January

2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking

our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,

Dan and Amy Reber

North Kitsap School District

From: Katy Shaheen
Sent: 1/1/2022 6:48:59 AM
To: DOH WSBOH
Cc:
Subject: COVID-19

External Email

Good Morning and happy new year.

I am writing to let you know I will pull both my children out of our public schools (Seattle) if you choose to require an experimental shot for children to attend school. You cannot, in good conscience, recommend something that has no long standing research. You cannot guarantee this is safe and will be safe for my children in one year, 3 years, or 5 years. Do your jobs well and let actual time and data be available before you require something. Otherwise this is purely political and many families will leave.

Thank you.

Katy Shaheen
Sent from my iPhone

From: Amy Reber

Sent: 1/3/2022 12:07:31 PM

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

Cc:

Subject: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,
Dan and Amy Reber
North Kitsap School District

From: Kari Lidbeck
Sent: 1/1/2022 1:38:48 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 for inclusion in chapter 246-105 WAC

External Email

WA State Board of Health members,

I am a public health employee who works in the Immunization Program. I am also a mother and grandmother.

This email is being sent to voice my OPPOSITION to including the COVID -19 vaccine as part of school required vaccines.

It is far too early in the vaccine development to make this determination. The evidence at this point does not demonstrate that children are either at high risk from COVID or are transmitters of COVID.

Any adult who is afraid of having a bad outcome from COVID has likely been vaccinated and boosted.

In addition, the new variant, Omicron, is quickly overtaking the Delta variant and, while much more transmissible, it is far less severe. This is how viruses behave. They continue to mutate until they are extinct or, no more harmful than a cold.

To consider taking this action of mandating the COVID-19 vaccine (a.k.a. Pfizer) at this point in time would be both premature and a potentially negligent move on the part of our State Health Department.

The study of new vaccines takes many years to be certain of both the short and long-term effects on the population. These vaccines have been used in the general population for less than a year.

I am surprised and disappointed by your recommendation to effectively mandate its use in children.

They are the most vulnerable and have no say in what happens to their body.

I am not anti-vaccine by any means. My job is all about providing vaccines to protect individuals and the community.

I do oppose the mandating of vaccines with no consideration to opt out or for those who have natural immunity from having had the illness.

Thank you for your consideration of my comments.

Kari Lidbeck
(509)-844-6160

From: Herendeen, Lindsay (SBOH)
Sent: 1/3/2022 12:30:33 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine mandate school children

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, 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: Amy Reber <bubsy0307@gmail.com>
Sent: Monday, January 3, 2022 12:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <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: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,

Dan and Amy Reber

North Kitsap School District

From: Susan Kobes
Sent: 12/30/2021 9:44:22 AM
To: DOH WSBOH
Cc:
Subject: December 29, meeting to explore adding COVID-19 vaccines

External Email

I missed the meeting but would like to receive information on further meetings.
I would like to register my strong opposition to transferring this healthcare decision moved from the parent to the state. The fact that it has been done before is not adequate justification.

Respectfully,

--

Susan G. Kobes, PhD
Veritas Classical Christian School
P.O. Box 7648
Bonney Lake, WA 98391
www.VeritasCCS.org

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.veritasccs.org%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.veritasccs.org%2F&data=04%2F)

253.750.1571

From: Jennifer C.
Sent: 12/30/2021 12:39:28 PM
To: DOH WSBOH
Cc:
Subject: K-12 Vaccine Mandates

External Email

I am writing to plead with you to NOT make the Covid "vaccine" mandatory for children to attend school. There are many reasons not to move forward with this. First of all, children ARE NOT at risk from Covid and the current panic driving variant, Omicron varies from basically no symptoms to a very mild flu. For most it seems to be like a head cold. So, should we also require vaccines for the common cold? Or allergy shots? The CDC even just admitted that the severity of Omicron had been overblown. Children have gone through this supposed pandemic for two years with no vaccine and come through it fine but now that we have a much less deadly variant, they must be mandated a vaccine to obtain an education? The emergency situation is and has been grossly exaggerated both in response and case numbers, particularly for children. There is no emergency situation for children outside of the policies which are destroying their childhoods. Driven by agencies like the BOH. They are absolutely at more risk from these shots and from detrimental policies than from Covid. Even if you go by the official data, you will see that the numbers do back up this statement.

Another reason not to force injections on children, is that adults can all get the shot if they want it and that has been the case for some time now. This is actually the same reason to force it on NOBODY, regardless of age. If these shots work then anyone who thinks they need them can get them and should be protected. Anyone who doesn't think they need them or not badly enough to assume the possible risk should be allowed to make that decision for themselves. If they don't work then nobody should get them quite frankly. It's no less than assuming risks with no benefits. To argue that children should get these shots to protect adults who already have chosen to get injected themselves is NOT scientific, is contrary to even minimal common sense, and is frankly extremely cowardly. Which brings me to my next point, these shots are NOT working, clearly. First, they said 99% effective, then 95%, then it was in the 80s, then 70s... Eventually, a booster was announced as essential. Now, they are already saying that a fourth shot will probably be necessary. Talk of a booster anywhere from every 9 months all the way down to every 2 months is getting tossed around. It's now looking like the powers that be would like boosters to be given at least every three months. CLEARLY these shots don't work as a vaccine should. Natural immunity is and has always been superior. The science on that didn't suddenly change. Only the narrative changed. By now, anyone who hasn't gotten the shot more than likely has natural immunity. Obviously superior to something that only supposedly lessens symptoms for a few months and doesn't stop transmission or spread (publicly admitted by the CDC, Fauci, and all other highly questionable authorities that we are supposed to blindly trust). So, what sense does it make to mandate them?

Next point, these are experimental and not all information on them is available. You cannot force experimental injections and you cannot force injections without FULLY INFORMED CONSENT. We do not have all information available still on these shots. So nobody has had fully informed consent. That CAN'T be denied under any stretch of the truth. Tell me, what are all the ingredients? What are the long term effects? Bet you can't answer either. Go to your local pharmacy and ask the pharmacist. They also cannot accurately answer those questions. Before you go off on the Pfizer FDA approval narrative, stop. Comirnaty, the FDA approved version isn't available in the US and isn't being given. The emergency use version is still being given. I'm going to go out on a limb and say this is because Pfizer has legal protection under the EUA. An EUA which isn't

valid for the following reasons: 1. We are NOT in an actual emergency situation. The only emergency happening right now is the fear mongering, reactions by officials, and policies being enacted. 2. As soon as an FDA version was approved the EUA became null. Both cannot legally exist simultaneously. The EUA should have ended right then and there upon approval. The lame excuses for not omitting the EUA and replacing it with Comirnaty DO NOT add up. It's all about liability protection and nothing more. 3. There are and have been since the beginning, viable effective and safe treatments available for Covid. I'm not talking about the harmful and potentially deadly protocol of using Remdesivir, or Midazolam, or intubation that most hospitals used throughout the pandemic. I'm talking about Ivermectin, Hydroxychloroquine, supplements, elderberry, zinc, other fairly benign therapeutics, etc. If valid, effective, and safe drugs are available then the EUA can't be enacted. Which is exactly why they demonized Ivermectin, a drug which has proven very safe for humans from infancy to geriatrics for decades. Our own government previously called it a wonder drug. So, no the EUA isn't valid. Not by any stretch of the imagination.

Another point, the officials and pharmaceutical companies involved have been caught blatantly lying and contradicting themselves about safety and efficacy of the vaccine and the severity of Covid over and over again. They have been caught lying with data, lying with intentionally fudged and inadequate clinical trials, lying in press briefings, and lying by omission. Just in the past month, they have told us that two shots aren't enough and a third will be necessary. Then, they began saying ok, looks like a fourth will be necessary. Are you going to mandate children get a Covid booster every two or three months to attend school? The CDC has recalled their PCR tests because they aren't accurate but this isn't new. They new for quite some time that they aren't accurate for diagnostics and are prone to false positives and very quietly admitted as much months ago. Yet, they stated that they wouldn't recall them until December. They also stated just a couple of days ago that people should not test after quarantine (as was their previous recommendation) because they could still test positive for two weeks even though they are no longer contagious. They also just shortened the quarantine time to 5 days stating that they had previously made it as long as they thought people would tolerate. What is that supposed to mean? Is that scientific? Is it scientific for Biden's vaccine mandate to not have been planned to be implemented until after Christmas? Why wait if there's a supposed emergency with no other valid treatment options? Why wait a whole year after vaccines were available? So much of this doesn't make sense and it's being pushed by people who keep contradicting, exaggerating, and just flat out lying. Many of whom have questionable investments or financial interests ties to the pandemic. So, we are supposed to use their word as the basis of whether to give families the choice of an education for their child or bodily autonomy?

We can see from outbreaks in the most vaccinated countries in the world (Israel, Gibraltar, Iceland, and Singapore are examples) as well as a multitude of outbreaks from vaccinated only events and vaccinated only cruises that these shots do not work and almost seem to be generating illness. It has to be noted that we didn't see talk of scary variants and didn't see as many cases before the vaccine rollout. After the rollout, as the injections multiplied so did the case numbers. Not concrete proof but compelling enough reason to be hesitant and to investigate why. If nothing more, it's certainly proof of ineffectiveness. If you force everyone to get the shots, you do away with the control group. Maybe that's part of the point? Control groups are part of the scientific process. Doing away with them isn't trusting the science. It's actually dangerous and negligent. Particularly in an experimental situation.

The vast majority of reports on VAERS are from the Covid injections. As of December 17th, due to the Covid shots: 20,622 deaths reported, 108,572 hospitalizations, 983,756 reports. Almost 1,000,000 VAERS reports and you have the nerve to pretend these are safe in your Zoom meeting? Dispicable. Quit lying to yourselves and everyone else. You're ruining the lives of adults, families, and children so you can keep your jobs and maintain some authority and feel like you're a right fighter but you're teetering on an edge that

you could fall from very rapidly. We are seeing way too many side effects and "breakthrough cases" to call either rare. Stop these ridiculous, tyrannical policies! In your Zoom meeting you just boldly claimed without supplying anything substantial or otherwise to back it up that these shots are safe, effective, and cost effective. False, false, and false! Play Russian roulette with your own body and money. Not mine and not my child's body.

Mandating experimental injections is a violation of the Nuremberg code. The emergency situation isn't valid. It cannot be demonstrated under our current situation, especially not in children. Start thinking about how you will defend yourself in court if you enact this because you will deserve to be tried for war crimes and against children at that. It is also a violation of UNESCO-

<https://en.unesco.org/themes/ethics-science-and-technology/human-genome-and-human-rights>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fen.unesco.org%2Fthemes%2Fethics-science-and-technology%2Fhuman-genome-and-human-rights&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C63b1cba59e2f4c1e0e9b08d9cbd45377%7C11d0e2>

This is simply a violation of common decency, laws aside. The stripping away of bodily autonomy, stripping away of medical privacy, stripping the ability to acquire money, ability to achieve an education, and freedom of movement based upon a false emergency should scream to everyone that it is evil and wrong and must have an underlying agenda. Particularly when children get dragged into the situation. If you're really interested in doing the right thing then you won't do this.

I am more than happy to send anyone at the BOH links to a multitude of information, including from governmental sites, from the mouths of dissenting scientists and doctors, from whistle blowers, from articles, from videos, and from scientific studies. This is too important to go on ideology, talking points, conjecture, and "just doing my job". Please make the right choice. You have a lot of lives in your hands. History will judge you harshly if you go through with this. How high do you want to stack your deck of cards?

From: Kahler, Kelie (SBOH)
Sent: 1/3/2022 6:48:45 PM
To: DOH WSOH
Cc:
Subject: FW: Dear Kelie Kahler (Kelie.kahler@sboh.wa.gov)

From: Galina Romarnyuk <gromarnyuk@gmail.com>
Sent: Monday, January 3, 2022 9:57 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Dear Kelie Kahler (Kelie.kahler@sboh.wa.gov)

External Email

Dear Kelie Kahler (Kelie.kahler@sboh.wa.gov <mailto:Kelie.kahler@sboh.wa.gov>)
I hope this email finds you and your family well.
A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.
I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule. Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.
Snohomish County Resident

From: JOANNA A
Sent: 12/30/2021 9:17:41 AM
To: DOH WSBOH
Cc:
Subject: hearing on vaccinating children

External Email

I am not sure who you people think you are but you are not law makers and you are not elected officials.

I have saved a screen shot of who you all are and will distribute far and wide to make sure EVERYONE knows who to file Nuremberg charges against if you continue to try to vaccinate CHILDREN against a virus that has a 99.9998% death rate for children!!!! More children die from influenza than covid!!

We will not tolerate your interference in our lives or our children's lives!! I have the right to refuse ANY vaccination that I do not see as beneficial or safe and I will exercise those rights FULLY!!

Tread very lightly with your "mandates"

Joanna Aaron

Sallo1@msn.com

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:27:07 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandating Covid Vaccine for children

From: LUIS and SUZANNE LEON <LSLEON5@msn.com>
Sent: Friday, December 31, 2021 2:19 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Mandating Covid Vaccine for children

External Email

Please vote to oppose this bill. It is not necessary for our children, and we strongly oppose the mandate.

Sincerely,

Suzanne M Leon

Federal Way

Sent from my T-Mobile 5G Device

Get Outlook for Android

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

From: LEANNE SHIPLEY
Sent: 1/3/2022 7:52:47 PM
To: DOH WSBOH
Cc:
Subject: NO Covid mandated shots for children

External Email

I strongly urge you to oppose adding Covid shots to the children's immunization recommendations. The safety data is conspicuously absent, especially due to abbreviated trials. Data at the CDC report a survivability for children having Covid of 99.987% WITHOUT early treatment. The risks associated with these injections are far more dangerous, making the mandatory use an upside-down decision. The dangers to children from these drugs are both debilitating and permanent. Our job is to protect our children--not sentence them to a lifetime of pain and suffering.

The CDC admitted the other day that the numbers of children being hospitalized due to Covid were misrepresented and artificially increased the data--skewed the data. Please do not make any recommendations based on flawed data, incomplete data, or clearly biased data. Our children deserve SAFETY and long, happy, and prosperous lives. They also deserve a future with their own families...I don't believe any studies could possibly have been completed in such a short time period which guarantee a healthy reproductive ability. There are far too many questions and not nearly enough information to provide parents with informed consent.

Persons allowing children to be harmed because of poor scientific methodology or for want of personal gain will have to answer to God. Even considering giving these shots to children is sinister at best.

Thank you for your time and efforts in making a sound decision.

Leanne Shipley

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 10:50:13 AM
To: DOH WSBOH
Cc:
Subject: FW: My Concern

From: Angelina Feytser <angelinavf@gmail.com>
Sent: Tuesday, January 4, 2022 10:48 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: My Concern

External Email

Dear Kelie Kahler,

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are non-existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and even deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Sincerely,

Angelina Zahariia
Clark County Resident

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:27:18 PM
To: DOH WSBOH
Cc:
Subject: FW: I oppose mandatory vaccinations.

From: veg_0801 <veg_0801@yahoo.com>
Sent: Friday, December 31, 2021 1:30 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: I oppose mandatory vaccinations.

External Email

I oppose mandatory vaccinations in school! We need to protect our children from harmful experimental vaccines. In fact, so harmful that producers of it don't want to take responsibility for injuries from it. (What a shame!) Cowards and criminals they are!

From: Janice D'Aloia
Sent: 1/3/2022 2:32:39 PM
To: DOH WSBOH
Subject: Covid-19 vaccine should not be on the schedule of childhood vaccines

External Email

There are already too many vaccines on the schedule of childhood vaccines in the state of Washington. The Covid-19 'vaccine' has not yet been proven safe and still has many issues to overcome. Some of these reasons are as follows:

Antibody Dependent Enhancement (ADE) also known as Vaccine Enhanced Disease (VED) occurred in testing and can cause death and has not been solved.

The vaccine has not been proven effective and access to the raw data has not been made available. It is also clear that the vax does not prevent the disease, evidenced by many thousands of breakthrough cases.

There has been NO long term safety testing, especially for children.

There is an unusually high rate of reported adverse events and deaths following the COVID-19 vaccines compared to other vaccines. Some adverse events are more common in the young, especially myocarditis. Where potential harm exists from an innovation and little is known about it, the precautionary principle dictates to first do no harm.

There has been serious under reporting to VAERS; there are many testimonials by health care professionals stating that they were told not to report adverse reactions. Even with the level of under reporting there is a high number of serious adverse reactions including death.

The survival rate from Covid is near 99% and there are several excellent treatments including a new medication. Highly treatable diseases don't require a vaccine. Vaccination policies rely on expected benefits clearly outweighing the risk of adverse events from the vaccination. The risk/benefit analysis for the COVID-19 vaccines points to a high potential risk versus no benefit for children and young people.

The Covid-19 virus continues to mutate, making it impossible for vaccine makers to keep up with all of the mutations.

It is unethical to put children and young people at risk to protect adults. Altruistic behaviors such as organ and blood donation are all voluntary.

In my opinion, these vaccines should not be put on the schedule of childhood vaccines. It should be voluntary, similar to the flu vaccine.

--

Janice D'Aloia
Certified Health Coach

www.healthwellrun.com

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

503-880-0888

From: Jessica Izem
Sent: 1/1/2022 11:33:23 AM
To: DOH WSBOH
Cc:
Subject: Do not agree: COVID vaccination requirement for children

External Email

Happy new year,
I understand you are considering requiring Covid vaccinations for children. I have already been super disheartened with the lack of care towards our children and parents in the requirement use of masks and not allowing this to be a parental choice. This is a airborne and parents have already seen every child experience one cold, the masks do not work. Now you are going to consider requiring vaccinations for something that is not a childhood disease. It makes sense when there is something that is a predominantly a childhood disease this is not the case with COVID and on top of that children are not high risk. They are part of the lowest risk population of all! Why would we inject them with something that could cause them more harm than the virus itself?
Please do not force injections onto our children. This is a attack against children.
Care for our children and refuse forcing them to have this vaccination. Let parents decide what they want to do. This is not for the board.
Understand our concern as parents of children that have already been hurt so badly by the state board. That have developmental delays and mental issues due to your harmful decisions. Please have a heart and do not force this vaccination on our children.
Thank you for reading and understanding our concerns.
Concerned Parent of 4
Highline School District
Jessica Izem

From: Schreiber, Tracy N (SBOH)
Sent: 1/3/2022 7:33:54 AM
To: DOH WSBOH
Cc:
Subject: FW: NO COVID Mandated Vaccines for School Children

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: ANNE BAGNIEWSKI <abeandanne@comcast.net>
Sent: Saturday, January 1, 2022 10:58 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: NO COVID Mandated Vaccines for School Children

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable. You are going to destroy the already failing public schools. Many parents are already home schooling their kids and this will send other parents in that same direction. Think about who you are helping. 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 years of age the least, if at all. Follow the data! The virus is safer than the vaccine for children. This is a dangerous plan! Please end this conversation NOW!!!

Anne Lightfoot-Bagniewski, concerned citizen

From: Glasoe, Stuart D (SBOH)
Sent: 1/3/2022 12:11:13 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine mandate school children

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Amy Reber <bubsy0307@gmail.com>
Sent: Monday, January 3, 2022 12:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <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: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January

2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking

our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,

Dan and Amy Reber

North Kitsap School District

From: Yvonne
Sent: 1/4/2022 12:39:00 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: MANDATES

External Email

Sent from Mail

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

I am a mother of 3 and a Pharmacist by profession. This mandating of unproven vaccines is a stain on the medical profession and an unconstitutional overreach by people who have no boundaries or common sense. Children have been almost completely protected from the devastation that this virus has caused more vulnerable adults. Yet the college students were immediately discriminated against, setting the stage for what was to come for the rest of civilization. No one should be made to take a medication which has a very small population and history of use. There will most definitely be a mass pulling of children from public school and also encourage a movement of families out of Washington. Of course for many families, especially the more disadvantaged, these choices will not be an option and they will be left to ignore their own better judgement to fit the profile expected of them and their children. This is a tragic turn this state and country has taken. And just like Germany almost a century ago, the world will judge us for it. Omicron is spreading like wildfire. Vaccinated kids can go to school even after exposure though all the data says they are not protected from getting or spreading the virus. Meanwhile healthy unvaccinated kids sit at home. Every mandate from lockdowns to masks to vaccines have done nothing to stop this virus. It is time to start letting people learn how to improve their health and weight and stop the illegal treatment and discrimination of our citizens. The government needs to get busy on fixing the problems they created and let families make their own decisions on how to protect themselves. God help us if that does not happen.

Yvonne Storhaug

From: Gina Mullendore
Sent: 1/1/2022 9:05:53 AM
To: DOH WSBOH
Subject: Mandatory Vaccine in Schools

External Email

I would like to voice my concern about making the Covid-19 vaccination mandatory in schools.

It is being proven more everyday that this experimental untested vaccine is injuring and killing our children.

Vaccines take years of testing and I find it odd that so called 'scientists' tout the safety of this jab. This is completely politically motivated and my grandchildren will not be taking this gene altering substance to attend school.

I am strongly against this mandate and implore you to drop the idea of mandatory COVID-19 vaccinations for school aged children.

Sincerely,

Gina Mullendore
PO Box 897
Waterville, WA 98858

Sent from my iPhone

From: Davis, Michelle (SBOH)
Sent: 1/2/2022 2:17:52 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandatory vaccinations for kids

Please include in public comments if not already included.

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

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

From: diana Bass <bassdr1@icloud.com>
Sent: Wednesday, December 29, 2021 4:23 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Mandatory vaccinations for kids

External Email

If you do not want to get put on a Nuremberg type trial I suggest you stop this nonsense on mandatory covid vaccines. WE WILL HOLD ALL OF YOU ACCOUNTABLE FOR THIS ATROCITY BEING CARRIED OUT ON OUR CHILDREN. GIVING YOU NOTICE SO YOU CANNOT SAY YOU DID NOT KNOW.

WE STILL DO NOT EVEN KNOW WHAT IS IN THOSE KILLER JABS

DIANA

Diana Bass RN, NMD, PHN
dianabass.juiceplus.com
dianabass.towergarden.com
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fhealthyvitalitytransform30.com%2F8>

How JP was created and why it is so powerful
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.voxer.com%2Fv%2Fe338fe3c2>

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 6:04:14 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandatory covid "vaccination"

From: Mike Hamilton <mdhamiltondc@gmail.com>
Sent: Wednesday, December 29, 2021 5:08 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Mandatory covid "vaccination"

External Email

HI, Washington State Board of Health:

The history of smallpox includes both "natural" immunity from contraction and survival from the disease, and "naturally acquired" immunity. The naturally acquired immunity came about because a Doctor discovered milkmaids working on a farm who were passing out the information that a "cowpox" infection was rampant in the dairy where some were working. All the milkmaids in the area were showing up to milk those cows, so that they too could catch cowpox and thereby become immune to smallpox. A 30% death rate is not uncommon from smallpox. Cowpox had almost no deaths from it.

The cowpox virus (same genus, different species than smallpox), when contracted by humans, confers "immunity" to smallpox.

Edward Jenner, a British physician, conducted an experiment on his own son to "prove" that cowpox provides that smallpox immunity. He inoculated his own eight year old son with the fluid from a smallpox lesion, after his son had endured a bout of cowpox.

If Mr. Jenner's eight year old son had died, I suspect that Mr. Jenner would not have ever been tagged as "the father of immunology".

Smallpox is deadly. It has now considered to have been eradicated worldwide. That is a good thing.

The common cold has also been considered deadly, but historically, only a very small percentage of infected people die from it. It is considered a "normal" part of childhood, and most certainly it is credited with a process considered to develop the immune system in young people. It is a fact that without challenges from pathogenic organisms, the

human immune system does not develop to as high a level.

This covid-19 virus was and remains problematic. There is no numerical objectivity available on sensitivity or specificity of the testing methods. This leads to utter falsification of outcomes. If no one has any information regarding accuracy of the testing, there can be no truly objective outcome measures- whether people undergo "vaccination" from it or not.

Did they die of covid? We have no idea if the testing is accurate, therefore, we have no idea if covid was even involved in the death.

We do know that "vaccinated" individuals (vaccine is truly an incorrect term) are still dying- different than the cowpox/smallpox connection. We also know that those deaths are attributed to "covid"- but we know that could be completely incorrect, the tiny amount of research that is available is equivocal, and we have no information regarding long-term outcomes. We do know that our national average life expectancy is no longer increasing, and may be decreasing. We know that "autism spectrum disorder" is at higher numbers than ever before in history. Autoimmune diseases have gone up about 15% in the past ten or so years. Why? That information is not yet available.

This new "vaccine" is virtually untested technology, it is RNA based. No "vaccine" in history has been RNA based, it is new technology.

I am not against either new technology, or against untried technology a la Edward Jenner. But I find the fact that he used his own young child as a guinea pig to inoculate with the material from a smallpox pustule reprehensible.

I find your consideration of mandatory vaccination with this unproven new technology especially of young individuals just as reprehensible as the stunt Mr. Jenner pulled on his own son.

Please reject it.

Mike Hamilton, D.C.

360-601-5856

From: Kristina
Sent: 1/3/2022 6:48:27 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandate for kids

External Email

To Whom It May Concern:

I am writing to you in hopes that you will listen and not make the Covid 19 vaccine among the list of mandated vaccines for children. To be clear, I am not an anti vaxxer. I have four children, all of which are fully vaccinated against disease that could kill them. Covid 19 is not killing our children. Most that have gotten it (if they show symptoms at all) merely have a cold. Mandating a vaccine that has no long term side effect studies is just absurd. We are heading into an endemic like the flu (which is not a mandated vaccine) and are gaining herd immunity. Please continue to make this vaccine an option for kids and not a mandate. We should have the right to choose what goes in our children's bodies as to what we feel best for their future health. Feel free to contact me with any questions. Thank you for listening.

Kristina Boyer
360-561-8978

From: Haag, Hannah R (SBOH)
Sent: 12/30/2021 8:01:54 AM
To: DOH WSOH
Cc:
Subject: FW: Covid-19 vaccine

From: sharolharwood <sharolharwood@aol.com>
Sent: Wednesday, December 29, 2021 12:29 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Covid-19 vaccine

External Email

You cannot approve a requirement of children in Washington state for the covid-19 vaccine as there is no FDA approved vaccine available. All brands of covid-19 vaccines available to the public are EUA only.

<https://dossier.substack.com/p/bait-and-switch-there-remains-no>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdossier.substack.com%2Fp%2Fbait-and-switch-there-remains-no&data=04%7C01%7CWSOH%40SBOH.WA.GOV%7C46f19dc492cf4bd8816508d9cbadb2c1%7C11d0e2>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Amanda Fehler
Sent: 1/1/2022 4:17:44 PM
To: DOH WSBOH
Subject: Covid-19 Vaccine Requirement

External Email

Washington State Board of Health:

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Amanda Fehler
Spokane, WA 99223

From: AMANDA FEHLER
Sent: 1/1/2022 4:13:44 PM
To: DOH WSBOH
Subject: Covid-19 Vaccine Requirement

External Email

Washington State Board of Health:

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Amanda Fehler
Spokane, WA 99223

Get Outlook for iOS

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

From: Melissa Eller

Sent: 12/29/2021 5:12:48 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), 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), Hoff, Christy Curwick (SBOH)

Cc:

Subject: Covid19 Vaccine Requirements for Schools Consideration via TAG team.

External Email

Department of Health,

In consideration of the deliberations of including Covid 19 Vaccine in the vaccine requirements for children in a school or childcare environments I offer the following comments. Please pass this on to the entire TAG team if they are not included in the email above.

First regarding the framework of the Board:

"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."

Please consider carefully what risks warrant exercising this incredible power over individuals who may not want to receive this vaccine. Each individual must weigh the risks and benefits of receiving a medication that impacts their or their children's body. If individuals are harmed, that impacts the individual, the family and the community -- in that order. Many of you discussed the joy that your children and grandchildren brought to your holiday celebration. If they were to be irreparably harmed because of this medication that would most severely impact your family. If they did not get the vaccine, they would not have had that negative impact, and it seems very unlikely that they would have negatively impacted someone for a disease that they may or may not have gotten. How do you quantify that? I encourage you to look carefully at that equation if you are asking people to put their loved ones at risk.

You will be hearing from many experts through your time of consideration. In light of the risks that you will be recommending to the State of Washington and specifically the children of Washington I ask that you pay close attention to the following 4 criteria in particular.

Vaccine Effectiveness

- * The vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State
- * Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Disease Burden

- * The vaccine containing this antigen prevents disease that has significant morbidity and/or mortality in at least some sub-set of the population
- * Vaccinating against this disease reduces the risk of person-to-person transmission, with a transmission in a school or childcare setting or activity being given the highest priority

Vaccine Effectiveness

People are getting Covid and spreading Covid regardless of their vaccination status. Is that true? What is the comparative number of people who get vaccines and still get COVID? How many are hospitalized?

The vaccines are still an experimental, emergency use gene therapy medication. There have been an unusual number of adverse events including severe life-long impacts up to and including death. Please be sure to study carefully and closely VAERS reporting system which has been set up to monitor Vaccines efficacy. How do the impacts for this vaccine compare to other vaccines? What is the impact of the disease currently? How many are hospitalized or dying from this disease today as opposed to 1 year ago, before vaccinations were introduced? Ask the questions that are not being asked? Where are the experts asking you to look and what is being overlooked?

Disease Burden

Are there other ways of treating Covid once someone gets it? Early treatment seems important since people are getting it with or without the vaccine. Are there ways that we can get the best outcome possible for those that catch this disease? We have been living with this for almost 2 years – what treatments are doctors finding that are effective? Are there ways to reduce risk without the vaccine? This disease seems to be an extremely low risk for children. What is the risk? Without the vaccine? Again, are there effective treatments for children? For caregivers?

Please look for ALL perspectives and viewpoints. I believe that it is by looking at multiple studies and listening to different perspectives is scientific and effective. Listening to a variety of perspectives and viewpoints will allow you to come to a good decision, if you only listen to one perspective, how can you be sure you are not missing something? There may be an important detail that you are not seeing.

This is a difficult decision, please leave your assumptions and biases behind so that you can think outside the box and really listen for solutions that may be surprising.

Thank you for your consideration and your curiosity in helping Washington citizens to find a good solution that will build health with as low risk as possible.

Sincerely,

Melissa Eller

Sent from Mail

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

From: Brooke Siglin

Sent: 1/3/2022 8:34:25 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Important

External Email

Hello,

Before you consider making Covid 19 vaccination mandatory for school-aged children, please watch this video. A decision to compel vaccination in children should only be made after considering the science and data. Thank you for your efforts in helping our families stay healthy.

Regards,
Brooke Siglin
Spokane, WA

<https://rumble.com/vrvp4b-breaking-pfizer-vaccines-are-dangerous-data-proved-canadian-covid-care-alli.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvrvp4b-breaking-pfizer-vaccines-are-dangerous-data-proved-canadian-covid-care-alli.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccf38b2a6dbb44ae12af08d9cf3b595a%7C11d0e>

From: Matthew Smolar
Sent: 12/29/2021 4:39:50 PM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for School Children!!!

External Email

The action of mandating an experimental Emergency Use-Only vaccine to the least impacted age group is unconscionable! These vaccines are not FDA approved (EMU doesn't constitute FDA approved) and we've already seen the damning side effects (heart attack, brain function, and death to name a few). Under EMU the manufacturers are legally protected and no one knows what the side effects will be long term. STOP kidding yourselves. YOU'RE NOT FOOLING ANYONE.

You are going to CRIPPLE our already failing public schools and ultimately a generation. So many parents are already ready to HomeSchool their kids and this act 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 (VAERS and data from all over the world) and please end this conversation NOW!

Thanks,

Matt

From: seeker9969@gmail.com
Sent: 1/2/2022 4:07:11 PM
To: DOH WSOH
Cc:
Subject: dont do it

External Email

To whom it may concern

I was watching the show Yellowstone last night with Kevin Costner and there was particularly good scene that happened when all the interested parties of piece of land including the current owner, The owner of the land was there fighting to keep his land and the other interested parties were there to take it and make themselves and including the state a super large amount of money. In the show the state and people didn't not care about the farmer losing his land. This was a very waking moment to know that even know we have laws and things put in place to stop this kind of horrible stuff, The inevitable pull of large amounts of money will take what best for the rights of the land owner to be thrown out the window.

Keep a few things in mind when making this very big decision,

1 we know that the death toll is up 40 percent and being hidden from us. Soft Cancers are up 400 percent. What will those numbers be next year or the year after?

2 it is well know and documented that the covid Jab (vaccine) does not stop the virus, There is a lot of data out there that says it actually causing it.

3 it is also very quietly noted that the FDA released a blood thinner for kids to take to stop the clotting of the Jab. Why would this be done if it was safe.

4 The people who have taken the Jab can no longer donate blood or plasma. Please keep this in mind for the future as if ever need blood or plasma there will be none to be had.

5 this has been pushed on us only because of an emergency, It is not an approved Jab(vaccine) and the long term side effects are not known. We do know that every animal that took the MRNA all died.

6 it is also well documented that children are not effected by this virus, So then why is this department of health even being asked to make this decision this soon? Unless there is some major money sitting out there and a large piece of that money will be heading into certain bank accounts.

The Children are the next generation and if they all die or are sick because of the jab our future is bleak, as it is most of the world has the jab in us, Do not make this fate of the children also.

Thanks

A concerned parent and grand parent.

From: Rebecca Senescall
Sent: 1/3/2022 8:53:15 PM
To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)
Cc:
Subject: Covid-19 Vaccine Opposition -Children

External Email

Good Evening,

My husband and I come to you in opposition of adding the Covid-19 vaccine to the list of required vaccines. As tax payers, our children have the right to a public education. We have grave concerns about this vaccine and should not be in fear of losing our children's right to an education over a medical decision that we are not confident is safe for our children. This is a family decision and parents deserve the right to chose if we will submit our children to an experiment or not. We, along with many other concerned Parents across this State are demanding a choice.

Requiring an mRNA injection that does not stop the spread or prevent infection is not the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for vaccine preventable diseases. This vaccine is neither effective in stopping the spread or preventing illness and should not be added to the list of required vaccines.

Children are not at high risk of death from Covid-19, they have a 99% chance of survival. They are also not causing community spread. The latest variant presents as cold symptoms or nothing at all. People who have been vaccinated are getting it in higher numbers than those with natural immunity.

Children, males in particular, are at a far greater risk of an adverse reaction to the vaccine than serious complications from covid. It is not right or constitutional to threaten to withhold an education from a child if the parents do not comply to your opinion of what is best for our children. There is enough data and research to indicate these vaccines are unnecessary and unsafe for children.

We will not allow our children to be a science experiment to make adults feel safe. Our children will NOT receive the experimental vaccine under any circumstances. We will go to the ends of the earth to protect them. This deserves to be a family choice, they are our children, not yours. We will immediately pull our children from the public school system.

I leave you with this, from a mother to mother or parent to parent. Imagine being forced to give your child something that you are not 100% confident is safe for them but having another adult try to take that option away from you? This is what you are doing to us by trying to take our right to chose away. Where is your compassion?

Rebecca & Paul Senescall

Mead School District. Spokane, Wa

From: Su Gilstrap
Sent: 12/31/2021 10:34:58 AM
To: DOH WSBOH
Cc:
Subject: Forced vaccine

External Email

We the people of Washington fully DISAGREE with forced or coercion of vaccinations of any kind but especially Covid 19 untested very danger, life threatening vaccine. We do not want this to happen and our votes in the future will fully show this. The people know there is a way to fight this with good drugs, vitamins and health giving interventions. This is what we want to use.
Su Gilstrap

Sent from my iPhone

From: Ray Schumacher
Sent: 12/29/2021 7:58:36 PM
To: DOH WSBOH
Cc:
Subject: December 29th meeting on COVID vaccination requirements for kids

External Email

Hello BOH members,

I received a summary of the meeting that was held today on vaccine requirements for children in schools. I have some concerns, and would like you all to consider views other than the proposed requirements.

First things first, there are no FDA approved vaccines available inside the US. Informed choice is something I, and others I know, take seriously. With that said, there are a plethora of questions about the physical makeup of each of the available vaccines. There are reports, true or false, of dangerous side effects from receiving the vaccines. The biggest concern is the major push to cancel everyone that disagrees with the mandates. Painting the American people into a corner is never a good idea, and would only result in varying degrees of push back. I believe I speak for millions of Americans when I say that I want this country to remain peaceful and free from tyranny. This push to require/mandate what goes into our bodies—especially products that have not been properly tested nor approved by the FDA—does not pass the test of a free society.

I would strongly urge you all to reconsider what you are about to do here. I also urge you to think about your own children. If there was a group of people requiring you to allow them to shoot your children up with Heroin or another toxin, “for the good of the health of our society,” what would you do? Heroin was previously used in the medical field, so what’s the harm, right? It doesn’t have to be Heroin. There are other examples that may strike that nerve for you personally. Many people have gotten the vaccine, and many have vaxxed their children. That was their choice, and they took the risk the same as with all vaccines in the past. Think about all the commercials on TV that describe a new drug recommended for various illnesses or conditions. All of them have a mile long list of possible side effects, some include death. Why then don’t these vaccines get the proper attention required to give informed consent.

With all this said, we—the average Americans—value our children as the most precious commodity on this earth. We don’t believe the state has authority, beyond that of us parents, over our children. No matter how you frame this argument, we will not comply. We understand this will enrage you, and that you may not understand our stance, but you are officially on notice that we have had enough of this attempted coup of the sovereignty, liberty, and freedom of the American people. Please reconsider and do the right thing.

Signed:
Average American Citizen, with both state constitutional rights and US constitutional rights.

Sent from my iPad

From: Candace Batsford
Sent: 12/29/2021 2:03:22 PM
To: DOH WSOH
Cc:
Subject: Freedom of Choice

External Email

To Whom it May Concern,

You encouraged those on the advisory group to be an active member. To ask questions if one did not know the meaning behind an acronym. We are encouraged to reach out if we have questions or concerns. I pray you do not see my questions as an irritation, as questioning your years of practice and expertise, but as a concerned citizen who sees inconsistencies.

"Reports in VAERS claim that 32 children have died from COVID-19 shots.

The Centers for Disease Control and Prevention
[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fheadlineusa.com%2Ftag%2Fcenters-for-disease-control-and-prevention%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C0b42477646974598b2f708d9cb16edb6%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fheadlineusa.com%2Ftag%2Fcenters-for-disease-control-and-prevention%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C0b42477646974598b2f708d9cb16edb6%7C)
's data claims that about 760 children have died from the COVID-19 illness, though upon further examination almost all these deaths appear in children with severe underlying diseases, including cancer and genetic abnormalities.

Extrapolating this data with the underreporting factor leads to the conclusion that 1,312 children have died from the vaccines—about 173 percent more than have died from the illness."

With this alarmingly high mortality rate, the administering of the vaccine needs to be stopped.

Often, adverse effects from vaccines is underreported. VAERS has an underreporting number of 41, meaning that 4,100 percent more adverse affects occurred than was reported.

"In the peer-reviewed journal *Science*, *Public Health Policy*, and the *Law*, Rose estimated an excess death number far higher than the conservative estimate of 150,000."

Please read her peer-reviewed article:

https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_0490c898f7514df4b6fbc5935da07322.pdf
 <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com%2Fugd%2Fadf864_0490c898f7514df4b6fbc5935da07322.pdf&data=04%7C01%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com%2Fugd%2Fadf864_0490c898f7514df4b6fbc5935da07322.pdf&data=04%7C01%2F)

Her main points are:

"15,326 Americans have died from the COVID-19 vaccines, while 1,338,404 people will face permanent disabilities, 4,217,134 people were hospitalized, and 693,638 people had or have myocarditis or pericarditis."

"These wide-ranging estimates all lead to the same conclusion: that the COVID-19 vaccines, when distributed on a population-wide scale, cause more harm than benefit."

This vaccine, with a staggeringly high mortality rate, should not continue to be administered to children. We need to protect the most vulnerable and those who cannot defend themselves.

Sincerely,

Candace Batsford

From: Hoff, Christy Curwick (SBOH)
Sent: 1/3/2022 12:09:09 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine mandate school children

From: Amy Reber <bubsy0307@gmail.com>
Sent: Monday, January 3, 2022 12:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <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: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,

Dan and Amy Reber

North Kitsap School District

From: Scott Kee
Sent: 1/1/2022 8:32:31 AM
To: DOH WSBOH
Cc:
Subject: Mandates impacting children



attachments\4D3496D573C948C5_image001.jpg

External Email

To Whom It May Concern:

I am writing to express my desire that the State Board of Health, and local school districts, cease promoting unnecessary fear and mandates on our children. The mandates(masking, remote learning, prohibiting social gatherings, etc) have been ineffective and very detrimental to children. I ask that our leaders cease the fear mongering, and, instead, focus on doing what is best for the kids. The objective science shows that Covid the risk to children of a negative outcome is minimal. Many other states went back to "normal" schooling months ago, while Washington lags behind with wholly ineffective and unreasonable restrictions.

Please stop the madness. There is no need for a mask mandate, and no need to engage in remote learning.

C. Scott Kee

Attorney & Mediator

324 West Bay Dr NW, Ste. 201

Olympia, WA 98502

*** NEW 10/1/21 *** (360) 866-4000 phone

*** NEW 10/1/21 *** (360) 866-3832 fax

www.buddbaylaw.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.buddbaylaw.com%2F&data=0>>

*formerly Rodgers Kee Card & Strophy, P.S.

(360) 352-8311 phone

(360) 352-8501 fax

www.buddbaylaw.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.buddbaylaw.com%2F&data=0

From: The Rosos
Sent: 12/29/2021 2:29:16 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 vaccine requirement

External Email

I am writing in regards to the decision of whether to require a COVID-19 vaccine for students in school. We do have children in our family in the school system and some are vaccinated, some are not, but it was a decision made by parents as to what they believed was in the best interest of their children. I am strongly opposed to requiring the COVID-19 vaccine for children. I believe this should be a choice left up to the parents and/or the student depending on age. Several countries including Japan are not recommending this vaccine for children as they are finding the risks associated with the vaccine is greater than the complications associated with children contracting COVID-19. This should be a decision left to the family to make based on their concerns and perceived exposure. Also, given that this is not a uniform standard throughout the nation and levels of requirements vary from state to state. The precedent is not set that this is something of equal concern or perceived level of risk within our state even. Please consider leaving this decision to the parents to make based on their family's need(s).

Sincerely,

The Rosos

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)

207

Initiating Vaccination
303,263

Currently Hospitalized
69

Hospitalizations
4,381

Fully Vaccinated
277,959

Vaccine Doses Given
660,831

View Dashboard

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D132cdf2e3%26e%3Dc3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Daa9d23072e%26e%3Dc3>

Facebook Live

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D5ff7ab2325%26e%3Dc3>

Facebook Live was not recorded this week.

View last week's with Dawn Hennig, research nurse, discussing UW Medicine's WA Coronavirus Exposure Survey (WAVES).

Learn More

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Dc2cd4f9444%26e%3Dc3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3De39fc56893%26e%3Dc3>

WA State DOH Data

Thursday, December 30

The Epidemiologic Curves tab is the most accurate representation of COVID activity and is updated daily.

Learn More

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Dae8945f3d1%26e%3Dc3>

News and Information

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3De742cb8e22%26e%3Dc3>

CDC Updates and Shortens Recommended Isolation and Quarantine Period

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D581b557d2f%26e%3Dc3>

Given what we currently know about COVID-19 and the Omicron variant, CDC is shortening the recommended time for isolation for the public. People with COVID-19 should isolate for 5 days and if they are asymptomatic or their symptoms are resolving (without fever for 24 hours), follow that by 5 days of wearing a mask when around others to minimize the risk of infecting people they encounter. The change is motivated by science demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after.

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Df32a352fdf%26e%3Dc3>

COVID-19 Parental Resources Kit

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D8b686640aa%26e%3Dc3>

Coronavirus disease (COVID-19) can affect children and young people directly and indirectly. Beyond getting sick, many young people's social, emotional, and mental well-being has been impacted by the pandemic. Trauma faced at this developmental stage can continue to affect them across their lifespan.

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D9526eb4e83%26e%3Dc>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Df417d114e6%26e%3Dc>

<<https://dim.mcusercontent.com/cs/fc782ce2ead2036a351c11e73/images/80175198-8826-f899-64b9-47889a3f7efc7.jpeg?w=564&dpr=2>>

A Discovery 225 Years Ago Transformed Our Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D9b5e3d07f5%26e%3Dc>

The arrival of COVID-19 vaccines in December 2020 changed the course of COVID-19 in Washington — with many people getting vaccinated to protect themselves and their communities. Currently, about 75% of people 12 and older in Washington are fully vaccinated against COVID-19. As more people get vaccinated, we get closer to putting the pandemic behind us.

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D28b68fd1e7%26e%3Dc>

COVID-19 Cases Spike Significantly in the Past Week

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D1cb355b1de%26e%3Dc>

The state of Washington is seeing a spike in COVID-19 cases, and transmission is expected to rise in the coming weeks. While it is still too early to tell how much of the increase is due to Omicron, epidemiologists with the Washington State Department of Health (DOH) agree that Omicron prevalence is increasing and is most likely the dominant strain.

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D61a111dd51%26e%3Dc3>

At-Home COVID-19 Tests

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Df32e096c25%26e%3Dc3>

Planning to get together with family and friends? Whether you're traveling or hosting, you should consider adding at-home COVID-19 tests to your checklist.

At-home tests are a simple way to provide a little peace of mind for your gathering. They're quick, painless, portable, and priced at \$25 on average— making them an easy option for a variety of occasions.

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D7d4d923c01%26e%3Dc3>

Test Positive at Home?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D76a0727073%26e%3Dc3>

You weren't feeling well and took an at-home, over-the-counter COVID-19 test and it's positive. What's next? In addition to isolating and informing close contacts, you can now easily use your smartphone to help stop the spread of COVID-19. If you have a smartphone with WA Notify enabled, you can request a verification code to alert other WA Notify users who may have been exposed.

Read more

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Dcc84033174%26e%3Dc3>

Resources

COVID-19 Vaccine

WA State Vaccine Locator

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3De8187a16ea%26e%3Dc3>

SRHD Vaccination Information

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D493111159a%26e%3Dc3>

Vaccine Toolkit for Businesses

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D09bd2c5ac4%26e%3Dc3>

How to Address Vaccine Hesitancy

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D8f77ef4ac0%26e%3Dc3>

How to Talk with Family Members about Vaccines

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D10984d05ab%26e%3Dc3>

Health

When to see a doctor

Spokane Regional Health District COVID-19 Exposure Diagnosis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Df99c90691f%26e%3Dc3>

Provider/Insurance Information

Spokane Regional Health District Medical Insurance Information

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D7ae6a3bc35%26e%3Dc3>

Mental Health Information

Frontier Behavioral Health

COVID-19 Resources and Support

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D80778119a2%26e%3Dc3>

Frontier Crisis Line: Call 24/7, 509.838.4428

Inland Northwest Behavioral Health

Call or walk in: 509.992.1888

Community

The Fig Tree Community Resources

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Da5e881d8a9%26e%3Dc3>

Spokane Regional Health District COVID-19 Resources

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D0f91412693%26e%3Dc3>

Businesses

Local

Inland Biz Strong

Visit our web site and fill out an online survey for your business.

[InlandBizStrong.org](https://www.inlandbizstrong.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Df7a3468ada%26e%3Dc3>

City of Spokane

COVID-19 Small Business Resources

Financial Helpline: 509.625.6650

Monday - Friday, 8:00 a.m. - 5:00 p.m.

[my.spokanecity.org](https://www.spokanecity.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D5ca38fcad2%26e%3Dc3>

State

Small Business Resources

[business.wa.gov](https://www.business.wa.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D79948f6fa6%26e%3Dc3>

Governor Inslee's Office

COVID-19 Reopening Guidance for Businesses and Workers

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Dc919dbf7a0%26e%3Dc3dab84e33>

coronavirus.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D7469e54f39%26e%3Dc3dab84e33>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Da597bb5cb5%26e%3Dc3dab84e33>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D6a653d97f1%26e%3Dc3dab84e33>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3Df15f08cbef%26e%3Dc3dab84e33>

<mailto:communications_web@srhd.org>

<<https://dim.mcusercontent.com/cs/fc782ce2ead2036a351c11e73/images/c7ec6f93-53da-02f3-805e-5b891e9e680c.png?w=59&dpr=2>>

Copyright (C) 2021 | Spokane Regional Health District | All rights reserved.

Want to change how you receive these emails?

You can update your preferences

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Fprofile%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D6192de7d30%26e%3Dc3dab84e33>

or unsubscribe
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Funsubscribe%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D6192de7d30%26e%3Dc3dab84e33>

<<https://srhd.us11.list-manage.com/track/open.php?u=fc782ce2ead2036a351c11e73&id=12815b7661&e=c3dab84e33>>

From: Laurie Dix
Sent: 1/1/2022 10:33:27 AM
To: DOH WSBOH
Cc:
Subject: Mandatory vaccines for school-aged children

External Email

Hello. I'm writing this email to express my opinion that covid-19 vaccines not be mandated for school-aged children. I had two shots myself and became very ill after receiving the second shot. I believe that parents should determine whether or not their children participate.

Thank you for your time.

Sincerely,
Laurie Dix

From: Herendeen, Lindsay (SBOH)
Sent: 1/4/2022 9:57:51 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 Vaccines for Children



attachments\FBCC18525CE14ACE_utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf

attachments\A0D3D26886A64306_covid-vaccines.r10.pdf

attachments\93602DA1BB8147EE_covid19-problem-analysis.pdf

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

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: Enoch J Ledet <enoch.ledet@gmail.com>
Sent: Tuesday, January 4, 2022 7:56 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Cc: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Covid-19 Vaccines for Children

As a citizen, father, and grandfather residing in this state I want to voice my objection to mandatory vaccinations of children.

They are a perpetual money making machine and investment for Big Pharma and its investors.

Respectfully,

Attachments/references/evidence

<https://fact-checked.org/2022/01/03/how-likely-is-reinfection-following-covid-recovery/>
<

https://fact-checked.org/2021/12/24/pfizer-and-mercks-new-antiviral-cv19-pills/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F12%2F24%2Fpfizer-and-mercks-new-antiviral-cv19-pills%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C485b5dae11d54eee7c3708d9cfaba7fe%7C1

<https://fact-checked.org/2021/11/17/pfizers-covid-19-pill/>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F11%2F17%2Fpfizers-covid-19-pill%2F&data=04%7C01%7CWSTBOH%40SBOH.WA.GOV%7C485b5dae11d54eee7c3708d9cfaba7fe%7C11>>

<https://fact-checked.org/2021/10/22/covid-19-booster-shots-for-all/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F10%2F22%2F%2Fcovid-19-booster-shots-for-all%2F&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C485b5dae11d54eee7c3708d9cfaba7fe%7C11d0>

<https://factcheckedorg.files.wordpress.com/2021/09/covid-vaccines.r10.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com%2F2021%2F09%2F%2Fcovid-vaccines.r10.pdf&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C485b5dae11d54eee7c3708d9cfaba7fe%7C11d0>

<https://factcheckedorg.files.wordpress.com/2021/01/utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com%2F2021%2F01%2F%2Futilizing-repurposed-drugs-to-treat-covid.r2-1.pdf&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C485b5dae11d54eee7c3708d9cfaba7fe%7C11d0>

<https://factcheckedorg.files.wordpress.com/2020/12/covid19-problem-analysis.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com%2F2020%2F12%2F%2Fcovid19-problem-analysis.pdf&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C485b5dae11d54eee7c3708d9cfaba7fe%7C11d0>

Sent from my iPhone

Utilizing Repurposed Drugs to Treat COVID-19 Virus

By E.J. Ledet and Dean L. Gano

January 1, 2021

In the latest edition of The World Health Organization's [*Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews*](#),¹ they say there are more than 200 therapeutic options or combinations thereof that are being investigated in more than 1,700 clinical trials treating COVID-19 infection. In this November 30, 2020 review they examined 58 of these therapeutic options. Among the therapeutics being studied are Vitamins C & D, and manmade drugs like Hydroxychloroquine, Remdesivir, and Ivermectin.

So typical of everything our trusted health care institutions do, their analysis is anything but objective or scientific. At the core of their failures is the total lack of evidenced based causal analysis, but it is much more than that. They provide declaratory statements like: "the body of evidence on hydroxychloroquine (HCQ), showed no benefit in terms of mortality reduction." But, when we look more closely at their evidence for this statement, we find they only looked at 30 studies and of those, only 6 showed that HCQ worked to prevent infection. So, given their "body of evidence," this is a valid statement.

However, had they looked at the entire body of scientific evidence, and performed a simple search for "hydroxychloroquine effective treatment for coronavirus," at the National Institute of Health (NIH) website, PubMed they would find over [800 scientific papers](#)² have been written on this subject and most of them show it works. When you find a review that says it doesn't work, you nearly always find the study patients are in the late stages of COVID-19 infection, where no antiviral drug can be expected to have much effect, and/or no Zinc was administered. As [Dr. Zelenko](#)³ has said, Hydroxychloroquine is the gun and Zinc is the bullet, yet these people don't seem to know anything about these causes.

So, given this clear observation that they cherry-picked their evidence, what's going on and where can we find the real science on this subject?

The Real Science

First and foremost, the problem here is the total failure of all the government-controlled health organizations to provide the simple causal relationships surrounding these viruses so you, the normal citizen, can make up your own mind. This is how life works! From the time we start learning about the world as small children, we observe, test, and determine the many causal relationships that guide us down the path to success. Like learning that fire is hot and will burn you if you don't avoid it. Or, that if people lie to you, you can't trust them in future interactions.

So, what are the causal relationships of a coronavirus so we can act accordingly and prevent infection? Just like we learned to avoid fire to prevent getting burned. It can't be that complicated, can it?

Indeed, it is not that complicated, but you have to be curious and look for all the causes, not just the ones that support preconceived ideas or support political propaganda. When a coronavirus enters the body, it tries to get inside a cell somewhere on the surface of the respiratory tract so it can reproduce, and we know that nose cells are likely the [key infection source for COVID-19](#).⁴ If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself. As the immune system responds with too many killer T-Cells, your lungs fill with fluid and you suffocate. But this doesn't happen to healthy young people, so what's going on?

Our natural immune system defense against all viruses occurs when compounds in the foods we eat (called ionophores), from Vitamins like C, D, and E, flavonoids like Quercetin, or hormones like Melatonin create a slightly basic/alkaline environment in and around the cell. This alkaline environment disassembles the virus proteins rendering them harmless. Also, the body is made up of many [epithelial cells](#)⁵ found on the surfaces of our bodies that act like gatekeepers; keeping out environmental problems like dirt and pathogens but allowing healthy cell biology to function. One of the mechanisms these special cells use is to allow zinc to attach to a specific receptor site on the cell's surface, like a little door entrance, called an ACE-2 receptor site. (ACE stands for Angiotensin-converting enzyme which acts as a biological catalyst in normal cell biology.)

This site is used as a primary defense to prevent a virus from entering a cell, by keeping it in the alkaline environment long enough to disassemble the virus. The Zinc transporters, called ionophores, that create this alkaline environment also help Zinc get inside the cells through this "door." Once inside, the zinc acts as a backup defense mechanism to disassemble the virus if they get inside.

But this is only one way Zinc is used to protect us. As defined in this NIH study, [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#),⁶ July 2020, Zinc works in nine different ways to prevent a viral infection and maintain a healthy immune system. Making sure we have enough blood serum zinc is most important in the elderly and patients with various inflammatory and autoimmune diseases. And obesity, which is present in 40% of Americans, causes Zinc deficiency and may account for why deaths are so high in the US.

So, because Zinc is so important to a healthy immune system we can see why older and unhealthy people, who are zinc deficient, are so much more likely to die. All of the COVID-19 [co-morbidity causes identified by the CDC involve Zinc-deficiencies](#).⁷ They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc supplements. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, in summary, the cause of death is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung cells. This failure

is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

When 97.5% of the COVID-19 deaths are people over 45 years old and 94% of those who die have an average of 2.6 comorbidity causes linked to zinc deficiency you know there has to be a causal connection and now you know what it is, so take action to protect yourself from this horrible disease.

Prevention

Now that we know how the immune system works to prevent infection, we know that the first line of defense is Zinc and zinc ionophores on the outside of our cells. Please note, you do not “kill” a virus, because it is not a living organism; it is just a protein molecule made of Ribonucleic acid (RNA), a basic building block of life, and by subjecting it to a low-acid environment called a “base compound” it disassembles and falls apart. This occurs when enough zinc ionophores like Vitamins C, D, and E and/or Zinc are present in the blood stream.

But there are other kinds of Zinc ionophores. In fact, there are over two billion of them and they have been identified in the [ZINC20 database](#)⁸ provided by the American Chemical Society funded by a subsidiary of NIH (National Institute of Health). When you look at this database you will find that nearly all of the proposed synthetic drug treatments for the COVID-19 virus, like Hydroxychloroquine, Chloroquine, Remdesivir, and Ivermectin and other natural substances are all listed as zinc ligand (metal transporter) ionophores. And they work by first disassembling the virus via pH modifications on the outside of the cell or if that fails, they take zinc inside the cell to stop the replication process. In effect, you have two compounds, zinc and zinc ionophores fighting both outside and inside our cells. When you are young, this all happens naturally and is why to date, [only 147 children under the age of 18](#)⁹ have died from COVID-19 in the US.

While we have heard a lot about drugs like Hydroxychloroquine and Remdesivir, we haven’t heard much about Ivermectin, which is a repurposed drug normally used as a medical preparation that effectively copes with many kinds of parasites. It is a prescription drug used to treat lice, scabies, as well as onchocerciasis (river blindness) and other nematodes in humans and animals. It is applied externally in a cream and internally as a pill, depending on the disease.

Appearing as a witness on Dec. 8, 2020, before the Senate Committee on Homeland Security and Governmental Affairs—which held a hearing on “Early Outpatient Treatment: An Essential Part of a COVID-19 Solution”—Dr. Pierre Kory, President of the [Frontline COVID-19 Critical Care Alliance \(FLCCC\)](#),¹⁰ called for the government to swiftly review the already expansive and still rapidly emerging medical evidence on Ivermectin.

The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those patients with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover. [Dr. Kory testified](#)¹¹ that Ivermectin is effectively a “miracle drug” against COVID-19 and called upon the government’s medical authorities—the NIH, CDC, and FDA—to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19.

In the process of learning about Ivermectin, the Frontline COVID-19 Critical Care Alliance created, based on feedback from doctors from around the world who were treating COVID-19 patients, a protocol for treatment called MATH+ and published a paper in the Journal of Intensive Care Medicine titled: [Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19](#).¹²

MATH+” stands for Methylprednisolone, which is a corticosteroid and zinc ionophore; Ascorbic acid (Vitamin C), which is a zinc ionophore; Thiamine (Vitamin B1) also a zinc ionophore; Heparin, which is a blood thinner and zinc ligand/ionophore; and the “+” stands for hospital care and co-interventions including Ivermectin, which is a strong zinc ionophore; Vitamin D and Melatonin, which are also zinc ionophores; Zinc, and Famotidine which is an antacid and zinc ligand/ionophore.

Notice how all of these therapeutics provide the exact causal defense our natural immune system uses (Zinc and Zinc Ionophores) to effectively fight the virus when you are young and healthy! It should be no surprise then, that they are highly effective at treating and preventing COVID-19 infection in the rest of the population. However, Big Pharma does not disclose that all of these synthetic drugs are zinc ligand ionophores because they can’t make big money selling zinc or these repurposed existing drugs that have been around for decades.

Given this causal evidence that supports the use of the MATH+ protocol, it begs the question of why our trusted scientific institutions have failed to follow the science and instead provide obfuscation and non-causal narratives focused on personalities and politics. Remember how the corporate media attacked the use of Hydroxychloroquine simply because President Trump said it works after hearing the real science? Instead of following the evidenced-based science, they proceeded to sell fear and hate and killed hundreds of thousands of people in the process.

Incompetence or Planned?

In every negative analysis of these repurposed drugs, the authors totally fail to acknowledge the causal relationships between the virus and immune system like we just laid out for you. Instead, they focus on presenting a narrative about outcomes of specific studies that have nothing to do with the causes of the problem. So, the question becomes: how can you possibly provide a solution to any problem if you don’t understand and state the causal relationships of the event? You can’t, and that means they are grossly incompetent or deliberately deceiving us. This is not rocket science.

We all know, as a basic human strategy, that to solve a problem you first have to know what the causes are; and they never do this in these phony studies.

Also, given that effective problem-solving is not taught by our education system, it is possible that these people are just ill-trained incompetents, but there is another possibility and we need to explore it.

Just ask yourself, if the anti-HCQ or anti-Ivermectin papers were actually peer reviewed why didn't the peer scientists ask the same simple questions we have? Like, why did they ignore the causal relationships we have presented; that are common knowledge, supported by hundreds of studies? Why didn't they check the blood-serum Zinc level of the patients in their study? Because if they had, they would have probably found that most of those who responded well to HCQ or Ivermectin, had high blood serum Zinc levels and those who did not respond well, had low levels of Zinc.

And why didn't they question the supposed adverse effects of HCQ, when we know that not only is HCQ not dangerous, it is safer than Aspirin. A [study at Oxford University](#) ¹³ of 956,000 people from all over the world showed no deleterious effects when recommended doses are used.

And why are our trusted medical journals printing false information? For example, the Journal of the American Medical Association (JAMA) [published an article](#) ¹⁴ claiming HCQ didn't work and also could cause heart rate problems and should not be used without medical supervision. Problem is, they used 400mg twice a day and **did not use Zinc** in their treatment. Toxic doses that are 14 times what is recommended equals toxic results.

And once again, on May 22, 2020, *The Lancet*, a highly respected online medical journal also published a paper saying HCQ was ineffective and dangerous. Because both *The Lancet* and JAMA studies reported that HCQ is dangerous, the FDA rescinded its emergency order allowing HCQ to be prescribed for COVID-19. This also caused several state governors to issue orders to local pharmacies not to fill HCQ prescriptions ordered by many board-certified Doctors for their COVID-19 patients. Something that has never happened before and certainly resulted in more unnecessary deaths.

Also, *The Lancet* finally asked for a detailed peer review regarding the article they published on May 22, 2020 and as reported in [WebMD](#) ¹⁵ they retracted the article because the authors would not provide data that could be adequately peer reviewed, and it was eventually found to be completely false; so at least someone is following scientific protocol. But it speaks volumes to how corrupt the scientific peer review process is. Let's look a little closer.

Whistle Blowers

Several Family Doctors, who have successfully treated many COVID-19 patients, came out in public to question the path our government officials have led us down. One of

them is Dr. Simone Gold, who [exposes the truth about Coronavirus and Hydroxychloroquine](#).¹⁶ These doctors fully understand the causal relationships and hence know the truth.

Also, there are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the [Great Barrington Declaration](#)¹⁷ asking our government officials to wake up and focus on preventing death. Among other things they state:

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Also, in an article by the [Alliance For Human Research Protection](#)¹⁸ on June 5, 2020, they report that Dr. Philippe Dousty-Blazy, the former French Health Minister, publicly stated that *The Lancet* and the *New England Journal of Medicine* editors admitted to being pressured by pharmaceutical companies to publish certain results.

When *The Lancet* editor Dr. Richard Horton was asked why it initially published the discredited article discussed above, he said: “*If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful; they are able to pressure us to accept papers that are apparently methodologically perfect, but their conclusion is what pharmaceutical companies want.*”

Also, Marcia Angell, former Editor-In-Chief of the NEJM writes in her 2004 book "The Truth About the Drug Companies": “*The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.*”

In a recent [open letter](#)¹⁹ to Sir. Anthony Fauci, three board certified doctors made it very clear that he has grossly mishandled the pandemic response by asking him 122 very pointed questions highlighting his inconsistencies, and concluded the following:

“Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus. We are confident that thousands of lives would be saved with early treatment of high-risk

individuals with a cocktail of hydroxychloroquine, Zinc, and azithromycin. Americans must not live in fear. As Dr. Harvey Risch's [Newsweek article](#)²⁰ declares, "The key to defeating COVID-19 already exists. We need to start using it."

More evidence to support what these leading Physicians said can be found in what the Big Pharma Company "Gilead Sciences" has done. Their magic medicine, which the very reverend Dr. Anthony Fauci wholeheartedly endorses, is Remdesivir and they have put a lot of money pressure on MDs, Medical Journals, Press, Academia, NIH, WHO, and the CDC to discredit HCQ - even though it has 65 years of safe use as a malaria drug and 40 years of safe use to treat lupus and some forms of arthritis.

[Gilead contributes big money](#)²¹ to the [income of 20% of the National Institute of Health](#)²² (NIH) Board Members and since Dr. Fauci heads the NIAID, one of 27 institutes that make up the NIH it might be hard for him to contradict them. And, oh-by-the-way, he is [not required to disclose any ties to Big Pharma](#).²³ Gilead also funds Academic Medical Research and as we learned above, cleverly influences Medical Journal Publishers.

Gilead, being focused on money not saving lives, has spent hundreds of millions of dollars in research, marketing, and propaganda, to sell its 5-day injection treatment for \$2,340 versus \$25 or less for HCQ pills that can be bought over-the-counter in most of the world.

Bottom Line

Given what we know about how simple it is to treat and prevent COVID-19 infections using off label medicines and easily available compounds that mimic how a healthy immune system works, why are our trusted leaders not telling us this? Who created and spread this virus and why? And while we don't have evidenced based causes to answer these questions, we do know one thing. We still live in a free country, for now, but if "we the people" continue to act like sheep, all of our freedoms will be taken away, so we must act now. Please do everything you can to get this simple solid science out to everyone you know and let your leaders at every level of government know we are not going to accept their phony narratives and lying anymore!

To Learn More, Go To: <https://fact-checked.org>

¹ Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews; https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19200029_eng.pdf?sequence=14&isAllowed=y

² National Library of Medicine Search for Effective Treatment of COVID-19; <https://pubmed.ncbi.nlm.nih.gov/?term=hydroxychloroquine%20effective%20treatment%20for%20coronavirus>

³ Dr. Zelenko's Website: <https://www.vladimirzelenkomd.com>

⁴ Key nose cells identified as likely COVID-19 virus entry points; Science Daily, April 23, 2020; <https://www.sciencedaily.com/releases/2020/04/200423130420.htm>

⁵ Epithelial Cells: Sciencing; <https://sciencing.com/epithelial-cells-definition-function-types-examples-13718055.html>

⁶ The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis; PubMed, November 2020; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>

-
- ⁷ COVID-19 and Real Science; https://factcheckedorg.files.wordpress.com/2020/12/covid19-and-real-science.m3_2.pdf
- ⁸ ZINC20—A Free Ultra large-Scale Chemical Database for Ligand Discovery, American Chemical Society; <https://pubs.acs.org/doi/10.1021/acs.jcim.0c00675>
- ⁹ Provisional COVID-19 Death Counts by Sex, Age, and State, CDC: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>
- ¹⁰ Frontline COVID-19 Critical Care Alliance; <https://covid19criticalcare.com>
- ¹¹ Senate Testimony Of Dr. Pierre Kory - Ivermectin - Miracle Drug To Treat Covid-19?; Why Doesn't Anyone But Us Gives A Darn... WTF?, The Auto Channel; <https://www.theautochannel.com/news/2020/12/10/922677-senate-testimony-dr-pierre-kory-ivermectin-miracle-drug-to-treat.html>
- ¹² Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19, Pierre Kory, December 2020; <https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf>
- ¹³ Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study; Jennifer C. E. Lane, et.al. May 31, 2020. <https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v2>
- ¹⁴ Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19); Nicholas J. Mercuro, et.al., May 1, 2020. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631>
- ¹⁵ The Lancet Retracts Hydroxychloroquine Study; Ralph Ellis, June 4, 2020. <https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>
- ¹⁶ Dr. Simone Gold Exposes the Truth About Coronavirus and Hydroxychloroquine; <https://www.youtube.com/watch?v=poOGJ-wH-Fw>
- ¹⁷ The Great Barrington Declaration; <https://gbdeclaration.org>
- ¹⁸ Lancet Editor Spills the Beans and Britain’s PM Surrenders to the Gates Vaccine Cartel; John Stone, June 5, 2020. <https://ahrp.org/lancet-editor-spills-the-beans-and-britains-pm-surrenders-to-the-gates-vaccine-cartel/>
- ¹⁹ Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19; George C. Fareed, MD, Michael M. Jacobs, MD, Donald C. Pompan, MD, August 12, 2020. https://www.thedesertreview.com/opinion/columnists/open-letter-to-dr-anthony-fauci-regarding-the-use-of-hydroxychloroquine-for-treating-covid-19/article_31d37842-dd8f-11ea-80b5-bf80983bc072.html
- ²⁰ The Key to Defeating COVID-19 Already Exists. We Need to Start Using It | Opinion; Harvey A. Risch, MD, PhD, July 23, 2020. <https://www.newsweek.com/key-defeating-covid-19-already-exists-we-need-start-using-it-opinion-1519535>
- ²¹ Experts on NIH COVID Panel Have Financial Ties to Gilead; By ADAM, August 12, 2020. <https://americanannouncement.com/2020/08/experts-on-nih-covid-panel-have-financial-ties-to-gilead/>
- ²² Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics; <https://www.covid19treatmentguidelines.nih.gov/panel-financial-disclosure/>
- ²³ 10 Experts Setting NIH COVID Treatment Guidelines Financially Tied to Firms Selling Cures Touted by Fauci – Fauci Not Subject to Disclosure Requirement; Michael Thau, August 11, 2020. https://www.redstate.com/michael_thau/2020/08/11/10-on-nih-covid-treatment-advisory-panel-have-financial-ties-to-firms-selling-cures-touted-by-fauci—his-name-curiously-absent-from-disclosure-list/

COVID-19 “ Experimental” Vaccines

You have the right to make an informed decision about your health and your future and you may be asking: Should I take this experimental vaccine? Here are a few facts you should consider to help you make an informed decision.

Facts:

1. According to the Pharmaceutical Companies themselves, these vaccines may not prevent the SARS-CoV-2 virus: Evidence:
 - a. From the [Moderna](#) and [Pfizer](#) Vaccine Fact Sheets: *The (Moderna/Pfizer) COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There are no FDA approved vaccines to prevent COVID-19.*
 - b. However, the [handout](#) you get when they give you the shot, says it “...has been authorized to prevent COVID-19”, so they are lying about it. They are experimental and have been approved by FDA and CDC via an Emergency Use Authorization (EUA) but have not been fully tested, so are not proven safe.
2. These vaccines are experimental compounds that use “synthetic messenger RNA (mRNA)” housed in fat cells. In 2005 an [animal study](#) was done with SARS-CoV-1 mRNA vaccines on ferrets. Because of major issues, the SARS-CoV-1 vaccine was not further developed.
3. In many previous [clinical trials since the 1960's](#) attempts to [vaccinate against Respiratory Syncytial Virus](#) (RSV) (a pneumonia type virus), [Dengue](#), SARS and MERS, the studies each failed during the animal phase. [Cats, ferrets, monkeys, and rabbits each and every time experienced Antibody Dependent Enhancement](#) (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system creates an uncontrolled and overwhelming inflammatory response upon being confronted with the pathogen in the real world, and the outcome, tragically, is death. The same immune system overreaction took place in a number of infants in [clinical trials who received an attempted RSV shot](#), as well as some six hundred Filipino children who died following early vaccination against Dengue Fever, so [this outcome remains a viable concern today](#).
4. Big Pharma has asked for the normally required animal studies for the CoV19 vaccine to be waived. It was waived for EUA purposes, so there have been no long-term animal studies to see if this could happen with these new mRNA vaccines. WHY?
5. Because these vaccines may or may not prevent infection, and as [some reports show](#), only reduce symptoms, why take something that does not **prevent** the infection in the first place. It is a proven fact, with [hundreds of scientific studies to prove it](#), that Zinc and Zinc ionophores can prevent or mitigate infection in the first place; take them as supplements and you are protected. [The CDC recently said that 80%](#) of all people who were infected with COVID-19 were deficient in Vitamin D, another Zinc ligand (metal binding) ionophore (transporter). And this helps explain why Sub-Saharan Africa and other countries where most people are in the sun a lot [only have marginal deaths from this virus](#).
6. Hydroxychloroquine (HCQ) is a 65-year-old drug that has been shown [to stop an infection](#) if taken within the first 2 – 7 days of getting symptoms from COVID-19. So, if you are taking your preventative Vitamins like C, D, E and Quercetin, and/or other supplements like Melatonin plus Zinc, and for some reason this doesn't prevent infection, you can stop it with Ivermectin + zinc; which is [readily available online](#).

COVID-19 “ Experimental” Vaccines

7. Other synthetic drugs like Budesonide, Dexamethasone, Ivermectin as well as natural substances (i.e., vitamins, flavonoids, amino acids, and hormones) can be found in the Pharmaceutical Zinc20 database, a database funded by a subsidiary of NIH. This database is comprised of ligands, which carry metals like Zinc, Calcium and other micronutrients present in our blood serum and transport them across cell membranes into the body of the cell (cytoplasm) to help our immune system fight infection. Like HCQ, these synthetic drugs need zinc and other micronutrient metals to work. [Dr. Zelenko](#) uses the analogy “the drug is the gun and zinc is the bullet” which is essential to stopping the viral reproduction and resulting infection.
8. Ivermectin is a proven drug for treating all three phases of the COVID-19 disease. Perhaps the best proof is found in India where one [province distributed Ivermectin](#) to most citizens and now they have very few cases and no deaths from the virus. Given such a useful therapeutic exists, it is illegal to authorize the use of vaccines, yet the psychopathic leaders do it anyway.
9. Because these “Vaccines” are unproven experimental substances, we won’t know what side effects may occur for months or years to come, but it may result in a long-term unnatural human manipulation of our DNA building blocks. Do you really want to take that risk or risk your children’s lives? Especially since:
10. There is no pandemic. The number of deaths from COVID-19, [which is highly inflated](#), is no worse than a bad flu season. And your chances of dying from it, even if you do nothing to protect yourself as defined in #5 and #6 above, are [very small according to CDC data](#). For children 17 and under they are 154 times more likely to die from something else. As of April 17, 2021, only 266 children have died with COVID-19. Not a single healthy child has died from COVID-19 alone. If you are under 64 years old, your chance of surviving is 99.99%.
11. There is not a cold or flu season, there is a vitamin D deficiency season. Colds and flues occur when the sun is low in the sky and we don’t get enough of it. Or if you live in a big city, you don’t get enough sun all the time and big cities are where most of the COVID deaths have occurred. Take your Vitamin D supplements and your immune system will thank you.
12. Since both experimental vaccines are EUA, both Pfizer and Moderna are indemnified from all legal action resulting from patients experiencing side effects; including death. Since they assume no risk, you are the one who takes all of it! And according to [Dr. Sherri Tenpenny](#) that is not a good idea.
13. According to [Dr. Richard Fleming](#), Ph.D, MD, JD, a renowned cardiologist and researcher, there is a chance that the mRNA from the vaccine can be incorporated into your human DNA by action of the [reverse transcriptase enzyme present in the vaccine](#). This may affect your auto immune system and result in various auto immune diseases. However, for all you who are taking zinc supplements + ionophores and decide to get vaccinated, Dr Fleming stated that he believes Zinc does appear to interfere with the mRNA process of the vaccines to make the spike protein. This means it will probably reduce the symptoms you can get, so make sure you are taking them.
14. The vaccine nano particles of lipid/fat composition, in which the mRNA is transported into your cells, has never been used before in human trials and long-term health effects have not been determined. These lipid nano particles bind with the normal fats in cell

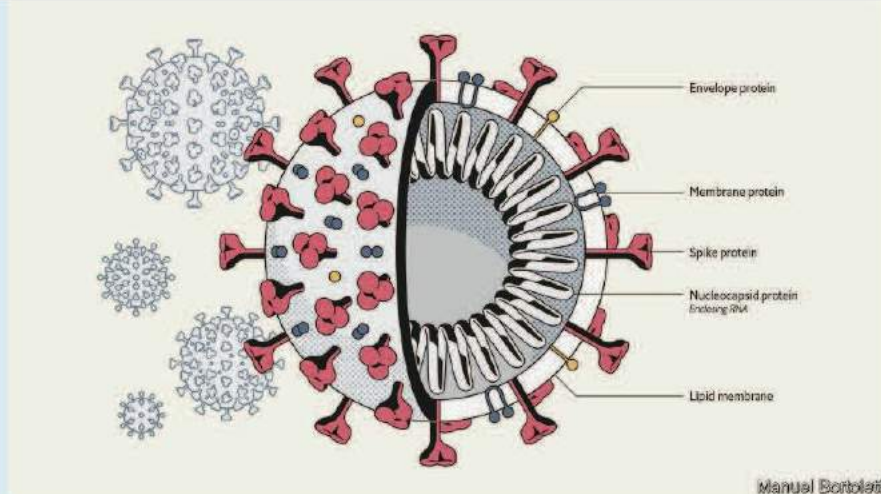
COVID-19 “ Experimental” Vaccines

membranes and allow [entry of thousands of the synthetic mRNA vaccine into your muscle cells](#). Unlike the virus RNA which has to enter through the ACE-2 receptors found on cells, the nano particles create new pathways into cells. Because the ACE-2 receptor sites are where the normal entry of the virus occurs, bypassing this path means a greater amount of mRNA can enter the cell producing increased amounts of the spike protein exacerbating the immune response to the virus. This increased immune reaction can produce the very InflammoThrombotic Response (ITR) responsible for so many deaths. Again, long-term health effects are not known since long-term studies in lab animals have not been conducted. We humans have become the lab rats, and many doctors are reporting large increases in the number of cancer cases since the vaccines started.

15. The CDC [VAERS database](#) only captures about 1% of all the adverse reactions to vaccines, and so far the Pfizer vaccine has 1,218 blood clot reports, Moderna has 1,034, and J & J has 1,000. Therefore, blood clot disorders reported totals 3,272, so if the 1% is accurate, this would mean 327,200 people have had this problem from the vaccines.
16. Like real lab animals you cannot sue these pharmaceutical companies for suffering from any side effects after taking these experimental vaccines. However, companies requiring CoV19 vaccinations as a requirement for employment may be subject to legal action since it violates our civil rights. For an example of a law suit against the government go here: <https://factcheckedorg.files.wordpress.com/2021/09/joseph-jensen-lawsuit.pdf>
17. It's against the [Nuremberg code](#) to force vaccinations on a person, and [informed consent](#) overrides public policy. Federal law prohibits employers and others from using vaccines under EUA as a [condition](#) of employment.
18. For 35 more facts on the potential dangers of these vaccines, go to [No Jab For Me](#).
19. Or, for 18 more reasons not to get these Experimental Vaccines see: [18 Reasons I Won't Be Getting a Vaccine](#) by Christian Elliot.
20. The choice to take an experimental EUA COVID-19 vaccine is yours to make. Hopefully we have given you the facts to make a better-informed decision.

Good luck and good health to you all.

Dean Gano and EJ Ledet; February 19, 2021; Updated August, 2021; Updated September 22, 2021.



Depiction of Novel Corona Virus Infectious Disease 2019 (CoVid 19 aka SARS CoV 2)

Problem: CV19 Inhibits Human Body's Immune Regulatory Response/Defense System.

Where: Primary Lungs and Secondary other major organs and nervous system.

When: 2-14 days after Initial infection date.

Significance : The human body's immune defense is compromised leading to prolonged illness and high mortality in populations with previous underlying inflammatory, immunosuppressive diseases/conditions: Elderly, Afro/Native Americans ; Obesity, Smokers, Alcoholics, Addicts, HBP, Diabetes, Arthritis, Heart Disease, Arteriosclerosis, Stroke/Ischemia, Blood vessel inflammation, Cycle Cell Anemia, Cancer, Lupus, MS, AIDs, Nephritis, Kawasaki disease, etc.

Zinc is vital to promoting healthy hair, skin, and nails and is required for a proper sense of taste and smell. Zinc plays an integral role in immune function, protein synthesis, wound healing, DNA synthesis and cell division and is involved in over 300 regulatory processes. Zinc is also important for lipid, carbohydrate, and protein metabolism, as well as cell signal transduction, and reduction/oxidation (redox) regulation. In males, zinc has been shown to protect the prostate gland from infection and enlargement, which has been linked to being a risk for prostate cancer. In females, zinc can help treat menstrual problems and alleviate associated symptoms. Zinc may also protect from night blindness and prevent the development of cataracts. Children need zinc to grow, maintain a healthy body weight, fight off diseases such as pneumonia, diarrhea and diabetes, as well as shorten the length of the common cold.

Evidence: shown Zinc transported across SARS CoV 1 infected cell membranes using non protein, synthetic ionophore , carrier molecules has been to inhibit viral RNA reverse transcriptase (RT) enzyme and prevent virion reproduction in vitro.

Hypothesis: CV19 inhibits zinc transport across infected cell membranes leading to Zinc Immune regulatory deficiencies causing initial acute exacerbation of chronic obstructive pulmonary disease and secondary acute exacerbation of heart, kidney, blood vessels, brain, large intestine, skin, joints, and nervous system exemplified by cytokine storm and inflammation.

Causes: Low blood serum zinc concentration/availability.

Inhibition of zinc zip protein carrier "ionophores" which transport zinc across cell membranes for human DNA/RNA synthesis, cellular control, and immune response.

Solutions : Increase blood serum zinc through proper diet, digestion, and gut flora; avoid phytate rich foods; eat zinc rich foods; supplement zinc.

Supplement/administer "non protein" Zinc ionophore carrier molecules:

A. Synthetic, Big Pharma Drugs like Pyrithione, Hydroxychloriquine, and/or other synthetic zinc ligand-ionophores.

B. Natural fruit and vegetable polyphenol flavenoid ionophores like Quercetin, Reseveratrol, Curcumin, ECGC.

Effective: Timely Solutions Implement Zinc plus non protein ionophores to transport zinc across infected cell membranes and inhibit viral RT, prevent virion reproduction, and restore human cell DNA and RNA synthesis, cellular control, and immune regulatory response/defense.

From: Brian Sabey
Sent: 12/29/2021 3:45:47 PM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable! I have a child that has reactions to many vaccines so far and another who has had very mild Covid not long ago. Home school is on the table for many of us, many are already doing it with excellent results and are more happy with this education route vs the ever increasing woke programming our children are receiving today.

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!

Please end this conversation NOW.

Brian Sabey
Maple Valley, WA

Analysis

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2F75ndqed1jqOcE0dgFvK55B1Qvmm8w0x0i5EbZT6ZqMnCsRjYyyQS_nDdWvGEdBjagJuxTm4o6H5eJ1f8B0-OMVg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F75ndqed1jqOcE0dgFvK55B1Qvvm8w0x0i5EbZT6ZqMnCsRjYyyQS_nDdWvGEdBjagJuxTm4o6H5eJ1f8B0-OMVg&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Ca987f46696d4a887ab808d9cbe49e85%7C11d0e2

Robert W Malone MD, MS

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2F75ndqed1jqOcE0dgFvK55B1Qvmm8w0x0i5EbZT6ZqMnCsRjYyyQS_nDdWvGEdBjagJuxTm4o6H5eJ1f8B0-OMVg&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Ca987f46696d4a887ab808d9cbe49e85%7C11d0e2

Dec 30

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Ffh1oVVWY5sgzHs_IHE41nBo1krbptDWbQo8tkBqGrgStQVI9B6qQgvghCgMchpYgToh4yCzZFUCFUFFZEqvtWSk
ovCaXxs2mBGeXFGfjIPILPIIN3P5eJUG2PkzZdEdpdOiSelse9plD93FvcqTXomsiB0n3G8fcP7PL67BbX6fde4p-
rrYtx6ncye0g9onO3k9TelkO83uOcznn8yo_H_Bby5Anj6_2KFbjUqTbpBvrt4_kjru9jE755vsPP12vb6r48F8ozgH
zP-
zkcbpFceE51cv9brKXIRGtqIjNwqgwxD78hujBY9bXUYwE1ZSUIoIUpIn7K6FG_OEENyshLFFQTN_CcKMYxDrHv

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fcc%2FvgVZVJT-kcx_HvucI7uDYdCnRG-uC21G6sQVmYLA1OAdd0FvoSiXZkmIaE0oDyRDFglaBsuWhA9Bc1Sxo-6pWgjjVmhV2imCEghMjnEpOohXICK00NKoOObGSjtWSoEpweJDyXiowAhhcoRsbA0HNTs61dka-zPDWr27QvPYBLRe2r6zj4rIQjfaR1m_RXJWch8n8CAacEvMrF0IZmFt-ADfOlbknaQ3G-Z5b11zAzMgGxm-hwPvxA9eX9NyE-ZSS_JyRfByUeE4muU3an09pnG-KKZ8KnE2FTXV9kh7L3guUby7LbLpMuRoU__DV50aJI736_r6LsidsqfUpiYPC5XGqVlfbXlZQu9PBfnRVjhSh7dFck6Af_3fQfzBNUjV69uvbpIEimGEwxATFCZLjJIFXhBZIVpVS7mSkeAhXvy6nujuwVKzCOlj-N9kg45N3HAFuV2Cd16ZO-6VLm-j7I1yYwmGVzVI5roeAvfw0Z2_vEnReX_JkjsWxhFaJSQhICyjh-beJZE3VByTOPDEsvFVhv3T-TfHu-T5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2172

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2Fa8BYENsHhwQ9Ls6Ssa6ITU5W9IGNfEifYUGzC4K-fSTtk_xD_t6dT3f34czCqelG2jbGevNR2eFqmEwNVgLndcb6Eop6IogEmNCPEEDgjipPGnKYwegmKyp1_ZVLTkrJeSNACkNygGxsNXk3P1rZmgB8s0M6tblCsdgYlFNXxjJ-9XmjnkV1mzc3KZZhsjyBBiv58sY4lxqWhh3BjkupF3jXW1Wapu84LPD2zycLFM-6AiF75fR7OZ8ib7QfbWfvM-vAQyzPBf4j2OYK8xvGbyFHR-Mbqq_ppQnzKcX5JcP5OEiTyaXS9qfD2mcb4spnwqUTYVJVX0WTsteeIDbnlbZdJ1yOUj25qIvjeSpr_L7yyHKpnTIHIKT6jwsZBqnenPj-Nly9Xou8I-2OpE8PvuJKuto36pqS9OZJsOTuSW11IU6BAfx9aLs4_S02b9bXhtPUHSqMEQ4CJMVCIf-

UitCtQp_K_rXkcnpmmzzBdnnZvaXXcUuK4p1WtpxxIOq2oQ1HY9ePaDsXt_y3IMnWNPIMzSMI6CdYITTPDqkwdH
A3Vfe2S&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0

Analysis Overview: COVID-19 Genetic Vaccine Safety in Children

In fact, preliminary data suggests that compared with the Delta variant, Omicron appears to be causing milder illness in children, similar to early findings for adults.”

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FsoJQPATHPCJZzXCPZdDrbkiOdOMxwoqW4DIEIhW4Uye6dukstBSEmpcopJbaYiv808BiNoHRdbNBG81-pze26PglJJFcc1kLxh3ZjDWjFzYwRoOk6WW9iDGj6nenIdkQcETypETkKAWxLVexNeff7fY971LB_oItbM5tg6nnDktP4511dTMVtX2c9qSol066TU6xurS33_2GYW4at-TxmCFpE8ApLBsQ_EB-85rvkKA0-G7WqNjQ03ESk5Di1n-ANIR9oz0MYiDN2OV2IVTZow6NTnT_84KUfg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696" By Andrew Jacobs Dec. 28, 2021

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FYHSo8Yb5TBHJqpda93Lhbxf23irfN1ibsfm-HLZUcJ-9S1tz9nbSFIXosVugdC43D32XdoxdXbBLBWZNkQTNKBsGxumgJkZVz3ruLZXWTn72o4OB9d-3Rd6_5nAZ6XYd_kWRrH8gQnMe4iC3sc_7trppuh0x1NNgBLui1zUfSOoL7JORuWLE3IB7A1UPYqSz4opLPo0vC/, "We're never going to learn about how safe this vaccine is unless we start giving it"
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2Fnpm5IZVJX8I_nZevJngXCO6dJ7zMqeZaJRrx3wzCsSYWJHxjR5pzslVC-VYk5zJawyzOfpIyFu4FFn9sOs3gL5GJ7bgxScs0VzAXLse6fcKG37YZvBKQQxAAYdRYcvUzicx2BR4x3TFQOyVS91qKUzXBnTucG1FhpRf98XdX4N_tbybW7-ObGkfyBAUR7NQipmz3n5fCp9O4Kna8IAZkWnKR3I6MX1iWiaMWAqvN0EpJu-5cMoR6lk174YFGptAdz3smfF2MVyFFTf37_T5ZJT&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Ca4987f46, and COVID-19 Today
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2F6W6KHFnJ63Z8EpJVcj4awdOD1xqWEWKgQUaIJs1KDlZoEXKewhYvJo8IblyAnJYq6tbfUk3k_8o69yX2HpwhqGRbDG9NvLQc4SDSccsa4oKwbUz3wQORHIXNTmMPogfHh-

3ZV9685nka6Xti_T0kxP5CgK4_iofShnv0e0va67im2w2ICt2AwrexI2gvhk4a9YMLS0QYLzTA50IkLLZSYxIfcDmj).

The risk of death and disease in children has become even more rare with Omicron. Yet even prior to the advent of Omicron, a peer reviewed study clearly demonstrated (using safety data accumulated during past variant circulation) that the genetic COVID-19 vaccines carry a risk/benefit ratio of five deaths in the older, high risk cohort for every one life saved from COVID-19 (and those data did not account for the reporting bias inherent in US deaths due to COVID consequent to inappropriate use of PCR tests). See "Why are we vaccinating children against COVID-19?

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FHPuEuqaAHX2qcvuk3IzOTjI8P8xuqM9yUeal1SJmcY8rGiCrimCXPGSLaEcfBOCQmy5VISP6gEKw3xaRgj4qz9pMBWzr7vdbKXyfmINTd2mYv-r5VKx-ztdFar9yV-ALBGCKqBUcpa9lnx29PrCgR_94_NVMATWsqkIF5BcTHglPUCaF9DzZ2h0hjhOtdYzaD-eT7k_t35qqHzndVpMyLr-3V-g0T1q4MuN2eyOpYhLr1AGUqet-DzMWDQZkKntcyQ5Bfyi95wx4CxrMINOivWNRtrec8IF80LTwHaFPZty1tSGrultvAq7rOeCqvZ_QEkCJb7&data= (Toxicology Reports, Volume 8, 2021, Pages 1665-1684).

"Thus, our extremely conservative estimate for risk-benefit ratio is about 5/1. In plain English, people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions! This demographic is the most vulnerable to adverse effects from COVID-19. As the age demographics go below about 35 years old, the chances of death from COVID-19 become very small, and when they go below 18, become negligible."

The new variant of COVID-19, Omicron, has exploded onto the scene. What was already an inverted risk benefit ratio for genetic vaccination in children and adults (greater risk of death from vaccine than from COVID-19) will become even more inverted since the risks of COVID-19 are further reduced with Omicron. The Omicron variant is different in five essential ways:

- * More infectious and will soon be the dominant variant in the USA
- * Less pathogenic
- * Poorly matched to currently available vaccines
- * Natural immunity is providing good protection against Omicron
- * Disease symptoms are more similar to the common cold

The issue of COVID-19 gene therapy technology -based vaccine mandates for children is a pressing issue confronting parents, grandparents, and public health officials throughout the world. Unfortunately, the topic has become highly politicized, and active censorship by legacy media outlets has made it difficult for parents and stakeholders to obtain access to the actual data required for the full informed consent prior to acceptance of a medical procedure required by law (see for example members of the Trusted News Initiative including Thompson-Reuters

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FmvoG8YAWHH3qJ1EsPSZUr8jIEq2BT2ySIT1-TSKMZzaZ_5jMqwy3EXa4hZXS4Ie8rSA-PNEPOENGWIA7OSi6oaJkQyEosqBEauTSMEWBRbpZo3fTsjMou-Od0xyjGaJJtz_IIOHDAREBnqNJ6FJ3t-qY140heomqzDrwBCXeIe_CAZjnlvKY39v5GT8WC3RNAbcJy5A2-Xs6n0rQluyppjnIfqokbIe3WGBCCaqTqFzdvnRdXX50cZBuQkxZQqYjDpOcv9TWtmNRZac9vZxihC69_7JB4_nSs).

Presented on the linked website is a large collection of information and data from both primary sources and analyses

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FfGs85n3qZ10Je11jOBXXCYw1YcmayrZhH73SnuJJCKeIOvdwqQ_w6PjJiBB80WTYtViXi53S97gWnlEz6wQRYy54Qk6KmUZb2Jjxv_rOc4jiYfEUJtRtfYOVYx5gT3Haz16XK--3S3kw8uYyJec8oZ44KyoeN0aHgjnkHKmM71rrXAePOzT-

children

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Fm3BbxLyEcOOyy10AGTIuakIyQZtnTj7aHSRaWbOzP389DxetSTrMuWyXPx9ZzRZPx2CasFQvZNyw2BdMrrgahisIeE2aPBB5ZzyUgmc6t13S7i88K_WhzH0ZVjhqk159D5ZW7Fkvz9w2HGmCpJhlPOGBeU6SagO96J4Khyrg9jki6Xxl3ba7rYK_P9eRYn4hQ-s8k4fSLnnVmzPb8rznVE-LGdyEwdSyI6lvbi8E9truKI1nsFANGyQdtdBCiV6-PTYqsgEcBjGQJhyWNpXNv6c_-nuHCA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>

* Death Reports: Reports of vaccine-associated deaths and disability in children and young adults

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F_4BAeaznNtlZKL2fx3MBkOOoMiFDYXqHYFE2npe6V1iwarmXQnqVq7wVgcWk2bNv9nILDtOare1CSczYZf-dSdW0UEHyU3vMevAij6Pw4UAe8j7o9JsgBDDyhnGsGNpsJcas39XGTn2THcTTIWNxMxSU2YV0oGcHhVGBbC1npM-vod0a_nyEE3dfUUXvl7rWDG_LjuqvEJwhT658qTMUlz2nPC0kJ2fIRosOzB8c7sQ2AdkKMqZWodG9C0fRjUqTelFmGvA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>

* VAERS and Yellow Card: Safe and effective in children? National database information

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FnIgUqhxPZMafJoOi11r7RmaLiWtlvm8zQnogV8MGzbbfAOil_jq3tQknN2NzQLFJ1zHIVrUXWiE1oP1jk5i7mV8D4-nBNFsIHQILQTK2-ALxbTjSKiChYnKEb0LR9GNSqtuvYttuJpK8m-Vz2rh3GtU9H8i_sDUSWJvg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>

* Myocarditis consequences: Is there evidence that the vaccine-associated myocarditis in children is not going to lead to long term damage?

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FGe14ziaciwm1uLiG5eXmpzBFLzbmLO_u5gRQ5pI0JxyxrigbGg5HRreCG-psrb1vZf1G978PGd1fPfhJukysWbb7YbGfV1rSdG_JplauYIzpX70yleFY43LngKeIyRjI3iNZQeCb34vFOMEcUrl6k>

* Applicable standards: Have normal standards for vaccine safety, quality and effectiveness in children been met?

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FVnjOI4mHQvMIVyw8etSi7IAREiYWbCSSyGk4mJoJR8a2Sh03DjXyo_ag5DNz_Nhju8-3DRf7qLJu6vz_uvaxZL9hQiVucBDqm-86IXWWHHZYyjnSBHcTGhL2omVt2kv_eOdIqVqJo5QrOg07wc1KKNa_RZYLdHVva5THauHca1T0f4L-gMqpIXt&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>

* COVID-19 in children: What is the evidence of long term damage in children from COVID-19?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FhcS1MwVHOS6zUuv7kyNcU-hnAYT2Bm9LnlHU7sXhjMhAlzZeoNFN1KQfuBD1zxTrx9VjKiQpSSS1IH-6VWJf3v6w8iPYhz&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>>

* Illegal mandates: US Federal Mandate law

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F4eKlm25PFjZhxWmtd8mm0tIT3SVM-NTKKjRKqVMtsL5SI4ozToQWrNvOEanLYsIOkzEy0YomHbbmNwWMOantOjBM7ZzXgPisOAXMGjQAtCCeIetBKjFZW61Yu8v0CHy2O4-jysWBs4OI7ty6tGWKkGePbgsk3JYUFAxyEAMnFVQG_dtBJb7m2VvnR9w4FdD_3mz6-x3Dp-TKLruy2VHRfj5Msm19M2JBHcZgbm2e_qZtaXfYU6jIRQhvJm5p3YvXI3dOGaaZEUthXE1Yjhp6PV3mVWqrpMbM50zcTh0EOrD32a9tK5L_XH7qvhzc&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>

* References on Adverse Events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FnrM4v4fwaOk6sSYfNhfjvu5IJKIfE02t3MGZVP945asuXeN6xFAujdHYBb0q6UBS3tReAPSEEOI6bUpivUtHSSXXip2mqhQM&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e2>>

The main landing page for the above documentation is

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Fgs85n3qZ10Je11jOBXXCYw1YcmayrZhH73SnuJJCKeIOVdwqQ_w6PjJiBB80WTYTviXi53S97gWnlEz6wQRYy54Qk6KmUZb2Jjxv_rOc4jiYfEUJtRtfYOVYx5gT3Haz16XK--3S3kw8uYyJec8oZ44KyoEN0aHgjnKHKmM71rrXAePOzT-r47v2tpfHJmnUzawH79RpPsv6FBLXzKhZy3ezSa9Kx1rgIX84RE5iATpe8ISlvjheS8YkJc-XrRii6Zqf9IAahRNe-M1dKbQUqpZCkGru5_kr6P-Mfpp6L0w&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e217225&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e217225>
:
<https://www.rwmalonemd.com/mrna-vaccination-in-children>

NOTE: The above webpages are "living documents", additions will be made on a regular basis to the databases. More documentation to be uploaded soon.

Like

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Ffh1oVWVy5sgzHs_lHE41nBo1krbptDWbQo8tkBqGrgStQVI9B6qQgvghCgMchpYgToh4yCzZFUCFUFFZEqvtWSKovCaXxs2mBGeXFGfjIPILPIIN3P5eJUG2PkzZdEDpdOiSelse9pID93FvcqTXomsIB0n3G8fcP7PL67BbX6fde4p-rrYtx6ncye0g9onO3k9TelkO83uOcznn8yo_H_Bby5Anj6_2KFbjUqTbpBvrt4_kjru9jE755vsPP12vb6r48F8ozgHzP-zkcbpFceE51cv9brKXIRGtqIjNwqgwxD78hujBY9bXUYwE1ZSUIoIUPln7K6FG_OEENyshLFFQTN_CckMYxDrHv>

Comment

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FvgVZVJT-kcx_HvucI7uDYdCNRg-uC21G6sQVmYLA1OAdd0FvoSiXZkmIaE0oDyRDFglaBsuWhA9Bc1Sxo-6pWgjjvVmHv2imCEghMjnEpOohXICK0ONKoOObGSJtWSoEpweJDyXiowAhhcoRsbA0HNTs61dka-zPDWr27QvPYBLRe2r6zj4rIQjfaR1m_RXJWch8n8CAacEvMrF0IZmFt-ADfOlbknaQ3G-Z5b11zAzMgGxm-hwPvxA9eX9NyE-ZSS_JyRfByUeE4muU3an09pnG-KKZ8KnE2FTXV9kh7L3guUbY7LbLpMuRoU__DV50aJl736_r6LsikdsqfUpiYPC5XGqVlfbXlzQu9PBfnRVjhSh7dFok6Af_3fQfzBNUjV69uvbpIEimGEwxATFCZLjJIFXhBZIVpVS7mSkeAhXvy6nujwuVKzCOLj-N9kg45N3HAfuV2Cd16ZO-6VLm-j7I1yYwmGVzVl5roeAvfw0Z2_vEnReX_JkjsWxhFaJSQhICyjh-beJZE3VByTOPDEsvFVhv3T-TfHu-T5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e217225&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e217225>

Share

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Fa8BYENSHhwQ9Ls6SsA6ITU5W9IGNfEifYUGzC4K-fSTttk_xD_t6dT3f34czCqelG2jbGevNR2rEFqmEwNVgLndcb6Eop6IogEmNCPEEDgjipPGnKYwegmKyp1_ZVLTkrJeSNAcKNygGxsNXk3P1rZmgb8s0M6tblCsdgYlfNNXxjJ-9XmjnkV1mzc3KZZhsjyBBiv58sY4lxqWhh3BjkupF3jXW1Wapu84LPD2zycLFM-6AiF75fR7OZ8ib7QFbWfvM-vAqYzPBf4j2OYK8xvGbyFHR-Mbqq_ppQnzKcX5JcP5OEi-TyaxS9qfD2mcb4spnwqUTYVJVX0WTsteiDbnlbZdJ1yOUj25qIvjeSpr_L7yyHKpnTIHKT6jwsZBqnenPj-Nly9Xou8I-2QpE8PvuJKuto36pqs9OZJsOTuSW11IU6BAfx9aLs4_S02b9bXhtPUhSgMEQ4CJMVChIf-VhUAamqlViLiLMQ-b9uZzK8r-UiCtQp_K_rXkcnppmzzBdnnZvaXXcUuK4p1WtpxxI0q2oQ1HY9ePaDsXt_y3IMnWNPIMzSMI6CdYITTPDqkwdH-A3Vfe2S&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e217225&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11d0e217225>

Thanks for subscribing to Who is Robert Malone

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FkAJS2_JweleSc3awWYTCzVqCUgF57rYOCzXH8hAjCxxcpHDFhDmjxjuXcMrLF3oj2elFvF_neojxWWBqwxq4evhWDCNI93W_m8TmmS8_Xq_h3ghX7DRka8IsClPbCs98kuVbXIyc6HWbwC0ZL5UBGL8Oe2t0VM5ZmZHRaVuij>

CfgCG4YPh&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C1
 . This post is public, so feel free to share it.

Share

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FNPk7nvQKsNZEcF0-llwAf3a4hZrZ68Xt6V0rpvZOkYrH9gmIPkKb4UblbH1s1PdRwhzI-SM06utNu5HDBSKEHfy91nxhgQoCXjrjNz8gEfNwCimEVfxMveRTJzvlFm6WpXej0whCdr-fD_P6NfpG83AX_3Fkyf6BCDvZBYRUNb7x6tlcYziiL-dMEZaVnC3pIFY-G3mznC9RqW7KzVCsGDQfJzUpo3r9ca_6retqhkENrA52W-2K9p9jfwFDUqU8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85

© 2021 Robert W Malone, MD [Unsubscribe](#)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FmNn8aaeZxaeeqGmfSdseB2VXbuJdFyMo20Vg5gNHKolCBhjOIIXzEQBMAIxwwuU9WDIC1VDQH9yBrFqVWdvr9Tnaz0fUXLNL5xdLhotLjot5UnybLmKT9h_PWVSsy6VYSpQvpcna5ixcL38vYb4-hflyXQo1KXp005dO8Ze92r3_CfIlm_LnzGS68EuVRVn7q-doo9h2X38c_DM9TKp-88xnfUjEscxfGawbgdHL8jTvjuH89rT9vUm-Lpm5DJmudj9PQBEEke8jDP00RDD1kIcFgzFjoUhEwKmpvK_Pcz9TdQqgO3J_88RMJCFauqYG3A6OEfvfZdQ5bFMAkxSmOcRg8snLpBm4RoghHwAmLzk1p8i-fb4T6ymA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4987f46696d4a887ab808d9cbe49e85%7C11

355 Hebron Valley Rd, Madison, VA 22727

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2Fu22hyIofKPMP59GFbjFtMst5oKObS77BjLAM69QCiRUM6TZWTkIKkYmBLISC2qERi7PSwLwyq0SbVWvzqiYjh4UmhgKhNLReeIzmJMWUEMowmQaKp572zGostB7sxfKWmvZfj7t4fl5cx7G_kf5_DJTktwqqVY7DqNSyn7y5aM.XjyEbUGtvYXgWZnl6tTZG3PwXumCI&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ca4987f46696d4a887

<https://email.mg1.substack.com/o/eJwlUMuOhCAQ_JrlaKBRwAPfQhroccgqziKO6379MnqqpLrS9QhYaVrLaV
OiwWqF6bkY5Si2HnkXLNQTTwdrco9Clt-y1-
zkFrGnNLkU7GAmcs6cVwBG0hF4prYA4BYkyDGY0JngjH-
xj6nCPiXIgS28q55rpptujXkmtlFQsWeAgBEguxgH42EEno-fa-yGa2AcU0P2-n_r4Me>

From: allison baxter
Sent: 12/29/2021 7:22:47 PM
To: DOH WSBOH
Cc:
Subject: NO COVID MANDATED VACCINES FOR SCHOOL CHILDREN

External Email

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. This state has lost 55,000+ children from the public School system and many more will follow!
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!
Please end this conversation NOW.

Allison Baxter, concerned citizen and public school parent.
Ravensdale Washington

From: Bailey Loveless
Sent: 12/29/2021 10:39:44 PM
To: DOH WSOBH
Cc:
Subject: Covid-19 Vaccine School Requirement Public Comment

External Email

Greetings,

I'm writing regarding the Board of Health meeting today, putting together a TAG panel in regards to requiring COVID 19 immunizations for children in school/daycare. As a resident of the state, I want to express my lack of support for requiring the COVID 19 vaccine in underage persons. My reasons are as follows:

1. Severe illness from COVID-19 is uncommon in children, even with the new Omicron variant. According to UNICEF, the greatest impacts of the pandemic on children are not the virus but its indirect effects on their caretakers, such as poverty and disruption of children's lives.
2. Of the three vaccines, only one is approved for children over 5, and only under emergency FDA approval. With the lack of options and without full approval, it is unethical to me that parents should be required to immunize their children without at least concessions made for philosophical or religious beliefs.
3. There have been several ongoing developments with the vaccines in general even though they have only been available for under a year. Johnson & Johnson has been paused once, and now is again under scrutiny. Protection against the virus via any of the three vaccines given to adults earlier this year is already waning under a year's time since administration. It seems futile and foolish to require immunizations when we are still learning what those requirements ought to be in order to provide optimal protection against the virus.
4. While the risk for vaccine injuries is low, there is still a risk as with any medical treatment. I object to the idea the state has the right to decide what medical treatments and therefore which risks are appropriate for individuals. This decision should be left to parents and legal guardians who best know the status of their children's health and family medical history.
5. While vaccines are part of the solution to creating safety for our communities, it is not the only option. My five-year-old's school's approach is small class sizes, ventilation, testing, and quarantining, and we have had zero outbreaks in the classroom. With rapid testing and other treatments soon becoming available, I believe a dynamic and multifaceted approach that allows families to choose what is most appropriate for them and their children is the best way forward through these uncertain times.

I know this is a difficult decision, but I urge the Board of Health to support individual and parental rights as well as consider the ongoing scientific developments happening both within and outside of the vaccines before making a long-term decision that will impact thousands of children and their families. Thank you for your time.

Cheers,

Bailey Loveless

(She/Her)

Instagram:

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

From: Kahler, Kelie (SBOH)
Sent: 1/3/2022 6:47:59 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine mandate school children

From: Amy Reber <bubsy0307@gmail.com>
Sent: Monday, January 3, 2022 12:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <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: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,

Dan and Amy Reber

North Kitsap School District

From: Barry Teschlog
Sent: 1/3/2022 12:41:31 PM
To: DOH WSBOH
Cc:
Subject: In regards to Agenda item 11 - Jan12, 2022

External Email

Board Members

In regards to agenda item11 for the January 12, 2022 meeting - "Rulemaking Petition - Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry - Possible Action". At this time there is, in my view, a complete lack of evidence of the necessity of inclusion of a COVID vaccination requirement in WAC 246-105.

Quoting from 246-105-010: "The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes the immunization requirements of children attending schools and child care centers."

The facts are the current COVID vaccines do not prevent catching the disease, and therefore are ineligible for inclusion in the list of "vaccine-preventable" diseases. The current COVID "vaccines", as is demonstrated by the vast number of "breakthrough" cases, are not able to prevent COVID to a comparable level as actually effective vaccines for the section 030 listed diseases, but merely to be a pre-treatment for the disease that generally reduces the severity.

Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. Who has heard of breakthrough cases of chickenpox? Diphtheria? Rubella? Measles? Mumps? Pertussis? And the rest of the list, for that matter. The simple fact is, the number of "breakthrough" cases of the -030 currently listed diseases is so small as to be negligible - it would be major local news of an outbreak of Measles or Mumps in our local schools, yet these are all but unheard of. Yet the number of COVID cases that breakthrough the current vaccines is significant. Therefore, as a matter of definition, COVID is not a vaccine preventable disease. Compare and contrast COVID to one of the listed diseases with an actually effective vaccine - Mumps. According to the CDC, there were only 139 cases in 2021.

Considering that the best available evidence as of this writing indicates that on average children suffer no worse from COVID than the normal seasonal flu, and considering the unknown potential long term side effects of the current COVID vaccines, the risk-reward profile indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them. Compare to the current policy for seasonal flu: Flu is an equal, if not a greater risk to children (and never mind the ability of children to spread seasonal flu to adults) AND the seasonal flu vaccine risk profile is well known and low, yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease, COVID, that is equal or lower risk to children AND has a vaccine with an unknown long term risk profile? That would be illogical and would indicate other non-fact based motivations for such a mandate.

I respectfully urge the board to not add COVID to the list of diseases in WAC 246-105-

030.

Sincerely.

Barry Teschlog

From: Hoff, Christy Curwick (SBOH)
Sent: 1/3/2022 7:31:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

From: sharolharwood <sharolharwood@aol.com>
Sent: Wednesday, December 29, 2021 12:27 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Covid-19 vaccine

External Email

You cannot approve a requirement of children in Washington state for the covid-19 vaccine as there is no FDA approved vaccine available. All brands of covid-19 vaccines available to the public are EUA only.

<https://dossier.substack.com/p/bait-and-switch-there-remains-no>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdossier.substack.com%2Fp%2Fbait-and-switch-there-remains-no&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cfcb2c7ded4724a649f1208d9cece2599%7C11d0e21>>

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Kylie Brodie
Sent: 12/29/2021 8:54:44 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccine requirements for school children

External Email

Hello,

I am writing to you tonight because I am very concerned about the TAG group that has recently gathered to start the process to recommend the Covid-19 vaccine as part of the required vaccines for children in schools. I have many concerns about the safety of the vaccine as well as the effectiveness of the vaccine. I have questions as to why the specific TAG members were chosen and how. Are they a representation of the parents of Washington state? Are they parents of school age children themselves?

Thank you,

Kylie Brodie

From: Bruce Klassen
Sent: 1/1/2022 6:04:07 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 and IVRS

External Email

To: WA State Board of Health

Is it true that the board is considering the addition of a COVID-19 vaccine to the IVRS for public school attendance? If so, please do NOT make this addition.

Again, do NOT make this addition!

Sincerely,

Bruce Klassen

Langley, WA

From: Alissa Long
Sent: 12/29/2021 2:22:16 PM
To: DOH WSBOH
Cc:
Subject: Mandatory Vaccines

External Email

I am writing to implore you not to pass legislation requiring vaccines for school aged children in order to attend school. Kids are at virtually no risk from COVID and the potential known and unknown risks from the vaccine FAR outweigh the potential benefits. I will be forced to pull my kids out of school and homeschool if this legislation is passed.

Alissa Long, RN, BSN, MS

From: Mike & Kirsten Cox
Sent: 1/2/2022 8:52:34 PM
To: DOH WSBOH
Cc:
Subject: Medical Freedom for all

External Email

I am deeply against the implementation of making the covid vaccine mandatory for students to enter or be enrolled in public school. However I am supportive of creating a catalyst of change that will help many parents realize that the public school system never truly was about putting kids first. Teacher unions and the Progressive left have crippled public education and will continue to demolish the quality of education it offers. As a parent and an educator ,I welcome the day that me and my kids can gladly walk away from public school due to the obvious disrespect of our medical freedom. You will be opening that door for me if you change the criteria for vaccines in public schools. I will be part of a movement to completely reenergize education and recreate it to be a richer, deeper, truer experience for students from all cultures. My goal will be to get as many families away from public education as possible so that the funds no longer go to the state government. Families will work together to enjoy freedom, life and the pursuit of happiness without government interference. It is time for a better choice for kids and parents will play an essential part in disarming the state of its power as we move towards a better way of educating our most precious resource.

With regards,
Kirsten Cox

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 1:34:40 PM
To: DOH WSOH
Cc:
Subject: FW: More questions....

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

From: M1MaV1ct0r <sophia.h.wilson@gmail.com>
Sent: Wednesday, December 29, 2021 1:28 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: More questions....

External Email

Hello, Ms. Kaler;

Why are FDA-approved and scientifically proven therapeutics not allowed in this fight?
Why are vaccines the only option available?

Where are the peer-reviewed, scientific studies demonstrating that "children are the main reservoir for this virus"?

Why are we being forced to accept a vaccine without knowing its contents for another 70 years?

Where are representatives presenting ANY OTHER OPINION other than the vaccines?
Why are they not present in this discussion?

Where are the peer-reviewed studies demonstrating the efficacy and safety of these vaccines AFTER A YEAR IN VIVO/ IN THE POPULATION????

Regards,
Sophia Wilson

From: Amy Reber
Sent: 1/3/2022 10:39:04 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccine mandate school children

External Email

To Whom It May Concern,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,
Dan and Amy Reber
North Kitsap School District

From: Stephanie Bowman
Sent: 1/1/2022 2:33:04 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine Requirement

External Email

Washington State Board of Health:

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Stephanie Bowman
Spokane, WA 99208

cc: Cathy McMorris Rodgers

Maria Cantwell

Patty Murray

From: Gail Arendsen
Sent: 12/29/2021 5:51:18 PM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email

I ha two elementary grandchildren in your district. They don't like the masks. I see a change in their personalities. They are sad and withdraw compared to before. Also, I see a fear in them about the injections. I am concerned about their physical & mental health.

The action of mandating an injection of, what I know to be, the possibly harmful contents, 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. I will be homeschooling my grandchildren if you follow through on a mandate that has been ridiculed by SCOTUS, & abandoned by POTUS, is harmful and unlawful

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 injecting 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!

Please end this conversation NOW!

A loving an concerned grandmother & citizen

Anita Gail Arendsen

Enumclaw, WA

From: Hoff, Christy Curwick (SBOH)
Sent: 1/3/2022 7:32:12 AM
To: DOH WSBOH
Cc:
Subject: FW: Health

From: Katrina Mason <katrinamason70@yahoo.com>
Sent: Wednesday, December 29, 2021 11:40 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Health

External Email

To Whom it may concern,

Thank you for your leadership during the difficult past two years. I think we can all agree that we are tired of covid-19, that we want it to go away, and we want our children and teens to return to normal living, freedom from ineffective, outdated, overly restrictive covid-19 policies that are more damaging to children than effective at transmission.

The thing that many do not agree on is the best route forward. With that said, I am particularly concerned about the COVID-19 shot clinics at schools. According to VAERS, severe adverse reactions and death rates are alarming for those who receive COVID shots. I am also concerned about the possibility of COVID-19 vaccination mandates. My teens are healthy. They have natural immunity after having COVID during the summer months. They are in a low risk age group. I believe, based on the vast amounts of research I have done over the past several months, that the COVID-19 shots are far riskier to my teens than the covid virus.

I urge you, as our leaders, to leave medical information-seeking and medical treatments up to parents. I believe that the lives of our blessed children should not be put at risk with this experimental shot. Any communications related to covid-19 needs to be well-informed and fair, with emphasis to the community that both unvaccinated and vaccinated people can be infected by and infect others, and that the same rules, rights, and treatment apply to everyone regardless of vaccination status. As compassionate human beings we must stop pointing the finger of blame at the unvaccinated, and we must stop violating the rights of the individual. We must immediately stop all forms of exclusion and separation between people. As epidemiologist Gunter Kampf states "Social cohesion should not be jeopardized because of an erroneous and narrow view of the epidemiological situation."

As a mother and mental health counselor, I cannot support this experimental mRNA injection for children because I have grave concerns over the known risks, the known harms, and the unproven safety and efficacy. In keeping with the number one rule of medicine, we have a duty to "First, do no harm."

After much research, I conclude, without a doubt, that the Pfizer and Moderna mRNA vaccines have an unacceptably high risk and no benefit. The Johnson and Johnson shot also has a large number of adverse reactions and therefore not acceptable. There is no credible risk-benefit analysis that justifies these Covid-19 shots being publicly available, much less required. To prevent unnecessary childhood death and disability, we must immediately cease promoting, advertising, requiring, or mandating covid-19 shots for teens and kids.

We must protect our children from being experimented on. The evidence is growing and we will look back in history on this as a tragedy. The only question is, how many children must die or be disabled before we cease this tragic experiment?

Please do not mislead parents by promoting mRNA vaccines as safe or effective for children. The truth is that these injections are not FDA approved. They are authorized only under Emergency Use Authorization, for experimental use in humans.

It is reckless and irresponsible to carry out this mass experiment on children. I am appalled at the irresponsibility of the FDA advisor, Dr. Eric Ruben, who admitted at the 10/26 FDA meeting that we don't know if the vaccines are safe, "We're never going to know how safe the vaccine is unless we start giving it, that's just the way it goes."

There are no adequate long-term safety studies of mRNA covid vaccines because the placebo group was "unblinded" and allowed to get the vaccine.

The Pfizer mRNA vaccine causes catastrophic side effects, particularly myocarditis and pericarditis in youth. The CDC's own analysis of "Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS)"

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Facip%2Fmeetings%2Fdownloads%2Fslides-2021-08-30%2F03-COVID-Su-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>

showed astonishing increases in the youngest age brackets. Five European countries have halted the Moderna vaccines in youth under 30 due to concerns over cardiac adverse effects

<https://www.lifesitenews.com/news/iceland-the-fifth-european-country-to-halt-moderna-covid-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Ficeland-the-fifth-european-country-to-halt-moderna-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>

And the CDC investigation of rates of adverse cardiac effects from both Pfizer and Moderna vaccines in youth is ongoing

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>

Healthy adolescents aged 12-17 who have been given covid vaccines have experienced blood clots, myocarditis, neurologic symptoms and extreme fatigue.

Regarding safety and efficacy, please consider the statement of abstention on the 10/26/2021 FDA advisory meeting by Dr. Michael Kurilla, with full text in the references below. I am alarmed that so many scientists and doctors voiced serious concerns at this meeting over the known risks and unknown long-term effects of these experimental injections, yet the vaccines for children were authorized (not approved) for experimental use anyway.

Our children are meant to live out their fullest potential and we have a duty to protect them from the short and long-term risks of injury from a vaccine for an illness for which they have a 99.99% chance of complete recovery. It is a travesty and fear-mongering to discuss "keeping children safe" from covid-19. If we truly want to embrace safety for our children, we will focus on real childhood safety issues such as the accidents, motor vehicle accidents, cancer, mental health, and suicide.

According to CDC data there have only been a few hundred deaths in the 62 million population of the United States, and the vast majority of these children had underlying morbidities. <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-juj3&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11d0e>

Therefore, children have a greater than 99.9% chance of surviving a covid-19 illness without harm. Why risk any harm in children when they are at extremely low risk of morbidity or mortality from covid-19 infection? In the vast majority of cases, children have mild or asymptomatic infection, due their immune systems being very different from adults. The infection fatality rate for children with covid-19 illness is calculated at 0.0027%, (<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1.full-text>)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.08.21260210v1.full-text&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11d0e>
) There is no covid emergency for children, except for the emergency of fear being pushed by Big Pharma and your school by promoting harmful and unnecessary vaccination.

Covid-19 illness is treatable and almost always mild in healthy children. You can learn more about early, at-home treatment protocols here*Pediatric perspectives on covid-19 illness, treatment, and vaccine decisions

We know so much more in 2021 than we did in 2020 about effective covid-19 policies. Centers for Disease Control Director Rochelle Walensky told CNN on 8/16/2021 that, "Fully vaccinated people who get a COVID-19 breakthrough infection can spread the virus to others even if they are not symptomatic... Our vaccines are working exceptionally well. They continue to work well with delta with regard to severe illness and death, but what they can't do anymore is prevent transmission."

https://www.realclearpolitics.com/video/2021/08/06/cdc_director_vaccines_no_longer_prevent_you_from_spreading_covid-19.html

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.realclearpolitics.com%2Fvideo%2F2021-08-06-cdc-director-vaccines-no-longer-prevent-you-from-spreading-covid-19.html>
!

Why are we giving risky vaccines to children (who are at no serious risk from covid-19 illness) that do not stop transmission in order to stop transmission? Think about it. How would you explain that to a child? Now that we know that mRNA vaccines do not prevent transmission, the societal reason for sacrificing our children's health completely collapses. Even if asymptomatic transmission rarely occurred, a society that knowingly

harms all children in order to protect a minority elderly and frail adults has completely lost its moral compass.

Both vaccinated and unvaccinated persons transmit virus, and vaccination may be causing increased spread of more virulent strains of SARS-CoV2, as described here

<https://brownstone.org/articles/this-is-not-a-pandemic-of-the-unvaccinated/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fthis-is-not-a-pandemic-of-the-unvaccinated%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C>

The vaccine does not stop infection, transmission, hospitalization, nor death. A recent study from the Harvard Center for Population and Development Studies states it plainly: "Increases in COVID-19 are unrelated to level of vaccination across 68 countries and 2,947 counties in the United States." Researchers found that, "countries with higher percentage of the population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/pdf/10654_2021_Article_808.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC8481107/pdf/10654_2021_Article_808.pdf

I urge you to include natural immunity, which many children already have, in any covid-19 communications by (school or org name) to parents. Parents deserve to know that T-cell testing for existing immunity is a valid option, and that natural immunity is durable, long-lasting against current and future variants. The vaccine is not effective against new variants, which is a major failure. When the evidence shows that naturally acquired immunity is equal to or superior than vaccines, we should not mandate vaccines for anyone, especially for children. Instead, we must respect the right of parents to make decisions for ourselves and our children.

<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%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C>

In closing, stick to your mission, cease any promotion of these injections

I hope that the decision of whether or not to give a child the Experimental Use Authorization covid-19 shot is up to parents, not school districts.

I urge you to protect our children and immediately cease any current or future plans for vaccine requirements, endorsements, or vaccination clinics at schools as completely unethical and unsafe for our children. There are too many unanswered questions to allow the experimental mRNA injections to continue.

Knowingly harming our children constitutes child abuse and is reportable to Child Protective Services, as eloquently described by this California teacher

<https://rumble.com/voamsu-covid-19-vaccine-mandates-for-children-obligate-action.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvoamsu-covid-19-vaccine-mandates-for-children-obligate-action.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7>

Thank you for all you do in your leadership to protect and serve our children.

best regards,

Katrina Mason

Resources line: Please see the resources below that support my or our claims

The risk of covid-19 illness in healthy children is zero to none

<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>

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

Covid-19 vaccines cause more harm than good and should be ceased immediately

<https://www.scivisionpub.com/abstract-display.php?id=1811>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scivisionpub.com%2Fabstracdisplay.php%3Fid%3D1811&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7>

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

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

<https://boriquagato.substack.com/p/the-vaccinated-superspread-hypothesis>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fboriquagato.substack.com%2Fp%2Fthe-vaccinated-superspread-hypothesis&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7>

<https://rumble.com/voamsu-covid-19-vaccine-mandates-for-children-obligate-action.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvoamsu-covid-19-vaccine-mandates-for-children-obligate-action.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7>

Failure of vaccine effectiveness

<https://eugyppius.substack.com/p/ukhsa-efficacy-stats-death-watch>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Feugyppius.substack.com%2Fp%2Fukhsa-efficacy-stats-death-watch>

watch&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11d

<https://www.science.org/doi/10.1126/science.abm0620>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.science.org%2Fdoi%2F10.1126/science.abm0620>

After two years of covid-19 research, we now know that:

- *Children are at negligible risk from covid-19 and many children already have durable, sterilizing, natural immunity

- *The mRNA vaccine may actually hamper children's innate immunity

- *These injections are non-sterilizing, do not prevent transmission, and are estimated to have 4-6 months of waning immunity, paving the way for cumulative risk with twice-yearly boosters for life

- *This is an unauthorized, experimental, irreversible medical therapy with unknown long-term safety data for cancer and reproductive harm.

- *Covid-19 illness in children is treatable and for adults is treatable with early, at home, safe, effective multi-drug treatment protocols

- *Natural immunity from prior SARS-CoV infection is sterilizing, long-lasting, and superior to waning and non-sterilizing vaccine immunity.

- *Many Nordic countries have hit the brakes on mRNA injections in youth

Please also consider this information about the risks of harm to children that substantiate the facts above:

- *Pediatric perspectives on covid-19 illness, treatment, and vaccine decisions

- *Ten Reasons Not to Let Your Child Get a Covid Shot

- *What You Should Know About Children's Immunity When Considering the Covid Shot

- *An Overview of Natural Immunity and Transmission of Covid-19

- *A moving plea from 93 Israeli doctors to not vaccinate children with the mRNA shots

As parents, we do not trust the Pharma giant Pfizer who appears to be motivated by profit, not health

I am concerned about the trustworthiness of Pfizer, given the British Medical Journal's November 2 report that Pfizer has been accused of falsifying their covid-19 vaccine trial data and the study production speed came "at the cost of data integrity and patient safety." Pfizer's track record of fraud includes the 2009 opioid crisis for which Pfizer paid a 2.3 billion dollar fine for fraudulent marketing. Why would we trust our precious children with a Pfizer product? And how much public safety confidence does the FDA merit?

How can the media report accurately on covid-19 vaccines when Pfizer spends twice as much on advertising as on research, according to Forbes in 2019?

<https://www.forbes.com/sites/greatspeculations/2019/12/09/pfizer-spending-twice-as-much-on-selling-than-research/?sh=20fd550c4b37>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.forbes.com%2Fsites%2Fgreatspeculations%2F%3Fsh%3D20fd550c4b37&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>>

<https://www.youtube.com/watch?v=A041P1SpBO0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=A041P1SpBO0>>

If these vaccines are safe, then why did Army surgeon Lt. Col Theresa Long ground 3 pilots in 3 days due to vaccine injuries and file an affidavit in a preliminary injunction for the US Military to immediately cease covid-19 vaccinations?

https://americasfrontlinedoctors.org/2/press_releases/americas-frontline-doctors-support-the-filing-of-a-preliminary-injunction-to-halt-further-vaccinations-for-all-military-staff-pilots-and-covid-recovered

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2F2/press_releases/americas-frontline-doctors-support-the-filing-of-a-preliminary-injunction-to-halt-further-vaccinations-for-all-military-staff-pilots-and-covid-recovered&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>

Consider that statistician Toby Rogers concludes that we will kill 117 kids for every kid we may save from covid-19 illness? What if new safety belts killed 117 kids for every one kid saved in motor vehicle accidents? <https://tobyrogers.substack.com/p/ten-red-flags-in-the-fdas-risk-benefit>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp/ten-red-flags-in-the-fdas-risk-benefit&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>>

Consider the 17, 619 reported death and disability reports in VAERS related to the covid-19 vaccine as of 10/22/2021 <https://openvaers.com/covid-data/mortality>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fmortality&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>>

I am troubled that any risk-benefit analysis using VAERS data is incomplete because Dr. John Su at the CDC neglected to include the VAERS URF (under reporting factor) in his myopericarditis adverse effects following covid-19 vaccination reports, and it seems that the actual incidence is much higher than even the unacceptably high current reports

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Facip/meetings/downloads/slides-2021-08-30%2F03-COVID-Su-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb72309bebe0146f2458408d9cece362a%7C11>>

One researcher states, "Using the VAERS database and independent rates of anaphylaxis events from a Mass General study, we computed a 41X under-reporting factor for serious adverse events in VAERS, leading to an estimate of over 150,000 excess deaths caused

by the vaccine." <https://www.skirsch.com/covid/Deaths.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skirsch.com%2F covid%2FDeaths.pdf>>

How many kids have to die before we stop this experiment?

I am deeply troubled by the 14 deaths of teens in the July 16, 2021 CDC Vaccine report and the still- pending incomplete investigations into causal relationships between covid-19 vaccines and deaths. Also, this report describes 663 needing medical care, and 56 hospitalizations after vaccination in the Pfizer study. How many deaths and hospitalizations will occur when millions of children are experimented on?

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e1.htm>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7031e1.htm>>
How can we approve vaccines for 5-11 year olds when we have incomplete safety data for teens?

On request to NCATS Information Officer <ncatsinfo@mail.nih.gov>
<<mailto:ncatsinfo@mail.nih.gov>> >

The following was emailed as the complete text of the Please find below the written statement from Dr. Kurilla at the 10/26/2021 FDA Advisory meeting on covid-19 vaccines for ages 5-11: Statement on Abstention

The October 26, 2021, VRBPAC meeting concerned the Emergency Use Authorization (EUA) for Pfizer's mRNA vaccine for children ages 5 through 11 years old, which utilizes the same primary vaccination as the FDA-approved vaccine for adults and the EUA version for the 12 – 17 age group. The basis for my abstention was the specific wording of the question to be voted on and the following considerations:

- The longest follow-up for a subset of the trial subjects was only 3 months (immunogenicity and efficacy was assessed at 2 months post 2nd dose).
- Children already demonstrate asymptomatic COVID infections about 50% of the time (and this increases with younger ages). Since the trial endpoint only evaluated symptomatic disease, it likely overestimated overall 'infection' prevention.
- About 20% of subjects in the trial had evidence (serologic or +PCR test) of past infection, and none of these in either the vaccine or placebo arms experienced reinfection.
- CDC presented data to suggest at least 40% of children ages 5 through 11 years have experienced a prior COVID infection.
- Real world evidence involving adults suggest the 3-week dosing interval is suboptimal in terms of durability and is likely to be similar in children, leading to waning immunity within 4 – 6 months.
- Because the Pfizer vaccine offers protection against serious disease even after antibody titers have waned, there is some other basis for immunity, but at the lower dose in children, there is no expectation that those same immune processes will behave similarly to the higher adult dose.

While there are clearly high-risk groups within the 5 – 11 age group for which this vaccine would significantly reduce serious disease, I do not expect protection from infection to last more than a few months and this may negatively impact public perception of vaccines.

Taken together, I don't see the need for 'emergency use' of this vaccine across the entire age group and would have preferred a more nuanced approach.

Michael Kurilla, M.D., Ph.D., is an expert on infectious diseases and pathology. He has been a member of the Vaccines and Related Biological Products Advisory Committee since August 2018. He currently serves as Director, Division of Clinical Innovation, at NIH's National Center for Advancing Translational Sciences.

I

Sent from Yahoo Mail on Android

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

From: Kathy Anglin
Sent: 12/29/2021 2:31:02 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 vaccinations

External Email

I am against the forcing of the COVID-19 vaccination upon our children. As a reminder to the State of Washington and the Washington Board of Health you do not own our children. It should be left up to the parents.

From: Pskowski, Samantha L (SBOH)
Sent: 1/3/2022 7:39:03 AM
To: DOH WSBOH
Cc:
Subject: FW: NO COVID Mandated Vaccines for School Children

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: ANNE BAGNIEWSKI <abeandanne@comcast.net>
Sent: Saturday, January 1, 2022 10:58 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: NO COVID Mandated Vaccines for School Children

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable. You are going to destroy the already failing public schools. Many parents are already home schooling their kids and this will send other parents in that same direction. Think about who you are helping. 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 years of age the least, if at all. Follow the data! The virus is safer than the vaccine for children. This is a dangerous plan! Please end this conversation NOW!!!

Anne Lightfoot-Bagniewski, concerned citizen

From: Pskowski, Samantha L (SBOH)
Sent: 1/3/2022 1:34:33 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine mandate school children

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Amy Reber <bubsy0307@gmail.com>
Sent: Monday, January 3, 2022 12:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <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: Fwd: Covid-19 vaccine mandate school children

External Email

Washington State Board of Health,

We are not injecting and will not inject our three school age children with this non FDA approved "Emergency Use Authorized" Covid-19 injection. It is simply not LEGAL to mandate such an injection. We know it, and you know it. We will pull them from public school immediately without hesitation if this ever were to somehow make it to the point of a required "vaccination" to attend school. We are, and they are, fully prepared (curriculum is lined up), to homeschool.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

He has this to say about vaccinating our children, "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."

This information should at the very least pique your interest concerning your decision making on an injection mandate for children. We would recommend watching his entire 3 hour interview with Joe Rogan that took place on December 31, 2021.

Again, we will pull our three school age children from WA public schools. Consequently, our youngest (7th grade) has one foot out the door as it is, attending two electives a day in Middle School and homeschooled the rest. That has to do with masks. Stop masking our children while you are at it and let them breathe fresh air as their sovereign bodies were intended to do.

Sincerely,

Dan and Amy Reber

North Kitsap School District

From: Haag, Hannah R (SBOH)
Sent: 12/30/2021 8:03:41 AM
To: DOH WSBOH
Cc:
Subject: FW: Health

From: Katrina Mason <katrinamason70@yahoo.com>
Sent: Wednesday, December 29, 2021 11:37 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Health

External Email

Just making sure you all saw this info, especially about the meeting today-

IMPORTANT NOTICE and CALL TO ACTION about VACCINATION MANDATES

The State Board of Health (BOH) is having 2 meetings very soon to consider 2 requirements for Covid vaccination for school children:

1) Adding covid-19 to the list of required childhood vaccinations

Zoom meeting tomorrow Wednesday 12/29/2021 from 1:00 to 2:30pm. Here is the link to register to attend. I will attend and speak up if they allow comment.

https://us02web.zoom.us/webinar/register/WN_TEfkoisQBqjZDJH4gsPlw

Here is a link to WAC 246-105 below concerning: IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-105>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2Fwac%2Fdefault.aspx?cite=246-105&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C29fc63c19da14e7d883108d9cbadf2ab%7C11d0e>>

2) Potential vaccine mandates for students

The WA State Board of Health will be meeting on Wednesday, January 12, 2022 regarding potential vaccine mandates for students. From now until Friday, January 7 at Noon, they are accepting public comment via this link -

<https://sboh.wa.gov/Meetings/ProvidePublicComments>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FPro>

I will be commenting and I encourage you to join me. As many of you as possible.

Sent from Yahoo Mail on Android

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

From: Drew Kellerman
Sent: 12/29/2021 4:19:53 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine addition to school vaccine requirements

External Email

To: WA Board of Health Technical Advisory Group

With all due respect, I urge you to recommend postponing the addition of the COVID-19 vaccines to WA State school vaccine requirements until after long-term safety studies of these injections (via double-blind, randomized, controlled clinical trials) have been completed.

I spent 12 years as a Cardiovascular and Metabolic Specialist for a large pharmaceutical company, and witnessed time and again as new products were released with strong efficacy and safety data, only to later be proven less effective and far more dangerous than initially reported.

The alarmingly large number of reports of vaccine-induced injury and serious side-effects, including myocarditis and pericarditis in young people after covid injections, must be investigated thoroughly before any more children are required to submit to these injections.

To proceed with this mandate without acceptable long-term safety data violates medical ethics and potentially places our children at risk of great harm.

Again, respectfully.

Drew Kellerman
Gig Harbor, WA

From: Julie Paget
Sent: 12/29/2021 3:31:41 PM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email

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!

Please end this conversation NOW.

Julie Paget, concerned citizen

37821 47th Ave. S. Auburn, WA 98001

From: Valerie King
Sent: 12/29/2021 10:03:41 PM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email

USE YOUR BRAINS.

Children are the least impacted by covid.

It is ILLOGICAL, STUPID, TYRANNICAL, and ILLEGAL to mandate the vaccine for children.

You have NO RIGHT to do that.

Quit wasting our tax dollars pursuing this illegal move.

Valerie King

From: kskh4656shop@comcast.net
Sent: 1/4/2022 10:06:38 AM
To: DOH WSBOH
Subject: RE: Covid-19 Vaccines for Children - Are You Kidding???

External Email

Dear Washington State Board of Health,

Our children are not for human experimentation. Mandates for inoculating anyone without full disclosure of experimental gene-therapy injections should never be an acceptable tactic for our government agencies to approve. Even though the media continues to tell us that these injections have received FDA approval, that is a lie. Pfizer's only approval is to license BioNTech as Comirnaty and even with that, Comirnaty has not been distributed in the U.S.

<https://dearpandemic.org/comirnaty-is-available-in-us/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdearpandemic.org%2Fcomirnaty-is-available-in-us%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfac46d%7C>>

This is copy/pasted directly from the Congressional Research Services:

Pfizer and BioNTech are marketing their licensed vaccine under the new brand name Comirnaty (pronounced koe-MIR-na-tee). Comirnaty has the same ingredients and formulation as the Pfizer BioNTech vaccine that is authorized under the EUA. The two products differ in branding and labeling but can be used interchangeably without any impact on safety or effectiveness. Although Comirnaty is fully approved by FDA for administration to individuals 16 years and older, an EUA remains in effect for the Pfizer-BioNTech COVID-19 vaccine. Among other things, the reissued EUA authorizes the Pfizer-BioNTech vaccine for uses that FDA had previously authorized but fall outside the scope of FDA's approval of Comirnaty. Such uses include the administration of the vaccine to children aged 12 to 15 and third doses of the vaccine regimen for certain immunocompromised individuals. The EUA also authorizes use of Comirnaty for those purposes to allow for interchangeable administration of the two vaccines.

<https://crsreports.congress.gov/product/pdf/R/R46913>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fproduct/pdf/R/R46913>>

Even Pfizer admits that the FDA only approved the licensing for Comirnaty...it is still under EUA:

The Centers for Disease Control and Prevention (CDC) is issuing Emergency Use Instructions (EUI) to provide information about the use of the formulation of the COVID-19 vaccine by Pfizer-BioNTech which is approved (licensed) by the Food and Drug Administration (FDA) for the prevention of COVID-19 in individuals 16 years of age and older. 1 These EUI provide information about the use of the COVID-19 vaccine by Pfizer-BioNTech as an additional primary dose in certain immunocompromised persons aged ≥12 years and as a booster dose in persons aged ≥16 years after completion of primary

HCP.pdf&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d%7

myocarditis&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d

data&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d%7C11

children%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfac46

recovery%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfac46

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

checked.org%2F2021%2F12%2F24%2Fpfizer-and-mercks-new-antiviral-cv19-
pills%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d%7C

<https://fact-checked.org/2021/11/17/pfizers-covid-19-pill/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F11%2F17%2Fpfizers-covid-19-pill%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d%7C>

<https://fact-checked.org/2021/10/22/covid-19-booster-shots-for-all/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F10%2F22%2F covid-19-booster-shots-for-all%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d%7C>

<https://factcheckedorg.files.wordpress.com/2021/09/covid-vaccines.r10.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com/covid-vaccines.r10.pdf&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca88a444e4623454ef41508d9cfacb46d%7C>

From: Barbara Hell
Sent: 12/30/2021 8:00:59 AM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!

External Email

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! I firmly believe this vaccines is doing more harm than good.

Please end this conversation NOW.

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 2:14:21 PM
To: DOH WSBOH
Cc:
Subject: FW: Do Not add the EUA Covid-19 vaccine into WA schools Requirement

From: Anna Yan <protectkid2022@gmail.com>
Sent: Wednesday, December 29, 2021 12:15 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Do Not add the EUA Covid-19 vaccine into WA schools Requirement

External Email

Dear Board of Health members:

As a long-time Washington resident and a parent of school kids, I sincerely oppose adding the Covid-19 vaccine into the WA schools requirement list.

The reasons are below:

1. For ages 5 to 12 kids, The covid vaccine is still on EUA, and there is no long-term side effect data of that. Even the FDA experts admit "we don't know the side effects until we roll it out." That is totally irresponsible to do this to children. We only offer safe medicine to our children, not something we don't know what the side effects could be.

2. Children have low rate of covid. The CDC shows the covid survival rate of children is about 99.9995%, the covid is mostly like the normal flu to children. They don't need to get the covid vaccine.

3. There are so many deaths and severe damage reports about the covid vaccine around the world.

https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2Fcovid%2Fa
suffer-cardiac-arrest-die-after-covid-
shot%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8fbe3b7114ef44e518a508d9cb189014%7C1

https://openvaers.com/covid-data
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-
data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8fbe3b7114ef44e518a508d9cb189014%7C11d0e

16 year old girl, 9 days after Pfizer injection:
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1854668>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1854668>

16 year old girl, 2 days after Pfizer injection:
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865389>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1865389>

5 year old girl, 4 days after Pfizer injection:
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1890705>
 <<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

16 year old boy, 8 days after Pfizer injection:
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1576798>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1576798>

13 year old boy, 2 days after Pfizer injection:
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1633205>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1633205>

15 year old boy, 4 days after Pfizer injection:
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1668800>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

16 year old boy, 6 days after Pfizer injection
<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1702154>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

17 year old boy, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1737907>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1737907>

15 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1845034>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1845034>

13 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1862946>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1862946>

12 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865979>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FIDNUMBER%3D1865979>

4. Robert Malone's brief explanation of why we should oppose Covid vaccinations of children.

<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Flive-stream-event-physicians-alerting-parents&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8fbe3b7114ef44e518a508d9cb189014%7C11>

Please think carefully. Do not add covid vaccine into the WA school requirements. By doing that, you are breaking the law, we the people of WA will not allow it!

A concerned parent: Anna

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Jami Smith
Sent: 1/1/2022 11:38:40 AM
To: DOH WSBOH
Cc:
Subject: Immunization requirements

External Email

Hello and thank you for reading my email.

As a parent and person who works in clinical research I have long supported vaccinations. I have worked first hand with covid and treatment studies. I understand research studies as wonderful opportunities but the core is patient ability to say no, without loss of benefit. We have zero long term data on the vaccine not the virus and are still collecting it. I myself have received the vaccine, but in NO Way should it be required for anyone, let alone for kids who have the most to lose long term and the best outcomes should they get the virus. We are not digging deep enough into precious infection and the impact it had on reinfection and on vaccination post recovery.

The parents are standing up and begging you to hear us, should you be like other places and turn a deaf ear, you will increase the divide and deepen the casum that is growing between parents and school boards/teachers. At a time we need to heal and listen, we need to be allowed to question and have voices not canceled but encouraged. Those who want the vaccine can get it and those who don't should not. This vaccine has unknown risks. The vaccine does not stop infection or transmission. The hope early on was for the virus to mutate to a variant that prosecuted milder symptoms and it seems we may have received that gift. The CDC acknowledged the majority cases had to be corrected for first 3 weeks in December and the majority of cases were not omicron but we're still delta. Do not react and act in fear of a virus but honor parents rights. Offer eduction but balanced and honest but do not demand. More over, listen, truly and actively listen. Active listening is opening your mind to their words without trying to form a reply until you have finished listening. Give an open heart and be willing to be wrong and say so.

Thank

You,
Jami

Sent from my iPhone

From: Harshman, Becky L
Sent: 1/4/2022 11:13:34 AM
To: DOH WSBOH
Cc:
Subject: Johnson and Johnson-Covid 19 Negative Side Effects



attachments\AA465C7B95794237_image001.png

External Email

I wish to report the negative side effects I have experienced since being forced to take the Covid-19 vaccine or lose my job. I received the Johnson and Johnson one time vaccine on September 10, 2021. Two days after, I awoke during the night with numb, stinging, painful sensations in both arms from my shoulders to my fingers. This continued to occur every night for approximately one week painfully every night and I still experience a mild case of this. In addition, on September 12th, I awoke in the morning with severely swollen joints in the first joint of two fingers on my right and the main thumb joint of my left hand. These were not swollen or painful prior to the injection. These joints have remained swollen, and I experience intermittent stinging, burning, stabbing, aching pain in these joints as well as cramping. My hands do not have the grip and strength as they did prior to the shot and my hands shake when I attempt to do fine work such as intricate painting. I am more fatigued and find I need to sleep longer than normal. Prior to, I would sleep an average of 8 hours per night to feel fully rested and now need 10 or 11 hours of sleep to feel fully rested and functioning. I am very active as well, and I find I am short of breath, unable to regulate my breathing pattern during my work outs. I work out every morning Monday-Friday and am not able to maintain the same intensity and strength levels as I was able to prior to the injection. In addition, I find that I become more easily lightheaded with headaches in my frontal lobe, particularly on the right side. Not only have these issues caused me physically to suffer, but I am also suffering emotionally from being forced against my will to take this shot to keep my job and support myself, but also the emotional aspect of not feeling as healthy, active and strong as I was prior. This has been a very devastating thing for me to endure. I wish for my situation and detrimental side effects to be recorded.

Please feel free to contact me with any additional information you may require. I am providing my personal email and address below for any further necessary contact.

Thank you for your time.

Becky Harshman

65 Harmon

Waitsburg WA 99361

Blh1969@hotmail.com

Becky Harshman

Plant Operations Assistant

Providence St. Mary Medical Center

401 W Poplar

Walla Walla, WA 99362

509-897-2165

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: Jennifer Cook
Sent: 12/30/2021 1:15:02 PM
To: DOH WSBOH
Cc:
Subject: K-12 Vaccine Mandates

External Email

I wrote a letter of objection to the prospect of a Covid vaccine mandate in Washington schools yesterday. My eight year old son said that he also wants to say something about it and children's voices should matter. So, these are his words, spelling errors corrected.

-Jennifer Cook

"Kids should be able to go to school without getting the Covid vaccine or to wear a mask. It's not fair what you guys are doing to kids. I only got to go to Kindergarten for half a school year. Then, I had to go to school on a computer but that wasn't working very well. So, my Mom had to start working less and making less money to homeschool me. So we have less money and I don't have a normal life for a kid. Then they opened school up again but only part time and only some days. Does Covid take off sometimes? That's dumb. Then they made kids be 6 feet apart and wear masks. So, we couldn't really play together and it's sad. I can't wear a mask without feeling like I am suffocating or going to pass out. So I didn't go back to school. I decided to stay homeschooled. There wasn't any reason to go when I couldn't even have fun with other kids anyways. You all got to have fun when you were kids. It's not fair. Now, I am 8 years old and I hardly remember ever going to school. Now, you guys are thinking about making kids get a vaccine that has hurt a lot of people and will definitely hurt more kids than Covid. My Mom told me how lots of healthy guys are getting heart problems. Lots of people are getting blood clots. Lots of people are getting other problems from these shots. Just because it's not every person doesn't mean it's rare. Too many people are getting hurt. My Mom works with people who are old or disabled and she saw one of her clients get blood clots and die after his vaccine and he was young. Lots of people are getting sick like they have the flu from these shots that are for a virus that's like a flu. How does that even make sense? I thought I could go back to school eventually after they stopped these dumb mask mandates but now after two years you guys are suddenly going to make kids get these shots that kids don't need and could get really sick from for a virus that kids aren't really getting sick from just to be able to go to school with other kids who could get the shot if they want to and teachers who can get the shot if they want to and who have families who can get the shot if they want to. This is all stupid. I am eight and I can figure out that it doesn't make sense. So, pretty much I will never get to go to school because you people are bullies. You are being bullies and I don't know why but I don't think it is to protect anybody. I think it is probably the same sort of reason that anyone is a bully. There is something wrong inside them and it makes them feel better to have power over other people and it makes them feel important. Well, I don't want to be bullied and if you would do these things then I don't think you are important or very nice. I just want a normal life. Why is a normal life of playing with other kids and being able to go places too much to ask for now? Why do I need your permission or anybody's permission to have a normal life? You aren't my parents and I am really glad about that."

-Tristan

From: Alexander Greene
Sent: 12/29/2021 6:09:35 PM
To: DOH WSBOH
Cc:
Subject: No child vax mandate

External Email

Hello,

I am writing to express my strong disagreement with any new proposed covid vaccine requirement for Washington State students. I am a WA resident, life long Democrat voter and parent of two young children and feel this policy would be a huge over step of governmental authority. When the risk of serious harm from covid to young kids is statistically near zero, and there is no long term health safety data for these new vaccines, the choice to vaccinate young children should rest with parents, not the government.

Implementing a vaccine requirement for kids to attend school would be a mistake history will not look kindly upon.

Do the right thing and allow parents to make the call for their families.

Sincerely,
Alex Greene

Sent from Yahoo Mail for iPhone

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

From: Hoff, Christy Curwick (SBOH)
Sent: 1/3/2022 7:28:56 AM
To: DOH WSBOH
Cc:
Subject: FW: NO COVID Mandated Vaccines for School Children

From: ANNE BAGNIEWSKI <abeandanne@comcast.net>
Sent: Saturday, January 1, 2022 10:58 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: NO COVID Mandated Vaccines for School Children

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable. You are going to destroy the already failing public schools. Many parents are already home schooling their kids and this will send other parents in that same direction. Think about who you are helping. 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 years of age the least, if at all. Follow the data! The virus is safer than the vaccine for children. This is a dangerous plan! Please end this conversation NOW!!!

Anne Lightfoot-Bagniewski, concerned citizen

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 9:31:29 AM
To: DOH WSB OH
Cc:
Subject: FW: I oppose the Covid vaccine being added to the school and daycare schedule.

From: Lyubov Dukhanina <lubad85@icloud.com>
Sent: Tuesday, January 4, 2022 9:20 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: I oppose the Covid vaccine being added to the school and daycare schedule.

External Email

Dear Kelie Kahler

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Clark County Resident

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:51:07 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 Vaccine Opposition -Children

From: Rebecca Senescall <mitchell.rebecca87@gmail.com>
Sent: Monday, January 3, 2022 8:53 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Covid-19 Vaccine Opposition -Children

External Email

Good Evening,

My husband and I come to you in opposition of adding the Covid-19 vaccine to the list of required vaccines. As tax payers, our children have the right to a public education. We have grave concerns about this vaccine and should not be in fear of losing our children's right to an education over a medical decision that we are not confident is safe for our children. This is a family decision and parents deserve the right to chose if we will submit our children to an experiment or not. We, along with many other concerned Parents across this State are demanding a choice.

Requiring an mRNA injection that does not stop the spread or prevent infection is not the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for vaccine preventable diseases. This vaccine is neither effective in stopping the spread or preventing illness and should not be added to the list of required vaccines.

Children are not at high risk of death from Covid-19, they have a 99% chance of survival. They are also not causing community spread. The latest variant presents as cold symptoms or nothing at all. People who have been vaccinated are getting it in higher numbers than those with natural immunity.

Children, males in particular, are at a far greater risk of an adverse reaction to the vaccine than serious complications from covid. It is not right or constitutional to threaten to withhold an education from a child if the parents do not comply to your opinion of what is best for our children. There is enough data and research to indicate these vaccines are unnecessary and unsafe for children.

We will not allow our children to be a science experiment to make adults feel safe. Our children will NOT receive the experimental vaccine under any circumstances. We will go to the ends of the earth to protect them. This deserves to be a family choice, they are our children, not yours. We will immediately pull our children from the public school system.

I leave you with this, from a mother to mother or parent to parent. Imagine being forced to give your child something that you are not 100% confident is safe for them but having another adult try to take that option away from you? This is what you are doing to us by trying to take our right to chose away. Where is your compassion?

Rebecca & Paul Senescall

Mead School District. Spokane, Wa

From: PDowning
Sent: 12/30/2021 4:55:16 PM
To: DOH WSBOH
Cc:
Subject: Forced vaccinations on children

External Email

Hello,

Through my own research it has been established through the Phase Two testing of Pfizer and Moderna that the spike proteins attach in great numbers to the testicles, ovaries and lungs. It is unknown why, but this is a huge concern whether this will lead to infertility of the Phase Three subjects or all of us.

Also, just learned that by including these vaccines in the schedule of childhood vaccines completely secures the drug companies of no legal liability in case of death or injury. Seems very nefarious to me.

Please do not force our children to be killed or injured by a vaccine they don't need, as concluded earlier by the CDC and Fauci. In addition, it's been proven by most vaccinated countries, US and Israel, that the vaccines do not prevent transmission of the virus. The boosters will permanently damage T-cells and create AIDS which is what Israel is concerned about with a fourth booster. In fact, almost 80% of hospitalized have been fully vaccinated, according to the CDC. Another fact, all the test animals in Phase Two died once vaccinated and then sickened with Covid-19. With humans, this could mean death within 5 years via blood cancer, AIDS, blood clots leading to heart attacks and strokes.

Good sources of where I've gathered this knowledge is through, Dr. Robert Malone, one of mRNA technology inventores, Dr. Mike Yeadon, former director of Pfizer, Dr. McCollough, Dr. Sheri Tenpenny, Dr. Teri Madej, Dr Ardis. Dr. Ardis is involved with federal lawsuit regarding 48,000 who died within 3 days in Aneheim, CA. after getting the jab.

Thank you,
Pat

Sent from ProtonMail mobile

From: Karen nwi
Sent: 1/3/2022 9:55:01 PM
To: DOH WSBOH
Cc:
Subject: CovidVx's

External Email

State Board of Health,
PLEASE ...NO Covid Vaccine requirements for our children to attend Washington State
schools.
Thank you very much!
A concerned Washington grandmother.
Karen Fowler

Sent from my iPad

From: Lindsay Donahue
Sent: 1/4/2022 11:02:30 AM
To: DOH WSBOH
Cc:
Subject: It is not safe, responsible, or legal to require this experimental drug for children.

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group is given the vaccine, one group is given a placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Lindsay Donahue
Spokane, WA

Sources/links for above claims:

* <https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Db3f413061a%26e%3Dd>

* Doctor analyzes death rates in Pfizer's trial:
<https://m.youtube.com/watch?v=crAyJvyDyGM&feature=youtu.be>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D50048ff78a%26e%3Dd>

* Pfizer's 6-month data shows they do more harm than good:

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D672dfbe24e%26e%3Dd>

* <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D26c70db82c%26e%3Dd>

* <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da4f598f7f9%26e%3Dd>

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D0db3d2f954%26e%3Dd>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da2db36e764%26e%3Dd>

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Dd29a8db5b3%26e%3Dd>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D4ea68806a7%26e%3Dd>

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D5c94c1b0f2%26e%3Dd>

From: Anna Yan

Sent: 12/29/2021 2:09:24 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Do Not add the EUA Covid-19 vaccine into WA schools Requirement

External Email

Dear Board of Health members:

As a long-time Washington resident and a parent of school kids, I sincerely oppose adding the Covid-19 vaccine into the WA schools requirement list.

The reasons are below:

1. For ages 5 to 12 kids, The covid vaccine is still on EUA, and there is no long-term side effect data of that. Even the FDA experts admit "we don't know the side effects until we roll it out." That is totally irresponsible to do this to children. We only offer safe medicine to our children, not something we don't know what the side effects could be.

2. Children have low rate of covid. The CDC shows the covid survival rate of children is about 99.9995%, the covid is mostly like the normal flu to children. They don't need to get the covid vaccine.

3. There are so many deaths and severe damage reports about the covid vaccine around the world.

1). 382 Athlete Cardiac Arrests, Serious Issues, 222 Dead, After COVID Shot (until 12/27/2021)

<https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2F%2Fcovid%2Fathletes-suffer-cardiac-arrest-die-after-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C515062324be642390d9008d9cb17b7c8%7C11d0e21>>

2). VAERS data

<https://openvaers.com/covid-data>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F%2Fcovid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C515062324be642390d9008d9cb17b7c8%7C11d0e21>>

3. Some data about adolescents died within 10 days after the covid vaccine.

16 year old girl, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1854668>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865389>

16 year old girl, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865389>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865389>

5 year old girl, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1890705>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1890705>

16 year old boy, 8 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1576798>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1576798>

13 year old boy, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1633205>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1633205>

15 year old boy, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1668800>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1668800>

16 year old boy, 6 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1702154>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1702154>

17 year old boy, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1737907>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1737907>

15 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1845034>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1845034>

13 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1862946>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1862946>

12 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865979>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865979>

4. Robert Malone's brief explanation of why we should oppose Covid vaccinations of children.

<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C515062324be642390d9008d9cb17b7c8%7C11d0>

Please think carefully. Do not add covid vaccine into the WA school requirements. By doing that, you are breaking the law, we the people of WA will not allow it!

A concerned parent: Anna

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:28:25 PM
To: DOH WSBOH
Cc:
Subject: FW: Future vax for schools

From: V Pavlenko <pvlnk68@gmail.com>
Sent: Friday, December 31, 2021 1:05 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Future vax for schools

External Email

Hello

Please stop pushing vaccination for kids.

Thanks Vitaliy Pavlenko

From: Tara Wilkins
Sent: 12/29/2021 1:17:43 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 vaccine

External Email

To Whom it may Concern,
I ask that you would not require the Covid-19 vaccine for school students. There has not been enough research and evidence to show that the vaccine is safe ☐and effective. Also covid does not seem to have a great negative effect on children and young adults when they get it.
Please leave it up to each individual to decide for themselves.
Respectfully,
Tara Wilkins

From: Schreiber, Tracy N (SBOH)
Sent: 12/30/2021 11:24:49 AM
To: DOH WSBOH
Cc:
Subject: FW: Health

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Katrina Mason <katrinamason70@yahoo.com>
Sent: Wednesday, December 29, 2021 11:37 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Health

External Email

Just making sure you all saw this info, especially about the meeting today-

IMPORTANT NOTICE and CALL TO ACTION about VACCINATION MANDATES

The State Board of Health (BOH) is having 2 meetings very soon to consider 2 requirements for Covid vaccination for school children:

1) Adding covid-19 to the list of required childhood vaccinations

Zoom meeting tomorrow Wednesday 12/29/2021 from 1:00 to 2:30pm. Here is the link to register to attend. I will attend and speak up if they allow comment.

https://us02web.zoom.us/webinar/register/WN_TefkoeisQBqjZDJH4gsPlw

Here is a link to WAC 246-105 below concerning: IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-105>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2Fwac%2Fdefault.aspx?cite=246-105&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ceb2debcf92bc4b87b60f08d9cbca0b08%7C11d0e2>

2) Potential vaccine mandates for students

The WA State Board of Health will be meeting on Wednesday, January 12, 2022 regarding potential vaccine mandates for students. From now until Friday, January 7 at Noon, they are accepting public comment via this link -

<https://sboh.wa.gov/Meetings/ProvidePublicComments>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FProvidePublicComments>

I will be commenting and I encourage you to join me. As many of you as possible.

Sent from Yahoo Mail on Android

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

From: Stephanie Beck
Sent: 1/1/2022 10:11:47 AM
To: DOH WSBOH
Cc:
Subject: No school covid vaccine

External Email

To WSBOH,

As a parent of four school age children I am deeply concerned that it is being considered to add a Covid Vaccine requirement to public education. This virus is a minor cold for most children, and is currently so virulent a large majority have already had it or will get it soon. If a child is high risk their parents and physicians can determine if the risk of the vaccine is the best choice for THAT child. Looking at the risk of vaccine vs. the virus for teenage males regarding Myocarditis should cause anyone to pause in suggesting/mandating it for all school age children. I am very alarmed you would even consider adding this to the vaccines required.

Thank you for your time,
Stephanie Beck

Sent from my iPhone

From: shelymarie@hotmail.com
Sent: 1/4/2022 12:37:18 AM
To: DOH WSBOH
Cc:
Subject: No kid vaccine / Public Comment

External Email

I don't believe our kids should be required have a mandatory vaccine to stay in public school. There's not enough research...and so many unknowns! I am vaccinated myself and by no means am anti vax.

The only way I would consider is if our kiddos could take their masks off...but that won't happen cause the vaccine isn't 100% effective.

Michelle Schuyler
509.714.4451

10907 E Big Meadows Rd
Chattaroy, WA 99003

From: Dana Walker
Sent: 12/30/2021 10:26:00 AM
To: DOH WSBOH
Cc:
Subject: NO Mandating COVID Vaccine's

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable!
First, the evidence that they are even effective against recent variants is questionable.

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!

Please end this conversation NOW.

Thank you,

Dana Walker

Maple Valley, WA

From: Davis, Michelle (SBOH)
Sent: 1/2/2022 2:17:11 PM
To: DOH WSBOH
Cc:
Subject: FW: No to school vaccine mandates

Please add to public comments if not already included.

Michelle Davis, MPA (she/her)

Executive Director

Washington State Board of Health

michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov>

360-236-4105

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C019>

| Facebook

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH%2F)

| Twitter

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C019)

From: Carri Coe <carricoe@yahoo.com>
Sent: Wednesday, December 29, 2021 5:21 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: No to school vaccine mandates

External Email

I would like to say I am not for or against the vaccine. But I do not think this vaccine which is causing more harm than good should be placed on our children to be forced to have it to have a public education. It should be a choice and a parents choice if they decide to have their kids vaccinated with the Covid shot. They shouldn't require anything if the parents do it want to take a chance on giving this shot to their kids. No one knows the long term effects this will have on anyone. There are no long term studies done, what if they give it to their kids and this causes long term effects or are infertile or worse die because you are requiring it? This is ridiculous and taking away our choice and freedom as parents and our childrens rights. You should be ashamed at yourselves for taking away a child's right to have an education- get the shot or get the education.

Please do not vote for this and do not support this.

We the people need to take back our freedoms as we are losing them and will not stand for this!! If you vote for this there will be thousands of kids pulled from schools and

homeschooled. The education system will fall apart. Just as our jobs are going to fail if this is mandated on the job markets as well. Do not be one who will let this country fall apart, please!!

Thank you,

Carri Coe

Sent from my iPhone

Sent from my iPhone

From: pigswithwings
Sent: 12/29/2021 4:03:13 PM
To: DOH WSBOH
Cc:
Subject: No Covid-19 vaccine mandates

External Email

I am appalled that this is even a discussion. The Covid-19 shot has not completed phase 3 trials for children and is under Emergency Use Authorization. Children have never been a vector for the virus and more and more data coming out is showing the risks for the shot are higher than the risk of illness. Do not pass any mandates for children.

Marisa Corless
Concerned parent.

Sent from Samsung Galaxy smartphone.

From: Val Mullen
Sent: 12/29/2021 2:08:16 PM
To: DOH WSBOH
Cc:
Subject: No Covid vaccines for school children

External Email

To the Board of Health:

Covid-vaccines for children are completely unnecessary and potentially harmful. There are so many unknowns with these new vaccines that the risks outweigh the benefits. The vaccines have emergency use authorization; by forcing these vaccines on children, you are enrolling them in a vaccine trial. We should be protecting our children, not putting them at risk!

The adverse reporting system shows these vaccines have significant side effects, including myocarditis, pericarditis, pulmonary embolism, Bell's Palsy, appendicitis, blood clots, herpes zoster infection and cardiac arrest.

Children have a very low risk of Covid-19 infection. They are unlikely to get the disease, or if they do get the disease, they often have mild symptoms or are asymptomatic. They do not transmit the disease in any significant way, so are not the drivers of Covid-19 (Dr. Fauci). In fact, it is more likely that adults will pass on the disease to children. Furthermore, more children die of influenza than Covid-19 (CDC). There are too many unknowns with these new vaccines and the risks outweigh the benefits. Thank you.

Val Mullen

31262 Prevedell Rd.

Sedro Woolley WA 98284

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 7:57:43 AM
To: DOH WSOH
Cc:
Subject: FW: NO vaccine requirement

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

From: McKenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:56 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: NO vaccine requirement

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire pandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:30:04 PM
To: DOH WSBOH
Cc:
Subject: FW: No mandate for children

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

From: Artem Doniev <donev.artem1987@gmail.com>
Sent: Friday, December 31, 2021 11:39 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No mandate for children

External Email

Hello,

My name is Artem Doniev and I am oppose the Covid vaccine being mandated for all children.

From: Debbie Sweeney
Sent: 12/29/2021 3:41:49 PM
To: DOH WSBOH
Cc:
Subject: No Mandate

External Email

Please don't force children to get the vaccine . Statistically they are the least likely to get it and if they do they rarely have serious problems. We have known countless families where Covid has already gone through the family, much like the flu, and everyone recovers. It made the rounds in my family and my husband and daughter did not get it. My daughter is 19 and has been vaccinated and is in the Transition program . Since she is older and has Down syndrome and won't be bearing children I decided to vaccinate her, only because of all the restrictions put on us from Special Olympics and job work sites.

Having Lupus my doctor advised me not to get the vaccine and I know several people including my future daughter in law who can't get the vaccine. She had a two month bout with Covid and she has built up immunities. It should be a personal choice made by each individual family as with any vaccine. The government should not be overreaching in this area.

Many families I know will pull their kids out of schools and/or move out of state. Seven families I know have already moved to Spokane area and Idaho.

Sincerely,
Deborah Sweeney
Maple Valley, WA

Get Outlook for iOS

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

From: carlino29
Sent: 1/2/2022 5:21:39 PM
To: DOH WSBOH
Cc:
Subject: no covid vaccine mandate for schools

External Email

I am a resident and taxpayer of Washington and demand you not mandate a covid vaccine for school children.
There is no proof these new mRNA vaccines won't cause longterm harm. Children's symptoms if they even get covid are very mild.
Forcing the covid vaccine on children is immoral and must not happen.

Carleen Polinder
Whatcom County, WA

Sent from my Verizon, Samsung Galaxy smartphone

From: David Vinson
Sent: 12/29/2021 2:31:47 PM
To: DOH WSBOH
Cc:
Subject: No to Covid Vaccine requirements for schools.

External Email

Good afternoon,

I am writing you at BOH upon finding out that there is discussion to force and require children/young adults to get the still experimental Covid-19 Vaccines, and extra injections to boot. This is absolutely outrageous.

There are more dangers that go with the Covid-19 vaccine to children and young adults, then the virus itself.

This discussion should conclude with an emphatic and resounding NO! to the Covid-19 vaccine requirement and enforcement to attend school.

Washington State and Kitsap County Resident,

David Vinson

From: Vivian Halicout
Sent: 1/1/2022 9:19:43 AM
To: DOH WSBOH
Cc:
Subject: No vaccine for school aged children

External Email

Good morning,

I'm sending this email in objection to any required COVID vaccine for children attending school in Washington State. My son is a 6th grader and will not be taking this shot. I will pull him out of school if this unreasonable measure is made, and I'm sure many others will do the same. If vaccinated you can still get COVID and spread it to others. It makes absolutely no sense to vaccinate any child, who has a much higher chance of perishing in a car accident than hospitalization or death from COVID 19.

Like many other families, we have already had COVID. We have natural immunity which is a wonderful thing. Please recognize that!

Further, this shot goes against my family's religious beliefs. This is something that must be honored for all families should this ridiculous policy be put into place. Please respect individual family rights. The kids have suffered enough.

Thank you,
Vivian Hircko

Get Outlook for iOS

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

From: Herendeen, Lindsay (SBOH)
Sent: 1/4/2022 9:57:54 AM
To: DOH WSBOH
Cc:
Subject: FW: NO vaccine requirement

Lindsay Herendeen, MPH, MCRP (she/her)
Health Policy Analyst
Washington State Board of Health
lindsay.herendeen@sboh.wa.gov
360-628-6823
Website, Facebook, Twitter

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

From: Mckenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:56 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: NO vaccine requirement

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire pandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Tova Forman
Sent: 12/29/2021 1:22:55 PM
To: DOH WSBOH
Cc:
Subject: no injection mandate for school kids

External Email

Hello,

Coercing school kids to get the shot in WA is unjust and unsafe. Check out the VAERS reports if you want to profess an understanding of the details pertinent to your discussion. The "broad understanding" you just now in the meeting claimed to have is meaningless if you cut out consideration of health risks with the shot.

<https://vaersanalysis.info/2021/12/11/vaers-summary-for-covid-19-vaccines-through-12-03-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F11%2Fvaers-summary-for-covid-19-vaccines-through-12-03-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C71ca1769c92c42d5334408d9cb1111a7%7C11c>>

At the end of the day, making these decisions is a parental right that you can not take away.

Tova Forman

From: luke.chermak@gmail.com
Sent: 1/1/2022 1:15:06 PM
To: DOH WSBOH
Cc:
Subject: NO Vaccination for COVID for children needed

External Email

Hello,

I'm going to tell you straight up that my children will be home schooled if the State mandates the COVID vaccination. There is plenty of evidence that exists that children are not a risk and that transmission is not happening at school. This vaccination needs more studies and actual facts prior to being implemented on children as mandatory. If you do mandate ensure that you allow yourselves and the school districts to be sued by parents if you are so sure that it is safe.

V/R,

Luke Chermak

Port Orchard WA

From: Phil -
Sent: 12/29/2021 3:13:55 PM
To: DOH WSBOH
Cc:
Subject: NO COVID mandated vaccines for school children!!!

External Email

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!

Please end this conversation NOW.

Phil Hamilton, concerned citizen, local dad

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:26:45 PM
To: DOH WSBOH
Cc:
Subject: FW: No Mandate

From: Angelina Zgherea <angel_lavrova@yahoo.com>
Sent: Friday, December 31, 2021 3:24 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No Mandate

External Email

Hello, my name is Angelina. I am writing to let you know that I am strongly against the BOH pushing to make the covid vaccine a mandate for school children. Not only would this be taking away our parental rights on deciding what we think is best for our children but also taking away our children's education if we choose not to vaccinate our children. This is a subject that we parents have the responsibility to decide on whether we want our children to participate in or not. Each parent should have the right to make their own decisions for their children. Thank you.

From: Davis, Michelle (SBOH)
Sent: 1/4/2022 8:07:05 AM
To: DOH WSBOH
Cc:
Subject: FW: NO vaccine requirements

Please add to January meeting public comments.

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

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

From: Mckenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:54 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: NO vaccine requirements

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Jenn Starns
Sent: 12/31/2021 4:36:49 PM
To: DOH WSBOH
Cc:
Subject: No covid vaccine requirement for kids to go to school!

External Email

A covid mandate means I remove my children from public schools. Almost zero deaths in this age group. Rediculous measures were overkill from the very beginning. No long term studies on future fertility, or long term effects. Please consider the parent's wishes when it comes to making new policies. You are unelected and do not represent the majority of people with these concerns of government overreach. You do not answer emails except for form letters. Extreme use of "emergency" powers 600+ days in.

J. Starns

From: Schreiber, Tracy N (SBOH)
Sent: 1/4/2022 7:38:34 AM
To: DOH WSBOH
Cc:
Subject: FW: NO vaccine requirements

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

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

From: Mckenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:56 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: NO vaccine requirements

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Schreiber, Tracy N (SBOH)
Sent: 12/30/2021 11:23:01 AM
To: DOH WSOH
Cc:
Subject: FW: No school vaccine mandates

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Carri Coe <carricoe@yahoo.com>
Sent: Wednesday, December 29, 2021 5:24 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: No school vaccine mandates

External Email

I would like to say I am not for or against the vaccine. But I do not think this vaccine which is causing more harm than good should be placed on our children to be forced to have it to have a public education. It should be a choice and a parents choice if they decide to have their kids vaccinated with the Covid shot. They shouldn't require anything if the parents do it want to take a chance on giving this shot to their kids. No one knows the long term effects this will have on anyone. There are no long term studies done, what if they give it to their kids and this causes long term effects or are infertile or worse die because you are requiring it? This is ridiculous and taking away our choice and freedom as parents and our childrens rights. You should be ashamed at yourselves for taking away a child's right to have an education- get the shot or get the education.

Please do not vote for this and do not support this.

We the people need to take back our freedoms as we are losing them and will not stand for this!! If you vote for this there will be thousands of kids pulled from schools and homeschooled. The education system will fall apart. Just as our jobs are going to fail if this is mandated on the job markets as well. Do not be one who will let this country fall apart, please!!

Thank you,

Carri Coe

Sent from my iPhone

Sent from my iPhone

From: Peter Zieve
Sent: 1/3/2022 5:07:04 AM
To: DOH WSBOH
Cc:
Subject: no vaccine mandate!

External Email

The Covid "vaccine" is poison. No mandates please!

Peter Zieve
10517 62nd Pl W, Mukilteo WA 98275
peterzieve@gmail.com <<mailto:peterzieve@gmail.com>>
425-293-4203

From: Wendy Garner
Sent: 12/31/2021 6:01:25 PM
To: DOH WSBOH
Cc:
Subject: NO to Covid Jab as School Requirement

External Email

There is NO time for formality.

To think you can mandate even more vaccines in order for children to attend PUBLIC SCHOOLS....our schools....is not from this constitutionally protected country. We parents reject it and demand that you, our employees, stop this idea in its tracks. Parents are the PRIMARY stakeholder in our offsprings' destiny, not you.

Sincerely,
Dave and Wendy Garner

From: Kahler, Kelie (SBOH)
Sent: 1/3/2022 6:49:20 PM
To: DOH WSBOH
Cc:
Subject: FW: No Vaccine for Children

From: bonnie curtis <brcsunny@comcast.net>
Sent: Monday, January 3, 2022 8:43 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No Vaccine for Children

External Email

Dear Ms. Kelie,

I'm adamantly opposed for a mandate to vaccine children

Bonnie Curtis

From: Mckenna Hood
Sent: 1/4/2022 6:52:56 AM
To: DOH WSBOH
Cc:
Subject: NO Vaccine requirements

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

From: Haag, Hannah R (SBOH)
Sent: 1/4/2022 7:54:31 AM
To: DOH WSBOH
Cc:
Subject: FW: NO vaccine requirement

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

From: Mckenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:56 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: NO vaccine requirement

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire pandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Krista Sherlock
Sent: 12/29/2021 4:38:01 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine Mandate

External Email

I'm the parent of 2 school aged children who attend Tahoma School District. Both my daughter's had severe reactions to previous vaccines and have had exemptions in place since 2013. I will immediately pull my children from public schools the moment any Covid Vaccine is mandated for them to attend. My homeschool station is ready to go at a moment's notice. I know many other parents who will do the same.

Public school funding as you know it will crumble if this is enforced. Please know "We the People" will not stand for this. Homeschool is already the 3rd largest district in the state of Washington. Be prepared for it to become #1 if this is passed.

Please reconsider this, think of the children who need to continue the schooling their parents are paying for. We should have a say 100% in regards to our children's health, safety and well-being while in the hands of the school system.

Krista Sherlock
24654 208th Ave Se
Maple Valley, WA 98038

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: paula DONLAN
Sent: 12/30/2021 10:35:17 AM
To: DOH WSBOH
Cc:
Subject: NO MANDATED COVID VACCINES

External Email

This is lunacy. Our children are more likely to have a side affect from the vaccine than any benefit at all.

The only accomplishment will be more parents removing their children from the public schools. There goes your federal funding.

Please reconsider enforcing such a needless mandate. At the very least we need to wait 5-10 years (like we have with other vaccines) to see what long term affects these vey new vaccines may have. There should be no rush to endanger our very low risk youth.

Thank you for your consideration,

Paula Donlan

Get Outlook for iOS

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

From: "Regina Zull"
Sent: 1/1/2022 10:37:31 AM
To: DOH WSBOH
Cc:
Subject: No covid vaccines required for school children

External Email

To whom it may concern,

It has come to my attention that you are deciding whether to include covid vaccines as required vaccinations and a prerequisite for children to attend public school. I am violently opposed to this. Children have the lowest risk for any kind of serious effects from covid. They do not need to be injected with experimental drugs. (True trials take much longer -- we all know that!)

Stanwood citizen
Regina Zull

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:31:48 PM
To: DOH WSBOH
Cc:
Subject: FW: No vaccine mandates! Please protect our rights of freedom

From: Vitalii Dereviankin <devitalii@gmail.com>
Sent: Friday, December 31, 2021 1:19 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No vaccine mandates! Please protect our rights of freedom

External Email

From: Mckenna Hood
Sent: 1/4/2022 6:56:40 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO vaccine requirement

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Hoff, Christy Curwick (SBOH)
Sent: 1/4/2022 7:06:54 AM
To: DOH WSBOH
Cc:
Subject: FW: NO vaccine requirement

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

From: Mckenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:54 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: NO vaccine requirement

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Megan
Sent: 12/29/2021 5:42:22 PM
To: DOH WSBOH
Cc:
Subject: No covid shot mandate

External Email

Dear Washington State school board,

Please don't make covid shots mandatory for school children. The shot doesn't prevent spread it just takes the right to choose medical care away from parents. For example the flu shot isn't mandatory.

Sincerely,

Megan Miller
A concerned parent in the Renton school district

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:28 AM
To: DOH WSBOH
Cc:
Subject: FW: NO Covid vaccine mandate for kids

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

From: Natalia Lyashevskiy <natalialyashevskiy23@gmail.com>
Sent: Thursday, December 30, 2021 10:33 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: NO Covid vaccine mandate for kids

External Email

Sent from my iPhone

From: Jill Reynolds
Sent: 12/29/2021 1:19:36 PM
To: DOH WSBOH
Cc:
Subject: No vaccine!!

External Email

I DO NOT support this Covid vaccine mandate for CHILDREN. This is disturbing this is even a thought. I have no desire to have my soon to be 5 year old be a part of this vaccine trials, because it still is in trials until 2023 correct?? In order to attend kindergarten. This should be a choice for parents!
Jill Valentine

Sent from my iPhone

From: Carie Gordy
Sent: 12/29/2021 1:59:35 PM
To: DOH WSBOH
Cc:
Subject: NO COVID-19 VAX FOR SCHOOL

External Email

I am asking that you leave our kids alone and let the parents parent the kids. My child had covid and acted himself the whole 6 days he had it and then kicked it. There is no reason to force this vax when it is not needed.

Thank you

Sent from my iPhone

From: Lori Williamson
Sent: 1/1/2022 11:12:34 AM
To: DOH WSBOH
Cc:
Subject: No jabs for students

External Email

Hi there,

I feel the need to share that mandatory vaccines for children to attend school should not be allowed. If doctors aren't even worried about kids catching covid then we shouldn't be worried either. If the vaccines worked then those vaccinated shouldn't be worried either. I have spoke with many different doctors that have said that kids catch it but usually with little to no symptoms. So please tell me why it makes sense to vaccinate them?

Also, most things done for covid don't make any logical sense. Does it make sense to make an unvaccinated person test for covid when a vaccinated person can still catch and spread covid. This makes zero sense to me other than trying to segregate people into groups. Which is what is happening. Oh here is another one, these kids have to wear their masks all day at school, but during lunch they take it off and eat. I think this is good proof that covid isn't spreading as much as they say, as these kids are talking, laughing, and eating for a half hour and covid still doesn't spread through these kids. You would think it would spread like wildfire, but it hasn't.

I know tons of families both pro and against vaccinations that will be pulling their children out of the school system if a mandate for covid vaccine goes through. Schools will lose tons of money. I am prepared to homeschooling my girls and have found some amazing homeschooling sites. I keep going back and forth on if I want to just homeschooling anyways mainly because the schools keep following what you put out there blindly. Again what sense does it make to have vaccinated kids not have to test or wear masks to play sports but unvaccinated kids have to test twice a week and wear a mask. Again vaccinated can still spread covid and catch it, so how does this make sense. It doesn't make sense yet people are still pushing for it.

My family and I try to be as safe as we can. We wear our masks, wash our hands, and stay away from large crowds. I refuse to watch the news any more because all they are doing is spreading fear. I think my last straw was when I was checking the weather this last week and on the weather websites it shows the amount of covid cases and deaths. Pierce County was at 111,000 cases and only 1,009 deaths. This is in a two year period. This is not a high amount of deaths.

So please consider our children when trying to mandate vaccines. I guarantee thousands of parents will not agree to this!

Thank you for taking the time to read this. I wish you a happy and healthy 2022.

Take care,

Lori

Sent from Yahoo Mail on Android

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

From: Jason Skeie
Sent: 1/1/2022 4:46:50 PM
To: DOH WSBOH
Cc:
Subject: No to Covid-19 vaccine

External Email

It has come to my attention that the Washington State Board of Health is considering having the Covid-19 vaccines a requirement for children to go to public schools in Washington state. As a parent I have researched the risks and benefits with the Covid-19 vaccines and have found the risks far outweigh any perceived benefit. For this reason I urge you not to make any Covid-19 vaccine a requirement for children to get public education in the state of Washington.

Jason

From: Hannah King
Sent: 12/29/2021 8:32:09 PM
To: DOH WSBOH
Cc:
Subject: No vax

External Email

To whom it may concern,

Do not require the experimental covid injection into the school requirements. There are global protests against the mandates. The founder of the vaccine itself Dr. Robert Malone, just admitted that the vaccines are causing more illness than they treat, over 30,000 deaths reported from the experimental vaccines, and it does not stop infection or transmission.

Our children are not lab rats.

Listen now, NO MEANS NO!!

Signed,

A concerned parents.

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 6:05:10 PM
To: DOH WSOH
Cc:
Subject: FW: No mandated vaccines for schools

From: Carri Coe <carricoe@yahoo.com>
Sent: Wednesday, December 29, 2021 5:25 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No mandated vaccines for schools

External Email

I would like to say I am not for or against the vaccine. But I do not think this vaccine which is causing more harm than good should be placed on our children to be forced to have it to have a public education. It should be a choice and a parents choice if they decide to have their kids vaccinated with the Covid shot. They shouldn't require anything if the parents do it want to take a chance on giving this shot to their kids. No one knows the long term effects this will have on anyone. There are no long term studies done, what if they give it to their kids and this causes long term effects or are infertile or worse die because you are requiring it? This is ridiculous and taking away our choice and freedom as parents and our childrens rights. You should be ashamed at yourselves for taking away a child's right to have an education- get the shot or get the education.

Please do not vote for this and do not support this.

We the people need to take back our freedoms as we are losing them and will not stand for this!! If you vote for this there will be thousands of kids pulled from schools and homeschooled. The education system will fall apart. Just as our jobs are going to fail if this is mandated on the job markets as well. Do not be one who will let this country fall apart, please!!

Thank you,

Carri Coe

Sent from my iPhone

Sent from my iPhone

From: sheri kaufman
Sent: 12/29/2021 2:00:40 PM
To: DOH WSBOH
Cc:
Subject: No mandatory Covid Vax for students

External Email

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 this will send them over the top. THINK about who you are helping. 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 everyday and impacts kids 0-19 the least, if at all! Follow the data! Please end this conversation NOW.

Sheri Kaufman

From: Carrie Hafner
Sent: 1/2/2022 10:49:59 PM
To: DOH WSBOH
Cc:
Subject: no covid vaccine mandate for students

External Email

Hi, I am a parent of an 11-year-old boy in the Lake Washington School District. We decided that all the adults in our household would benefit from covid vaccination. We did have 5 family members get breakthrough cases over the summer, including my son, who had a mild case. everyone recovered without need for medical attention.

I believe that covid poses very little risk to him at this point. And the side effects of the vaccine, particularly the heart inflammation, is a higher risk to him than another case of covid. He won't be getting the vaccination. He is UTD on all of his regular vaccines.

I am writing to let you know that I object to WA state mandating covid vaccine for schools. If the state does this anyway, I have every intention of homeschooling or moving, as this will be the last straw for me. I have resources and time to do either option. I can not see any valid reason for vaccinating my child, and will not comply with any mandates instituted.

Carrie Hafner

From: Gail McGaughey
Sent: 12/29/2021 1:19:40 PM
To: DOH WSBOH
Cc:
Subject: No vaccine mandate for school children

External Email

I am writing in opposition to requiring the experimental COVID 19 gene therapy shot for school children. The yearly flu is much more deadly for children yet parents and their child's doctor are allowed to determine the medical procedures their child takes. More children die of flu and drowning and car accidents than of COVID. Shall we ban children from riding in cars or taking baths or swimming? Shall we close schools every flu season? The medical trial for this COVID shot is ongoing into 2023. Our kids should not be forced to be guinea pigs. We have no idea if this new technology is safe. NO TO A COVID SHOT MANDATE FOR SCHOOL CHILDREN. Gail McGaughey

Typos courtesy of my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 1/4/2022 7:21:21 AM
To: DOH WSBOH
Cc:
Subject: FW: NO vaccine requirement

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

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

From: Mckenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:55 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: NO vaccine requirement

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Rod Richeson
Sent: 12/29/2021 1:55:03 PM
To: DOH WSBOH
Cc:
Subject: No mandatory covid injections for school children

External Email

There should be no discussion about this as children are infected much less, and the long term data on any injection to combat covid has not been published. We have seen that once, twice, and thrice "vaccinated" individuals are having "breakthrough" infections, which means the efficacy of the injection is minimal, and the potential effects could be catastrophic to growing, developing individuals.

No injection that is being administered under EUA should not even be discussed for mandatory administration. The current injections are NOT the FDA approved version, and thus no liability is taken by the manufacturer of the injectable. People can argue they are the same, but the FDA says they are not the same, but interchangeable.

This process needs to slow down considerably for data to be gathered on if this virus is going to burn itself out, ala omicron, be a seasonable virus, before a potential life altering injection is given to a child that cannot give consent.

Rod Richeson
Moses Lake, WA

Sent from my iPhone

From: Stephanie Beck
Sent: 1/1/2022 10:23:51 AM
To: DOH WSBOH
Cc:
Subject: No covid vaccine requirement

External Email

WSBOH,

I believe kids should not be mandated to get vaccinated. We do not have the proper testing of possible long term effects the vaccine may cause. This seems immoral to allow this. I believe we all want the best for our children, and keeping them safe. In this case the risk is not worth it. With the very low mortality rate for kids this should not even be considered. Please do the right thing and not mandate this vaccine on our children.

sincerely Jeremy Beck

Sent from my iPhone

From: doreen d
Sent: 12/29/2021 6:29:47 PM
To: DOH WSBOH
Cc:
Subject: no experimental covid vaccines for kids

External Email

Attention WA State BOH:

There is no reason to mandate this experimental vaccine for children. The risk of the virus is minimal to none for kids and the injury rate for this particular shot has been alarming. There was a Senate Hearing in the Fall on the catastrophic injuries occurring with these vaccines. It was heart breaking to hear from a heart doctor, a pilot and several athletes who could no longer do their jobs. One was in a wheel chair and several had constant seizures.

The death count is over 18k now and there is no reason to gamble on school age children developing blood clots or heart problems.

Do not add the covid vaccine to the school schedule. There is no data that supports such a move, only financial incentives that will be investigated.

Do the right thing and leave the decision to the parents and students and their doctors.

Sincerely,

Ken & Doreen Dings, Renton WA

From: aeroengineman
Sent: 12/29/2021 3:33:08 PM
To: DOH WSBOH
Cc:
Subject: No Vaccine Mandates for Children

External Email

I am writing as an interested party but one who has studied the data on vaccines including Americas Frontline Doctors who are far more up to date than the official channels. I am not anti vax and have had two shots but i will not have another. The Mrna vaccines are a gene therapy whose long term side effects in children are not proven and which are demonstrating damage to human immune systems the more the boosters are given. You have NO data to confirm the child vax is less harmful than a child's natural immunity. Also children that contract covid heal and have a long term immunity which eliminates the need for dangerous boosters which WILL harm their immune systems.

There are now therapies which taken in the 1st 5 days eliminate the need for hospitalization if covid is contracted by a child

You can't justify giving a MRNA vax to a child who already has natural immunity

When you don't know what you are doing, the best thing to do is STOP until you do!! The scientific evidence is flipping on covid vaccines and heading toward

therapeutics. Most of the covid cases from the cruise ships are proving fully vaccinated people in confinement does nothing to stop the spread.

My vote is no vax mandates on our kids

David Tegeler PE
Maple Valley
425-432-2800

.

Sent from ProtonMail for iOS

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/4/2022 8:30:59 AM
To: DOH WSBOH
Cc:
Subject: Fwd: NO vaccine requirements

From: McKenna Hood <mckenna-marie@live.com>
Sent: Tuesday, January 4, 2022 6:55:08 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: NO vaccine requirements

External Email

Considering a vaccine requirement for school children is one of the most absurd ideas during this entire plandemic. Children are virtually at ZERO risk from COVID, while the risks of injury from these "vaccines" are extremely high. These inoculations are still in clinical trials and if one does just a little research they will find many, many reports of injury and death caused by these jabs. Please look up the VAERS data reports and then consider if you would ever want your child or anyone else's child to take this experimental jab! It is immoral and unethical to force an experimental drug on anyone! Especially children who don't know better and don't get to make the decision for themselves.

Sent from my iPhone

From: Lisa Cantillana
Sent: 1/6/2022 1:08:41 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I oppose making COVID-19 shots mandatory for school admission or childcare for the following reasons:

The vaccines are still only emergency use authorized making it unethical, as it is forcing children to participate in a medical experiment without informed consent. There are no long-term studies to document any history of safety. We do not know how these treatments impact the growing bodies and brains of children.

Studies now show that both vaccinated and unvaccinated transmit Covid, therefore, the vaccine does not stop the spread of the disease, making the mandate ineffective at accomplishing it's goal. It is well-known and documented that Covid poses very little risk to the health of children and that natural immunity is a more robust defense against future infection. It is unethical to require medical treatment on any person when there is no viable benefit to either the person or to the community.

Mandating this vaccine for children is irresponsible and unethical.

From: Paul Allen
Sent: 1/6/2022 12:33:23 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

Forcing ANYONE to take an injection, especially CHILDREN, goes against informed consent, is unconstitutional, and is immoral. There is evidence that these so-called vaccines are an effort toward population control, rather than for public health. I wish to publicly oppose the injections for all children. May God have mercy on anyone who attempts to make them mandatory.

Sincerely,

Paul Allen
Spokane Valley, WA 99216

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 7:42:04 PM
To: DOH WSBOH
Cc:
Subject: FW: Children Forced Vaccinations for school

From: Jo Wall <jowall64@gmail.com>
Sent: Wednesday, January 5, 2022 7:15 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Children Forced Vaccinations for school

External Email

My husband and I are totally against the covid vaccine, and booster for a requirement for children to attend school. We have grandchildren, and great grandchildren in school even with the vaccines children are still get the Covid, and variants. This should be a parent's decision, not the Government. No one can tell you what the long term affects will be.

Very Concerned Grandparents,
Michael and Brenda Greenough

From: Carolyn Questad
Sent: 1/6/2022 11:02:42 AM
To: DOH WSBOH
Cc:
Subject: Children vaccines

External Email

Please do not make my healthy 12 grandchildren get a vaccine that in all probability will not infect them with any noticeable serious affects. ... let us continue to guide our own children's health decisions... God given right as parents
Carolyn & Dale Questad
Snohomish WA

Sent from my iPhone

From: Andrea Frydenlund
Sent: 1/6/2022 12:45:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

The vaccine does not protect against COVID transmission, it is ONLY authorized for "Emergency" use, transmission of COVID among the young is extremely low, and there are no long term studies showing the effects of this vaccination.

I understand that none of the decision makers care what the citizens think or how they feel, because they truly feel that they know what's best for everyone. They believe that none of us adults have sense enough to make decisions for ourselves and our families (and perhaps there's a point to be made there, judging from the types of individuals the majority of the people have voted in)...but for what it's worth, I have to be able to tell my kids that I tried. If this vaccination mandate does come to pass for the children of Washington state, I can promise you that there will be a large exodus of students from publicly funded schools, mine included. Allow us the freedom to choose for our kids. You don't even know them.

Sincerely,

Andrea Frydenlund

From: ELISABETH OAKES
Sent: 1/6/2022 1:25:24 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

* Natural Immunity should count for protection against COVID-19 and many have already had the infection.

* We now understand that the vaccine does not prevent the transmission of the COVID-19 infection so there really is no reason to take an experimental injection that does not work.

From: Amber Stol
Sent: 1/6/2022 1:15:08 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

These are over-reaching and immoral and against our individual freedom.

My family and I stand against these proposed WAC's. Hoping you will do the same.

Thank you.

Amber Stol
Washington Resident

From: Robin Beeson
Sent: 1/6/2022 12:45:18 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. Plenty of evidence exists that people under the age of 60, especially young school age children, are not at risk of becoming seriously ill or dying from any of the Covid-19 variants. Even older adults have a low risk of becoming seriously ill or dying from Covid.
2. The Covid vaccines have been shown to be less than 40% effective, especially against the new Omicron variant.
3. Schools should be focused on PREVENTION through healthy school meals and physical activity, not forced vaccination.
4. VAERS data shows a significant risk of side effects (including myocarditis) from vaccinations. Any other drug with significant risk of dangerous side effects would have already been pulled off of the market. The only reason these vaccines are still on the market and able to be pushed or even forced on the public is due to the Emergency Authorization.

I could cite additional reasons to not mandate the vaccines for school children or anyone else, for that matter. However, the four reasons listed above should be enough reason to not mandate these vaccines for anyone.

Thank you for your time.
Robin Beeson
253-678-7617

From: Heather LaFranchi
Sent: 1/6/2022 10:55:56 AM
To: DOH WSBOH
Cc:
Subject: Children should not be forced to vaccinated against Covid

External Email

Washington State Board of Health:
Young children should not be mandated to receive Covid vaccines.
Medical decisions for children should be between their caregivers and their doctors. I find it very dismaying that even though the CDC has said numerous times that children are not at great risk of Covid, and the fact that these vaccines are under an Emergency Use Authorization not fully approved, you would consider requiring this.
We are told to follow the science and the science does not support such a requirement. Please truly consider our children, follow the science and do not impose this, since we truly do not not what the future effects will be.

Sincerely,
Heather LaFranchi

From: Pam Reeves
Sent: 1/5/2022 9:09:01 AM
To: DOH WSBOH
Cc:
Subject: Children vax

External Email

Please do not seek to vaccinate our children. We know the vaccinated can & do spread the virus. No children are dying from covid. We know there are adverse effects and the long term effects are not yet known.

Say no to childrens mandatory covid shot. Say no to all mandatory covid shots.

Thank you,
Pam Reeves

From: jason galbreath
Sent: 1/6/2022 12:41:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- Vaccines have not been fully tested for all side effects.
- CoVid Death rates among all age groups are the same as the FLU.
- CoVid death rates among children are the lowest of all age groups.
- Teachers and staff are all mandated by Gov. Inslee to be vaccinated against CoVid.
- CoVid vaccines do not prevent a vaccinated person to spread CoVid.
- CoVid vaccines do not prevent a vaccinated person from becoming infected or re-infected

Jason Galbreath
360-551-5392

From: Joan Rowe
Sent: 1/6/2022 1:19:04 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1). They are at low risk for long term effects of Covid and there is no research on long term effects of the shot on children.
- 2). The Covid shot is still only EUA and long term effects are not even known for adults let alone children.
3. We as parents have both the right and responsibility for health decisions for our children, not the state.

There are many other concerns, but these are my top 3 reasons for being against Covid shots for young children.

Thank you.

Joan Rowe, RN, BSN.

Sent from my iPhone

From: Lilly Zhukova
Sent: 1/6/2022 1:22:12 PM
To: DOH WSBOH
Cc:
Subject: Comments

External Email

Hello,

I'd like to comment on the upcoming Board meeting scheduled for January 12th.

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you,
Liliya Zhukova
lillyzhukova@yahoo.com <mailto:lillyzhukova@yahoo.com>

From: Samuel Stol
Sent: 1/6/2022 1:22:52 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

These are over-reaching and immoral and against our individual freedom.

My family and I stand against these proposed WAC's. Hoping you will do the same.

Thank you.

Samuel L. Stol
Washington Resident

From: Julia K

Sent: 1/6/2022 12:45:42 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: comments for the 12 January board hearing

External Email

Dear members of the board

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State .

As a parent, and a member of the community, I implore you to please stop the push to require Covid 19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at an extremely low risk for Covid 19. The Covid 19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading C19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children!

The disease burden in this case does not meet your criteria. There is NOT a significant morbidity and/or mortality in at least some sub-set of the population. The survival rate is well over 90% and even the long term effects of C19 do not represent a significant amount. Additionally, this vaccine is not meeting your criteria because it is not reducing the risk of person-to-person transmission.

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally in regard to vaccines effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing C19 nor is it preventing the spread of C19. The vaccine is not cost effective for our nation. Perhaps it is cost effective or free or maybe even puts some money into the local schools, but as a nation, it is destroying our financial position at an alarming rate. "Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Yeah. Not even close. Tell that to the parents of the kids who are having heart attacks. Tell that to my friends who have had massive auto immune flare ups and other medical issues arise immediately after their second dose. This is not a safe vaccine for all people. Even the FDA board that was approving those vaccines to they young kids did it with the impression that will be absolutely voluntary and will never be mandated which CDC guaranteed. Will you take upon you the responsibility for the health and well being on innocent children who you will be subjecting to unknown risks in order to receive education which is an ingrained right of every child? Will you create segregation and discrimination based on the medical choices made?

Please PROTECT our children by NOT requiring a C19 vaccination to attend child care or school.

Thank you,

Julia Kulyk

From: Robin Crout
Sent: 1/6/2022 12:46:28 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * We do not know the long-term effects these shots will have on children.
- * Some children are having serious reactions to these vaccines.
- * It infringes upon their right to informed consent as we and they cannot know the health effects down the road. We do not fully have a clear picture of the health consequences of these experimental vaccines.
- * All have a right to public education. It is discriminatory to those who are needle-phobic, have had a serious reaction to a vaccine but still cannot be granted a medical exemption, and those who oppose due to their religious beliefs.
- * This requirement is extreme and many parents will oppose it. The number of families choosing to home school is growing and will build further if children are required to have a vaccine which many parents are against.
- * Potential loss of revenue to the school district as concerned parents will opt out of public school.
- * Most of us know someone who had an aversive reaction to a covid vaccination. More and more parents are hesitant and scared seeing what is happening to children in our community - much of these reactions are never reported to VAERS.

Please do not discriminate against children. They do not have a voice; we are their voice. But they are the ones who will suffer the long term health consequences if in time more is revealed about the harms of these vaccines. Some children do not want the vaccine. They still deserve an education and their parents pay taxes to fund the schools. We should all have a say.

Remember, the vaccine does not fully prevent infection. Teach children hygiene instead. Handwashing and hygiene and good self care can prevent illness.

Sincerely,
Robyn Crout

From: Lisa Sonneman
Sent: 1/6/2022 1:36:09 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons: as you know, children are a very low risk for Covid. It is like a cold to them, especially with this new milder variant. You also should know that this vaccine does not stop the spread of covid. Why would you mandate an experimental vaccine that is not effective and the risks are not know? Are you purposely trying to wipe out a whole generation? If you are for protecting children, you will vote against this proposal. If you are not for protecting children, resign immediately.

Sincerely,
Lisa D. Sonneman

From: David Hall
Sent: 1/5/2022 4:14:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for Public Meeting, Wednesday, January 12, 2022



attachments\74B0F3AD73AA4377_WSBOH_January 12 meeting comments-dhall.pdf

External Email

Please see the attached PDF of my comments for the above upcoming meeting on January 12th 2022.

Thank you,

David Hall

To whom this concerns,

The upcoming January 12th 2022 board meeting will discuss the rule-making Petition to alter WAC 246-105-030 to include a Covid-19 Vaccine. I would like to add the following points/discussion:

- 1) The Vaccine being discussed for inclusion MUST be a FULLY FDA approved Vaccine. (See reference 1), as was mentioned in the previous board meeting.
- 2) The only FDA approved vaccine for Covid-19 is Comirnaty. Comirnaty was granted full approval by the FDA on August 23, 2021.
- 3) Per the CDC and FDA, Comirnaty is a **legally distinct** vaccine from the Pfizer-BioNTech COVID-19 vaccine. The Pfizer-BioNTech COVID-19 vaccine is currently authorized for emergency use under the EUA. The two **are not legally interchangeable**. (See references 2 and 3).
- 4) I have personally called a Walgreens in Centralia, Olympia, Spokane, and New York, and they told me they did not offer Comirnaty, nor could they tell me where I could get it.
- 5) The WSBOH cannot legally make a recommendation for the EUA authorized Covid-19 vaccine for inclusion to WAC 246-105-030. WSBOH can legally make a recommendation for Comirnaty, however Comirnaty is not available in WA state to my knowledge. Approval of Comirnaty amounts to a ruse on the public if it is not manufactured and available. The burden of compliance to obtain an unavailable product is beyond reasonable.

If the WSBOH makes a recommendation to approve a COVID-19 Vaccine, parents will inevitably have to obtain the Pfizer-BioNTech COVID-19 vaccine to allow their children to attend school and daycare. The Pfizer-BioNTech COVID-19 vaccine is an experimental product that lacks sufficient long term data to support its safety in children.

I implore you to allow parents to make the choice whether to immunize their children with an experimental medical procedure, with a product that has not been thoroughly tested. Once a person is immunized, you cannot go back and reverse the decision. It is final.

Reference 1)

Source: <https://app.leg.wa.gov/wac/default.aspx?cite=246-105-020>

center only by providing the required COE form.

(10) "Full immunization" or "fully immunized" means an immunization status where a child has proof of acquired immunity or has been vaccinated with immunizing agents against each of the vaccine-preventable diseases listed in WAC **246-105-030** according to the national immunization guidelines described in WAC **246-105-040**.

(11) "Health care practitioner" means a physician licensed under chapter **18.71** or **18.57** RCW, a naturopath licensed under chapter **18.36A** RCW, a physician assistant licensed under chapter **18.71A** or **18.57A** RCW, or an advanced registered nurse practitioner licensed under chapter **18.79** RCW.

(12) "Health care provider" means a person licensed, certified or registered in a profession listed in RCW **18.130.040**(2), if administering vaccinations is within the profession's scope of practice.

(13) "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.

(14) "Local health officer" means the individual appointed under chapter **70.05** RCW as the health officer for the local health department, or appointed under chapter **70.08** RCW as the director of public health of a combined city-county or combined county health district.

(15) "Medically verified immunization record" means a valid record that is:

(a) An electronic or written medical health record from a health care provider or facility at which the provider practices; or

(b) A document from a secure, web-based application that records and tracks immunization dates such as an immunization registry.

(16) "National immunization guidelines" means guidelines that are:

(a) Approved by the Advisory Committee on Immunization Practices (ACIP); and

(b) Published in the *Morbidity and Mortality Weekly Report (MMWR)*; and

(c) Consistent with the terms and conditions set forth in WAC **246-105-040**.

(17) "Out of compliance" means a type of immunization status where a child:

Reference 2)

Source:) <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#comirnaty>

Comirnaty and Pfizer-BioNTech COVID-19 Vaccine

[f Share](#) [t Tweet](#) [in LinkedIn](#) [✉ Email](#) [🖨 Print](#)

January 3, 2022: FDA expands eligibility for the Pfizer-BioNTech COVID-19 Vaccine to include the use of a single booster dose in individuals 12 and older at least 5 months after primary vaccination with Pfizer-BioNTech COVID-19 Vaccine. Read the [press release](#) or view [booster eligibility](#).

On August 23, 2021, FDA announced the first approval of a COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, and will now be marketed as Comirnaty, for the prevention of COVID-19 in individuals 16 years of age and older.

Pfizer-BioNTech COVID-19 Vaccine is authorized for emergency use and is available under the EUA as a two-

dose primary series for individuals 5 years of age and older, as a third primary series dose for individuals 5 years of age and older who have been determined to have certain kinds of immunocompromise, and as a single booster dose for individuals 12 years of age and older at least five months after completing a primary series of the vaccine.

The Pfizer-BioNTech COVID-19 Vaccine is also authorized for use as a heterologous (or “mix and match”) single booster dose for individuals 18 years of age and older following completion of primary vaccination with a different available COVID-19 vaccine. For example, Moderna and Janssen COVID-19 vaccine recipients 18 years of age and older may receive a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine.

On November 17, 2021, CDC, in consultation with FDA, issued emergency use instructions to provide information about the use of the vaccine as an additional primary series dose or as a booster dose in certain individuals who completed vaccination with certain non-FDA-authorized or -approved COVID-19 vaccines.

Comirnaty Information

Pfizer-BioNTech Fact Sheets

Pfizer-BioNTech Fact Sheet Translations

Información sobre las vacunas para el COVID-19

Reference 3)

Source: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html>.

**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**

FOR 5 THROUGH 11 YEARS OF AGE

Your child is being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine for use in individuals 5 through 11 years of age.¹

The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide a two-dose primary series to individuals 5 through 11 years of age.

The Pfizer-BioNTech COVID-19 Vaccine has also received EUA from FDA to provide a third primary series dose to individuals 5 through 11 years of age who have been determined to have certain kinds of immunocompromise.

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS
ABOUT COMIRNATY (COVID-19 VACCINE, mRNA)
AND THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS
DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS 12 YEARS OF AGE AND
OLDER**

FOR 12 YEARS OF AGE AND OLDER

You are being offered either COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and also includes information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA) for use in individuals 12 years of age and older.

The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine authorized for Emergency Use Authorization (EUA) for individuals 12 years of age and older, when prepared according to their respective instructions for use, can be used interchangeably.¹

COMIRNATY (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by Pfizer for BioNTech. It is approved as a 2-dose series for prevention of COVID-19 in individuals 16 years of age and older. It is also authorized under EUA to provide:

- a 2-dose primary series to individuals 12 through 15 years of age;
- a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise;
- a single booster dose to individuals 12 years of age and older who have completed a primary series with Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 Vaccine, mRNA); and
- a single booster dose to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 11:30:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 11:26 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Kelie,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: Linda Ryan
Sent: 1/6/2022 1:32:52 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. It has been proven time and time again with a variety of studies that children are NOT as affected nor do they typically spread this virus.
2. the "Vaccine" is causing myocarditis in our young boys and young men
3. the "vaccine" is going to the ovaries of females causing sterility
4. It has KILLED too many children already.
5. the FDA went against the advice of their own advisory board. Follow the money here.

Our kids DO NOT NEED another vaccine. They need to be able to build up a natural immunity (if they actually get covid) that is stronger than any vaccine can produce much like everything else.

I encourage you all to do the right thing and STOP THIS INSANITY in its tracks.

Linda Ryan

From: Courtney Vasquez-Romero
Sent: 1/6/2022 12:54:31 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

There are no long term studies document on how the COVID-19 vaccine will affect our children in the future. Children are low risk for Covid and the Vaccine does not stop the spread of Covid. Mandating the Vaccine will put so many families in a difficult position. Many will be forced to go against their beliefs and vaccinate or they will be forced to homeschool which can put a financial burden on them. Let parents decide what is best for their own children.

Thank you.

Courtney Vasquez-Romero

From: Shauna
Sent: 1/6/2022 1:41:39 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations TAG

External Email

To Whom It May Concern:

As a lifetime resident of Washington state I am AGAINST any mandatory shot for anyone which includes CHILDREN for the following reasons:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

Lets get back to living our lives as AMERICANS and live by the constitution which provides FREEDOM for ALL AMERICANS.

Thank you

Shauna Washburn

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

From: Deb Billing
Sent: 1/6/2022 1:31:31 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

The vaccine is is under emergency use approval. No long term effects on children have had time to be studied.

Children are low risk for Covid or complications.

The vaccines are not working for any age group.

There are too many vaccine injuries to risk these on children.

This is unconstitutional both in Washington state law and US government law.

This feels like crime against humanity.

I oppose this act against our children.

Sincerely,

Deborah Billing

Sent from my iPad

From: Mike Anderson
Sent: 1/6/2022 1:32:02 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

I believe it's very unethical and is taking away our rights and forcing us to do something that nobody has any idea what will happen long term from the vaccine. This agenda will just force the working class that can't homeschool or pay for private childcare into accepting the vaccine because they can't afford to miss work.

If you can still get sick from the virus and also carry or spread it after you've had the vaccine what is the point of forcing everyone into getting it if it's obvious it's not solving anything. I'm completely against forcing our children to get a shot that nobody knows what will happen in a year or ten years down the road.

Thanks,
Mike

Sent from my iPhone

From: T C
Sent: 1/6/2022 1:21:33 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. There are No FDA approved vaccines that are Not in an Emergency Use status.
2. It is a war crime to force medical experiments, procedures, etc on anyone. See Nuremberg Code. And current international cases of crimes against Humanity in regards to the COVID 19 Tyrannical edicts. Saying I was only following orders does not exempt you from a mandatory death sentence. See WWII history.
3. It's against our federal laws, Constitution, Bill of Rights. See the US Navy Seal teams recent win in Court setting case law and a precedent. Violation of 1st Amendment rights. Etc
4. It's against International laws and human rights.
5. There is zero study's on children. VAERS at CDC and the other versions show severe vaccine side effects and death.
6. Who is excepting full liability?

Timothy Culver

Command Sergeant Major, retired

From: Art Tunstall
Sent: 1/6/2022 1:03:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

Because this whole COVID pandemic is a scam!!

I walked away from my job in Healthcare because of this BS mandatory vaccination crap. I CERTIANLY will NOT let my child be poisoned by an illegal "mandate"!! A mandate forth by a government, federal or state, that doesn't have the authority to impose such a lawless, unconstitutional demand.

We will never give consent for our child because I am informed. I know this shot causes sterility, prions disease, it weakens your immune system and cripples it and so much worse..

My child doesn't need a vaccine for a disease with a 99.997% survival rate.

There was a study released recently that provided evidence that you were actually 76% MORE LIKELY to get sick with COVID after receiving your 2nd shot, Moderna was 39%.

The vaccines are POISON and you can't prove they aren't!!!

I know more about this garbage jab than a lot of people don't. I have researched its ingredients, I have seen the vaccine injuries, and I know they have already killed MILLIONS with this graphine oxide filled, spike protein manufacturing, DNA altering clot shot.

They aren't safe, they aren't effective, you can still catch and transmit this so called COVID virus. A virus that has never been produced in its physical form, or sample of any kind.

I listen to the professionals, Dr. Robert Malone, Dr. Peter McCullough, Dr. Sherri Tenpenni, Dr. Christian Northrup, Dr. Carrie Madej.....etc...

I know the truth that not one of these jabs are really FDA approved. That being said, I nor will anyone in my family be a part of this genocidal experiment that is currently being performed on the world public.

I have so many more reasons why my children will NEVER get this jab, but I know that the criminals trying to oppress, poison, and ultimately MURDER us already know this too.

This will not stand.

It is against my child's rights and I will never let you tell me what I have to do for my child.

Sincerely,

Arthur G. Tunstall

Sent from my Verizon, Samsung Galaxy smartphone

From: JANET & STEPHEN SMITH
Sent: 1/6/2022 12:58:56 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

There are no FDA approved vaccines for COVID-19. They are all experimental and voluntary. EUA vaccines cannot be mandated under Federal law, Nuremburg and the constitution. There are no studies, let alone long-term studies on the adverse affects of these experimental shots and should never be experimented with on our innocent children. It is illegal, unethical and tyrannical! Anyone responsible for implementing such mandates will be held liable to the full extent of the law under crimes against humanity. Stay away from our children.

Janet Smith

From: Krsten Oneto
Sent: 1/6/2022 12:53:04 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

This is against our civil rights, to be mandated to take a vaccine. it is dangerous for our children, it's a manufactured virus to ruin our Democracy!

Wake up politicians, you are supposed to work for the people. it's our money and lives you are messing with!

Kris Oneto
514 Monohon Landing Rd.
Raymond, Wa 98577

From: Sandy Repsold
Sent: 1/5/2022 2:47:26 PM
To: DOH WSBOH
Cc:
Subject: Comment re: children Covid vaccinations

External Email

Hello,
I am a Mother and Grandmother here in Spokane, WA
We raised six children through the public schools and now the first ones of our 11 grandchildren are entering school age.

I can speak for all the people in my family, workplace, social group and church that a forced vaccination of this kind, placed upon innocent children whose risk of illness is so low it can hardly be measured goes against our medical freedoms.

Parents who willingly get the shots for their kids should be respected. So, too, those who choose not to get an experimental shot for their children should be respected.

Please govern accordingly,

Sandy Repsold,
MA Counseling Psychology

From: Rick Iddings
Sent: 1/6/2022 11:41:47 AM
To: DOH WSBOH
Cc:
Subject: Childhood. Immunizations

External Email

It has come to my attention that there is a hearing coming up requiring young school children and preschool to be required to get Covid 19 vaccinations. This is completely against what we are now learning through true, objective science, and not by Dr Fauci/science. Please do not harm our children.

Rick Iddings rliddings@ gmail.com

From: danielle douglas
Sent: 1/5/2022 8:50:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello board members!

I am the mother of a Spokane public school student. He is a healthy boy. Covid-19 has come through home already and we've recovered completely with no after affects. To see that you're having to consider mandating vaccines for students is appalling. Just reading the criteria that is required shows this should not be mandated. It has come to light the vaccination will not prevent the spread of infection. The increase in heart conditions for the vaccinated youth is not worth the risk for so many youth who get Covid and have no ill effects. Mandating a vaccine for a virus that continues to mutate and new variants indicates that we should be looking towards managing care for the ill, rather than vaccinations that do not stop infection/spread of infection. Please vote against mandating this for our children.

Thank you,
Danielle Douglas

Sent from my iPhone

From: Jo Wall
Sent: 1/5/2022 7:15:19 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Children Forced Vaccinations for school

External Email

My husband and I are totally against the covid vaccine, and booster for a requirement for children to attend school. We have grandchildren, and great grandchildren in school even with the vaccines children are still get the Covid, and variants. This should be a parent's decision, not the Government. No one can tell you what the long term affects will be.

Very Concerned Grandparents,
Michael and Brenda Greenough

From: DAVE M MENARD
Sent: 1/6/2022 10:05:17 AM
To: DOH WSBOH
Cc:
Subject: Childrens Vaccinations

External Email

I am against mandatory childrens vaccinations to attend school. The science and data do not support the need unless the child has underlying conditions such as obesity. If it is mandatory it is an overreach of government especially when we do not know the long term impacts on children from the experimental vaccines.

Sent from my iPhone

From: Ashleigh Tasche
Sent: 1/5/2022 10:00:55 PM
To: DOH WSBOH
Cc:
Subject: Comment on immunization criteria for school entry

External Email

Hi,

Covid shots should absolutely not be a requirement for children to attend school.

Children are not at risk for Covid-19. These "vaccines" are not yet FDA approved, only EUA and have not been properly tested.

Please do not make this a requirement without having good data. The risk of dying from covid for anyone is so low and even lower still for children. The risks from these shots are still unknown. Why would we require this of our children?

Don't forget how immunity works. Remember chicken pox parties? Getting a virus and letting your body fight it off used to be a valid method for immunization. Have we forgotten this? Data on natural immunity shows that it's better than any shot can give.

Please consider this viewpoint that is held by many people.

Sincerely,
Ashleigh Tasche

From: Gmail
Sent: 1/5/2022 4:29:12 PM
To: DOH WSBOH
Cc:
Subject: Comment to Washington State Health board regarding covid

External Email

This is a message to all of you in the health department of Washington State. I'm totally against any covid inoculation mandates, of any kind. For kids or any person period!

First of all, they are not a vaccine! Even if someone changed the definition of vaccine, it still doesn't make these injections vaccines! A pig is still a pig, even if you put lipstick on it! They don't stop infection or spread.

Second, these inoculations are under the EUA! None of them have been approved. We know what they're doing! The manufacturers want to get them approved for babies so they will never be accountable for the damage they cause! We know about the fact that they have zero liability or responsibility for adverse reactions! We know it's only about the money.

Third, Our kids are our treasure and if you want to see mama bears come at you, if you want a mass exodus of kids out of the schools, if you're all for those smaller class sizes and you want to be responsible for all the adverse affects and have a class action lawsuit against you, then choose the mandate! There are plenty of people who still have fight in them!

Fourth, All the treatments and cures for this "virus" have been suppressed by the CDC, NIH, WHO and anyone else I left out! Doctors and other healthcare professionals who speak about the treatments and cures, that work by the way, have been vilified, canceled, fired and destroyed by corrupt individuals who definitely don't have "the peoples health" as their priority! We know this is a fact! There are many treatments and cures and they have been suppressed because the inoculation manufacturers would never have gotten their EUA for their jabs if there were available and appropriate treatments or cures for said disease! It's right in the EUA! They had to suppress them to get the EUA in the first place! This whole thing is about the money to be made and the depopulation plan by jabbing the world!

Fifth, There is a complaint filed with the ICC in the Hague against Anthony Fauci et al (go look it up), for their crimes against humanity! Everything about these inoculations, mandates, vax passports, lockdowns, destroying lives etc. reeks of totalitarianism and goes against the Nuremberg code, the US constitution and breaks many laws. We either have our civil rights, freedom to choose what's right for our bodies and OUR kids or we fight! The kids aren't the possession of the state! I seriously hope you get that! All who knowingly engage in this tyranny will be held accountable!

Sixth, don't know how many of you are going to say "well, kids have always been required to get "vaccines" to attend school"! For those of you who do think this way, THE COVID JAB IS NOT A VACCINE! This Mrna technology is a gene therapy! It alters a person's body via a synthetic spike protein that was made in a lab then unleashed on the public! Do you see what you're doing by even suggesting we give this to our kids? What is the motivation here? I want an answer because we know it has nothing to do with health!

Last, I sincerely hope you all are critical thinkers and will choose the right path forward after some research and deep soul searching!! I'm not even sure why this has been

brought to the table and have never sent in a letter but, this is critical! You are on a very precarious tipping point, don't fall off the wrong side!

Thank you for your consideration of my shared facts, thoughts and opinions!

Cari Williams
Washington resident
Mother, Grandmother and critical thinking human!

11908 E 30th Ave.
Spokane Valley, WA 99206
425-442-2274

Sent from my iPhone

From: WashingtonPropertyPros
Sent: 1/6/2022 1:06:39 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am strongly opposed to your vaccination mandates against anyone, but especially children. I have been informed that you are trying to force experimental science on our children and into their little bodies by threat to discriminate against them and their families by barring them use of publicly funded schools and daycare services as well as admission to all schools and daycare centers. Even we who do not have children pay for these services by taxation, as do their parents. You are not representing the will of the residents of this state, in fact you are heinously violating and attacking the people of this state.

I am writing to inform you that these are sinister and prejudicial actions against Washington state citizens. I also consider your behavior as being purposefully predatory against the young and vulnerable children of this state as well as those of lower incomes and resources.

You must STOP this mad science approach. If you have a shred of humanity left in you, STOP this insane, unfounded agenda of harming and division and preying on those you were sworn to protect and serve.

From: s tacy
Sent: 1/6/2022 5:47:48 AM
To: DOH WSBOH
Cc:
Subject: Comment for January 12th meeting

External Email

Hello,

RE: #11 on agenda of the January 12th meeting.

As a mother, I strongly oppose any recommendation for Washington Schools to require children to take the Covid-19 vaccine to attend in person school. We parents will make this decision for our families. Children are not at high risk of severe disease and WA has already required all school employees to be vaccinated to lessen the risk for them to be in our schools. Also, for ages 15 and below, FDA has not given full approval and these vaccines are still only under EUA. A recommendation to require children to be vaccinated is premature and irresponsible and will surely do more damage to the mental health of our children by creating an unwelcoming and chaotic environment in our schools. The state's past decisions regarding the closure of schools due to Covid-19 has already been shown to have damaged mental health and academics. How much more is the state willing to sacrifice our children for the sake of adults? Furthermore, there are many new treatments on the horizon that are already FDA EUA approved for adults, if they choose to take them to further protect themselves.

Please do NOT recommend our children be required to take this vaccine at this time.

Thank you,
Stacy McKnight

From: mario torres
Sent: 1/6/2022 1:31:23 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

Against our religion, don't agree with it, this shouldn't be mandatory.....decisions like this should be personal choice

From: Ashley Melville

Sent: 1/6/2022 12:24:53 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Comments about mandated vaccines

External Email

To whom it may concern RE: Washington state board of health, vaccines for school aged children

There are countless examples in history when what was once thought of as "virtuous" or "safe" or even "legal" turned out to be anything BUT.

1930's Germany, slavery, the Tuskegee experiments and thalidomide, for example.

Do not willingly be on the wrong side of history.

Children are not at great risk from this virus and they are not the drivers of spread. Allow adults to make the decision to vaccinate and allow parents the right to decide whether this new vaccine is safe or right for their children, instead of being forced to choose between sacrificing their education or their health.

Say no to mandates for this vaccine.

Say no to removing parental rights.

Do the right thing and remember that "we the people" pay your salary and reserve the right to remove a tyrannical government.

From: Jim Ladd
Sent: 1/6/2022 10:59:54 AM
To: DOH WSBOH
Cc:
Subject: Children vaccination requirements

External Email

Greetings,

I want to state my belief that children should not be required to have vaccinations for child care or school attendance. Please note that children continue to be at low risk and that the vaccines remain only emergency authorized at this time.

I strongly urge you to keep vaccines as an encouraged practice, but not a legal requirement.

Thank you,
Jim

Jim Ladd

From: LYNN B Dawn
Sent: 1/6/2022 1:37:48 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

Sent from my Verizon, Samsung Galaxy smartphone

From: Dawn Appelberg
Sent: 1/6/2022 1:13:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\2C4D7A7A4ABB4B1D_90697959_4159949697355871_6373926_PRDTool_NAMETOOLONG.jp



attachments\83458524653D466A_leg3.jpg



attachments\922A339496224BB4_IMG_0575 2021.jpg



attachments\7A7787EBA7054BC6_109503544_4688491907834978_194886_PRDTool_NAMETOOLONG.jp

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1) There are a growing number of children ending up in the ICU with heart conditions after the vaccine. My daughter's best friend was one of them. There have been several deaths related to the vaccine.
- 2) The data which is being used to determine the effectiveness of the vaccine is anecdotal at best. Every time we turn around there is conflicting data given by the "experts" - and those who are actually in the professional fields and even created the testing for the virus are being censored when they speak out against the vaccine. There is no long term peer reviewed data as we are still in the human trials portion until 2023.
- 3) The breath through cases of COVID are primarily with the vaccinated. Yes I know CDC and DoH are refuting that information. Actual data from hospitals and staff says otherwise. The vaccine has failed to do anything but create more issues.
- 4) As a vaccine-injured adult myself who suffers daily from the side effects of blanket medical procedures, I am urging you to stop this now. This should be the parents' choice - not yours.

Finally I have this to say. You have made my job easy. You see, I am a homeschooling advocate, among other things. You all are making it way too easy to pull kids out of public school. You make this mandatory - your budget will fail. I suggest you look at the numbers of those who are pulling their kids now over some of the other poor decisions made by school boards in the arena. Keep it up and you will do my job for me.

The attached pictures are what I live with daily now...and are graphic. Do you really wish to have children suffer the same thing?

From: Jaymie Magana
Sent: 1/6/2022 12:30:13 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

I had terrible reactions from the vaccine and now see a cardiologist. The vaccine was required to keep my job, but yet all my sick leave and medical costs were on me to pay. I've made the sacrifice to pay my bills but am against putting my children at risk for the same potential side effects. We have no long term studies on this vaccine and I will be forced to move from this stage if my children have to have the shot to have the right to education.

Sent from my iPhone

From: Christine P
Sent: 1/5/2022 1:17:50 PM
To: DOH WSOH
Cc:
Subject: Children vaccine mandate

External Email

To the Washington Board of Health Tag Members:

I am a parent to two active and healthy boys ages 10 and 12. I understand your team is working to decide if you should implement a mandatory Covid vaccine as part of school vaccine requirements. I listened in on your meeting on December 29th and thank you for that opportunity. I am writing today to share my thoughts and feelings regarding this.

It is my firm belief that while a Covid vaccine may be a wonderful choice in the healthcare of some individuals, it is not an appropriate option for all children, especially those who are otherwise considered typical and healthy. The overwhelming experience of most children who have tested positive with Covid is a minor cold-like illness and avoiding this is absolutely not worth the risk of the reported adverse reactions. We are currently experiencing a record number of positive Covid cases in both unvaccinated and vaccinated individuals. This vaccine appears to be leaky; not at all the breakthrough in fighting this pandemic that we hoped it would be. In the last few months there has been a campaign to get booster shots as we have learned that the effectiveness may only last 4 to 6 months. Do we really expect our children to endure this for a vaccine that doesn't prevent getting sick but only slows the transmission? It takes three people to hold down my son to get a simple blood draw. My co-workers 5 year old daughter got hives a few days before getting her first Covid vaccine. The stress this puts on children who already have wonderfully functioning immune systems is beyond necessary. We've seen more adverse reactions for this vaccine than any other. Do we really want that risk for every child?

Some in the scientific community argue that this leaky vaccine actually may allow for resistant strains of the virus to infect more people. If children really are the "reservoir of this disease" as Tom said in the meeting, then wouldn't we be unnecessarily accelerating the disease even further by vaccinating a population that almost entirely wouldn't need it? How long should we expect to boost ourselves and in effect prolong the waves of variants?

Mandates make parents feel that the Board does not trust them to make responsible choices in protecting the health and safety of our own children. Furthermore, mandating a vaccine that some parents do not yet feel safe giving their children further pushes us in a direction of not wanting to give it to them AND making us question our trust in YOU. My husband and I love our school district and it's teachers and we hope to be able to

continue our children's education there. Please do not make us choose to educate them at home because of a mandate for a vaccine that does not feel safe to us yet. Can we please continue to offer vaccines to those that feel it is the best solution in their healthcare regimen and not make this a universal requirement? Parents know about this vaccine. It is advocated for on television, the radio, billboards, social media and news outlets. It can be administered at any grocery store pharmacy, doctor office, or mass vaccination clinic. Getting them isn't the obstacle. Finding the time isn't the obstacle. Furthermore, access for families that DO feel comfortable is there. Please allow more time for parents to feel comfortable. Not everyone feels safe at the same rate as others. While a year may seem like plenty of time for some, it isn't for others.

Communicating to you about this is a very big deal to me. I have never before felt a need to write any leadership in our state over an issue. In the case of this mandate, I cannot sit idly by and not say how not only I but others feel as well. As our state's healthcare leaders, I urge you to trust and allow parents to continue to evaluate their own children's need for this vaccine. I appreciate your consideration and feel obligated to say, whatever you decide, this vaccine at this time is not appropriate for my children.

Respectfully,

Christine Packard

From: Triciahowland
Sent: 1/6/2022 12:54:46 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

- 1 it's against the law
- 2 it's against my faith
- 3 it's DANGEROUS WHERE IS THE VAERS DATA AND INFORMED CONSENT
- 4 it causes death and no one is liable for this! Who will take care of me or my family? I have 5 vaccine family members!! No one is helping except making them broke and this is tyrannical and needs to end now!!The abuse of our children needs to stop now the abuse of our elderly needs to stop now! thank you!

Sent from my iPhone

From: Maria Waslohn
Sent: 1/5/2022 5:14:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

I would like to start off by saying I am not anti vaxx, my 3 children are all vaccinated with the current school vaccine requirements. However, if Washington state is going to require this covid-19 'vaccine' for schools I will be removing all of my children from public school, and I know many families who will as well.

A vaccine prevents people from getting the illness it is made to fight, the covid-19 shot does not. So many of the cases of covid are in people who are fully vaccinated. How can you even consider requiring a vaccine that doesn't even do what it's made to do? Our children are at very little risk of having complications, or even symptoms of covid. Most of the 'covid deaths' in children aren't even from covid, they are from an underlying condition and the kid just happened to have covid on top of it. I am not scared of my children coming down with cold symptoms, which we now have to call covid, like they do every year. Their bodies are made to fight off these sicknesses and they will have a better immune system afterwards.

With so little risk of having complications or dying of covid I don't understand how any parent would choose to inject their children with a shot that has no long term research or testing. All of the other vaccines were tested for years and years before being required to the public. We have no idea what kind of long term side effects these covid-19 shots will have on our children and that's not a risk I am willing to take for a 'vaccine' that 1) doesn't have a high rate of preventing the sickness and 2) our children, and most adults are not at high risk from having complications with this virus.

Please remember the state of Washington is not only made up of the voices in Seattle, even though their's tend to be the most heard and considered. We have many smaller towns filled with people that are against covid-19 vaccine requirements in schools and whose public schools will be empty if this kind of mandate goes through.

Sincerely,
Maria Waslohn

From: Kayelee Alexander
Sent: 1/6/2022 1:45:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

The vaccines DO NOT protect against the transmission of the virus. Israel and South Korea are prime examples of how well the vaccines work... over 90% of their population are vaccinated "against" Covid-19, and yet they are experiencing/have experienced uncontrollable increases in Covid-19 cases. The vaccine mandate for adults is ridiculous, and a vaccine mandate for children is absurd. Over 99% of children who do get Covid-19 develop minimal symptoms and handle it like they handle any typical cold. The death rate for children without any underlying conditions is almost non-existent. The risk a child faces of getting extremely ill from a Covid-19 vaccination grossly outweighs the risk they face if they get sick from the virus itself. The vaccines cause an alarming number of heart issues as well as reproductive problems. We are doing our children and our future a huge injustice by even contemplating mandating this vaccine for them. This is the exact reason my children will not be going to school in Washington State. Washington followed California in their sex education endeavor, and they will follow California in this. The leaders of this state should be ashamed of themselves.

From: anita peterson
Sent: 1/6/2022 1:37:57 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email















I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

Vaccines have not prevented vaccinated or non vaccinated from COVID. Healthy children have died from the vaccine. Would you want your child vaccinated under this risk when not enough is known on the long time risk to children?

Sincerely,
Anita Peterson

Sent from my iPhone

From: DOH WSOBH
Sent: 1/5/2022 6:30:48 PM
To: DOH WSOBH
Cc:
Subject: comments 12/29

 *attachments\09E5EE8EC0734183_High-Level.png*
 *attachments\12388AFF606E439F_Have you seen the document dump on.png*
 *attachments\00990E9742084156_Screen Shot 2021-12-29 at 3.38.29 PM.png*
 *attachments\466D488943EA433F_Disclose.tv 121521.png*
 *attachments\3D36C1AF15DB473A_Screen Shot 2021-12-29 at 3.44.53 PM.png*
 *attachments\B00A738644E344E2_NEW YORK POST.png*
 *attachments\0743865A08ED4F94_USMortality 121621.png*
 *attachments\AF7BD561E6954803_Screen Shot 2021-12-29 at 3.37.43 PM.png*
 *attachments\08D0C11887354C69_Carlos Tejada (49), Deputy Asia Editor for.png*
 *attachments\5FDE69123E8C47E4_Cornell University closes.png*
 *attachments\E5172F40F7E24D22_5.3.6-postmarketing-experience.pdf*
 *attachments\48807319F8C8414B_NY Times Editor, 49. Dies One Day.png*
 *attachments\1DFA9E03798E4D86_Screen Shot 2021-12-29 at 12.41.52 PM.png*
 *attachments\71A765FD88EB4488_If you never thought your government would.png*

From: Janell Hulst <janellhulst@gmail.com>
Sent: Wednesday, December 29, 2021 4:45 PM
To: DOH WSOBH <WSBOH@SBOH.WA.GOV>
Subject: Scientific Information for Technical Advisory Group (TAG) meeting to consider COVID-19 for inclusion in chapter 246-105 WAC.

External Email

Dear TAG Committee: :

I am sending in this email, as I am APPALLED that this group is ACTUALLY discussing

adding a EMERGENCY USE AUTHORIZED ONLY, still experimental shot to the list of school vaccinations.

FIRST....

as I mentioned above, this EXPERIMENTAL, STILL NOT PROPERLY TESTED, NOT deemed SAFE mRNA medication that has even thus far deemed to (as was stated by the FDA right before prior to the EUA RECENTLY for children 12 yrs - 18 yrs old, that they will not know if it is safe until they give them to the kids), and therefore, is not something that should EVEN be LEGITIMATELY considered to add to the schedule when it is NOT an even approved drug, and is ONLY allowed to be used for EMERGENCY PURPOSES, and NOT be now added to immunization schedules! THAT is unethical,... the "FDA Approved" COVID shot is not even currently available (see attached screenshot and link from the CDC Website stating so from today):

<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%7Cc24fbc0fffa467dcbe908d9d0bc83f7%7C1

THEREFORE, how can an experimental, EUA available only, not properly tested, shot even be considered to be added to the shot "schedule"???

We are all currently involved in this massive scale experimental drug trial — this is using mRNA technology, and has never been done before. This was NOT intended to be forced upon the children, who are NOT at risk, to then be slyly forced (unknowingly) into partaking in this experiment — this is ethically wrong, and goes against the Nuremburg Code that arose from what occurred in World War 2. Why the under handed, misleading route that this TAG committee is being placed to embark upon. YOU ALL should be highly concerned of the implications for this shadowy path you being lead down to be the false of (see my SIXTH and final point below).

SECOND...

It has been shown, that the RISKS of this shot FAR OUT WEIGH the benefits — if there are any — for children. Children are NOT at risk from this virus, even left untreated they have a 99.998% survival rate — and the seasonal flu has been deemed to have a higher risk for children, than this virus, so that doesn't add up.

The younger the person, the higher the risk of myocarditis — this has been well documented, and every week there is an increasing number of athletes (median age

range of 20s-30s) collapsing on the field from heart issues, dying from heart issues, and becoming disabled and no longer able to play professionally because of heart issues: THIS is NOT normal, and OBVIOUSLY a HUGE INDICATOR that there is an issue with this shot. I would further like to note, that all these professional sports players are required to get the shot, and yet and many of these players, are out because of contracting/testing positive for covid; demonstrating, which has been confirmed by the CDC, that this shot DOES NOT PREVENT transmission, therefore COMPLETELY defeats the WHOLE purpose for why it is SAID that it is even being considered.

See screen shot below of a two recent articles demonstrating this (though the numbers are in the hundreds as of this year already with sports players, including 3 deaths this week alone from spontaneous heart conditions):

I would further like to note, that all these professional sports players are required to get the shot, and yet and many of these players, are out because of contracting/testing positive for covid; demonstrating, which has been confirmed by the CDC, that this shot DOES NOT PREVENT transmission...

THIRDLY, ON THAT NOTE....

The shot does NOT prevent transmission — therefore COMPLETELY defeats the WHOLE purpose for why it is SAID that it is even being considered.

AND the longevity of the benefits for SELF protection from the virus (which the children do not need), has been said to wane THEREFORE, how often and how many of these shots would the children be required to take???? Is that why legislation was being proposed here in WA State to have medical clinics in EVERY public school??? Do you know about that?? I do not have that handy to share in this email, but I can locate it if you wanted to request that of me. Look at this article of a college that requires their students to have the Covid shot:

<https://nypost.com/2021/12/14/cornell-university-closes-campus-amid-omicron-covid-outbreak/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnypost.com%2F2021%2F12%2F14%2Fcornell-university-closes-campus-amid-omicron-covid-outbreak%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc24fbc0ffffa467dcbe908d9d0bc83f7%70>

FOURTHLY, ON THE NOTE of the PREVIOUS 2 points...

The more shots, the exponential increase of risk for children! This was revealed during the FDA Committee when determining whether to give EUA for aged 12-18. This Dr. revealed that by the time of Booster (third shot), 1 in 4 boys will acquire myocarditis — this is life threatening and IRREVERSIBLE!! And is unacceptable for children who have virtuously NO RISK from this virus — WHY would anyone risk doing that! For something they have almost NO CHANCE of harm, even if not treated! It doesn't rationally NOR mathematically make sense, no matter how you run the numbers!

https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1.full-text
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.30.21262866v1.full-text&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc24fbc0ffffa467dcbe908d9d0bc83f7%7C11d0e21

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.05658>

Full Version: <https://youtu.be/ZCXqxQHg7kk>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FZCXqxQHg7kk&data>

Study: <https://www.nature.com/articles/s41591-021-01630-0>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41591-021-01630-0&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cc24fbc0ffffa467dcbe908d9d0bc83f7%7C11d0e2172>>

And you can't say that this is SAFE (nor effective, as I have pointed out previously): This JUST happened this week, the day after he shared on social media about getting his booster....and sadly this is NOT an isolated innocent!! These innocents happen FREQUENTLY and are highly suppressed, discredited and denied as having anything to do with the person getting the shot!!! Why?

FIFTHLY....

VEARS, which is well known as being HIGHLY UNDER REPORTED through even pre-COVID, and through investigations its been shown that many hospitals are suppressing and flat out REFUSING to report adverse reactions or deaths, to what is CLEARLY being caused by the shots.

As of today there are MORE THAN 20,000 DEATHS, 23,000 LIFE THREATENING EVENTS, and ALMOST A MILLION adverse reactions!!! This is crazy! For a virus that has a 99.98% recovery rate!! As of today:

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12-17-2021%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc24fbc0fffa467dcbe908d9d0bc83f7%7C11d>

If you look at these graphs that are actually registered on VAERS alone (see link above), it is EXTREMELY alarming to see not only the numbers of deaths and adverse reactions from this shot, but also the MASSIVE and stark difference in the numbers of deaths compared to ALL other vaccines COMBINED for the last 30 YEARS!!!! It is noted that it is MORE THAN DOUBLE!! (See screen shot below)...

And interestingly, with this shot supposedly saving lives, why is there a 40% INCREASE this year compared to this time last year????!!!!

As was stated during this meeting by Tao Sheng Kwan-Gett, "the science will be looked at", therefore ALL the science and FACTS MUST be looked at; such as what is reported to VEARS and what was revealed from the Pfizer's own data that was collected already by Feb 2021, which was more that 1,200 reports of death, 10(s),000 of adverse effects, 23

cases of spontaneous abortions (out of ONLY 270 pregnancies), and MORE THAN 2,000 cardiac disorders — THAT'S HUGELY DISTURBING AND ALARMING!!! No wonder they were requiring the courts to give them 55 and even 75 years to release their documents of these TRIALS for this shot (yes the trial period is still active even as of today!) AND releasing them with information REDACTED! Why would they need to spend SO much time redacting information, OR really the question even should be WHY are they even needing or WANTING to redact anything AT ALL? What are they hiding? What are we not being told, but discovering for ourselves? See Attached PDF document from Pfizer's released documents:

SIXTHLY... and my last main point

We are being told to blindly "follow the science" but yet their hasn't been any science presented to follow; I have scoured the WA State websites, the school district websites and the health departments : not ONE referenced or cited study to back up anything that is being claimed OR what we are being told to do — where's the science???... when you attempt to present science that goes against the "science" they are telling you to blindly follow, you are NOT allowed to have the discussion or have open dialogue regarding — why is that? If the science will prove what we are being told, then why aren't these conversations occurring?? Anywhere??? Obviously, there is a reason no one is conducting this open, public dialogue!!!

When you compare just the brief bit of information that I ALONE have shown you in this email, compared to what we are blanketly being told to adhere to, it becomes clear things are not lining up, and that we are not being given honest information.

I would like for you all to see and keep ever before you as you sort through all the data and weigh what is ACTUALLY in the best interest of the children, and NOT the institutions....

This would NOT be the first time that we as Americans even, are forced unknowingly into an experiment without our knowledge and NOT given ACTUAL informed consent:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.latimes.com%2Farchives%2Fstory.html&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cc24fbc0fffa467dcbe908d9d0bc83f7%7C11xpm-1995-10-04-mn-53213->

Why is the shot that clearly isn't working being pushed SO hard, and all the things that would actually be of benefit to us, like diet, nutrition/vitamins, and exercise NEVER discussed!!!??? And why are the early treatments that have been demonstrated to successfully work, being SO highly discredited (without warrant) and being suppressed, and even now in many cases, hospitals having to be court ordered to allow the patients in the hospital to be treated with them even after having had been prescribed by a licensed medical doctor???!! It all just doesn't add to a picture of transparency OR honesty! Something is very wrong here, and clearly no one can deny what we are ALL actually seeing with our own eyes, and yet being told, what we are seeing isn't actually happening!!

Should you like any further information about what I have shared here with you, or would like to inquire further about other information that I have not shared but I am well aware of, by all means, please ask and I will AGAIN take the time, in which I do not have to spare, to share with you — because the truth needs be discussed and everyone involved needs to be informed, because NO ONE can plead ignorance in this, especially once you have been presented with the facts.

Sincerely,

Janell Hulst

From: Kelley Flaherty
Sent: 1/6/2022 1:31:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1.). To take an experimental vaccine gene therapy product is a very serious medical decision. Our governments and leaders do not have the moral right to make that decision for others.
- 2.). There are no long-term safety studies for these products.
- 3.). Our young are at very low risk of complications or serious symptoms from COVID.
- 4.). Young people are experiencing negative side-effects from the vaccines, including heart inflammation.
- 5.) The vaccines do not prevent transmission.
- 6.) The vaccines are only about 30% effective against Omicron.

In summary, too much risk without enough benefits.

Sincerely,

Kelley Flaherty

From: Paul Conradt
Sent: 1/6/2022 12:30:56 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- No long term documented study showing adverse effects
- Very low risk for children
- There is mounting evidence that the "vaccination" provides little to no protection against multiple variants of the virus.
- It is only a vaccination based on the fact they changed the definition of what a vaccine is.

Paul Conradt
425-260-1183

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 11:20:17 AM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 11:17 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Christy,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 11:55:57 AM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 1:41 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Caitlin,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: Nick Peck
Sent: 1/6/2022 11:20:39 AM
To: DOH WSBOH
Subject: Comment for Public Meeting January 12th, 2022

External Email

Chair, Members, and Staff of the Washington State Board of Health:

Greetings.

1. My wife and I have been residents of Yacolt, Clark County, since December 1995.
2. We are retired, and are considered medically vulnerable to the Covid-19 virus.
3. We have both received two Pfizer vaccine shots and the Pfizer booster.
4. The area in which we live has the lowest rate of vaccination penetration in this County's population and the highest rate of Covid-19 infection (per Clark County Public Health).
5. We support all science-based measures to reduce the spread of all Covid-19 mutations, including the mandatory vaccination of school students against Covid-19, in alignment with all other mandated vaccinations already in law and regulation.
6. We urge you to reject the spurious and inflammatory arguments made by opponents of mandated vaccinations that are based on irrelevant references to the Constitution of the United States and on inaccurate or falsified information.
7. We believe that the duty of the government and legislature of Washington State, and of the State's boards and agencies, is to preserve the health and safety of its population and that the Board of Health is in a prime and critical position to fulfil that duty.

Sincerely,

Charles N and Rebecca L Peck

117 West Wilson Street

Yacolt, WA 98675

From: Stephanie Newcomb
Sent: 1/6/2022 11:26:56 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Nathaniel,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,
Stephanie Newcomb

From: Christina Brandeberry
Sent: 1/6/2022 1:26:06 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am AGAINST making COVID-19 shots mandatory for school admission or childcare in WA state. Many parents, myself included, have already pulled their kids from public school due to the mandates Washington state has forced on public schools. What is that doing to your funding? Are you receiving that much Covid money that you do not care people are pulling their children?

The science does not support mandating the shot. A person with the "vaccine" is still able to get and transmit Covid. Covid has a 99% survival rate. A person without the shot has immunity far longer than a person with the shot. The shot you want to force on the children has shown they are more likely to get myocarditis and blood clots.

Other states are wide open with no issues. Our state is still locked down and continues to force mandates. People are leaving the state in droves over these mandates.

Christina Brandeberry

Sent from my iPhone

From: jan.decker@comcast.net
Sent: 1/6/2022 12:33:15 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * We know that children are at extremely low risk for Covid
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety – in fact the majority of people who are covid positive are vaccinated
- * It is immoral and unconstitutional to vaccinate anyone against their will or against the will of parents

From: Sammie Richards
Sent: 1/6/2022 1:11:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons: children are at little to no risk of this disease, especially Omicron which has a death risk less than the flu. There are no long term studies to show this is safe for children. The shot does not prevent against getting or spreading Covid-19. The basis behind mandatory vaccinations for children are in regards to terminal illness that can be prevented through inoculation, not for common illnesses equated to that of the flu or common cold that can not be prevented nor stop the spread of through a shot that does not qualify as a vaccine and currently requires boosters because efficacy wears off. This mandate will not keep kids safe. It exposes children to unnecessary risk regarding a disease they are not in danger from. It is a complete government overreach and it is for political optics rather than the health, safety and well being of students. This is an abhorrent lack of judgement based on opinion not fact or science.

Samantha Sharp
samanthamiyoung@gmail.com

From: Rob Sheild
Sent: 1/6/2022 11:08:02 AM
To: DOH WSBOH
Cc:
Subject: Comments

External Email

To whom it may concern,
Parents and students should NOT be constrained to take a shot that is against their moral, medical or religious convictions. School age kids are at a very low chance of risk. I vote NO to school vaccine mandates. I am not anti-vaccine, but I am anti-mandate.
Rob Sheild,
Mead, WA

From: Chris johnson
Sent: 1/6/2022 12:37:51 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons: last time they tried to force a people (black) to get a shot they injected them with syphilis.. I do not trust the government, they have no rights to tell us what we can do with our own bodies. This is turning into a nazi like state where you are required to have your vaccine papers and are discriminated against if you do not comply. You have a chance to be a leading voice by not forcing us to inject our body with something that doesn't even work that well if you look at how many "breakthrough" cases there are.

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 12:12:01 PM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 11:24 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Tracy,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: Marisol Garza
Sent: 1/6/2022 12:51:36 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

It is my job as a parent to decide what is safe for my child to have done medically!! It is against our religious beliefs.

From: metrocaptain
Sent: 1/6/2022 1:01:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

You may not force people or coerce a population to take an experimental treatment. Doing so violates the Nuremberg code.

I have a question for you: Why are you so interested in vaccinating our least vulnerable population in terms of contracting or transmitting COVID-19? Study after study is showing that children are not vulnerable in terms of dying from COVID-19. I believe the percentage is some thing like 99.997% survivability for children 18 and under. And this figure is without early treatment prophylactics that we know have been suppressed.

Add on the fact that the CDC is now saying that these experimental injections are not even preventing the transmission of COVID-19 and you have yourself a big open door for a lawsuit. We know what you're doing and you will not be injecting our children. If you continue to go down this diabolical path of attempting to strip us of our rights as parents and trying to force an EXPERIMENTAL jab, we will simply pull our children out of school. There are plenty of other states that are not requiring, mandating or even suggesting that children take this experimental jab in order to go to school.

So if your plan is to make Washington a "blue" hell hole with Inslees support, all while trying to push your agenda, go for it. We will pack up and leave. You will get exactly \$0 tax dollars from us. Then you can have you 100% vaccinated schools all to yourself. Oh, and don't forget to keep mandating masks. Because we know those work so well...

We will not be bullied, intimidated or coerced into doing something that is proving to be deadly to all! Just look at the VAERS numbers of children dying from these jabs. These are crimes against humanity and there will be justice for those committing these crimes.

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 3:38:10 PM
To: DOH WSBOH
Cc:
Subject: FW: Comment on requiring c-19 vaccinations for students

From: Margee Chambers <margeec515@gmail.com>
Sent: Wednesday, January 5, 2022 3:36 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Comment on requiring c-19 vaccinations for students

External Email

Hello Kelie. I could not find the comment email on DOH website. Would you please forward to staff at the agency that is gathering comments on the boards consideration of adding c-19 to immunization requirements for students.

I support requiring students to receive all vaccines to attend public or private schools. The only way we keep our children and the community safe is by vaccinating all community members except those with medical exemptions (ie, cancer, allergic, etc). That is how we have eliminated sever diseases such as polio and small pox, and are on our way to eliminating ther diseases such as measles, chicken pox, etc.

Other ideas I would like to share with the Board of Health, that are tangentially related to the c-19 vaccination topic:

1. I think annual flu shot should be a requirement as well.
2. To make sure students receive required vaccines, it would be nice to have local health districts or other service provides administer vaccinations at school during the school day.
3. Eliminate religious exemption and retain medical exemption. Religious exemption is not based in facts or science, while medical exemptions are science based. Religious exemptions create a loophole that is abused by the public.

Thank you for your service. DOH is doing great work during this challenging time.

Margee Chambers, Spokane, WA

From: Samantha Jones
Sent: 1/6/2022 12:45:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. The real life cases for children are not life threatening.
2. Just like the flu shot, it should be optional.
3. COVID is a virus not a disease.
4. There are more life threatening diseases for children to be protected against where no immunizations or medications are mandated for, i.e., HPV, addiction, mental health, venereal diseases and so on.
5. Viruses mutate and immunity needs to be built not prevented.
6. There is not enough time for this vaccine to determine long term effects.
7. Every person is unique and should not be forced to inject anything into their system just because someone else might be vulnerable. The vulnerable must protect themselves always, not just when a new virus shows itself.
8. Vaccinated people are getting the virus and unvaccinated people, in my circle, IF they get it, have been less ill and less time being ill. No proof of the vaccination being better. Example: a husband and wife were tested positive. He's vaxxed, she is not. She barely had a cough, no fever, etc., and he had the full on symptoms. Real life people I know.

Common sense living is not rocket science and I vehemently oppose this mandate.

From: meredith penney
Sent: 1/6/2022 1:00:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

Children are 6 times more likely to suffer injury from MRNA than COVID. The shots do not stop the spread of COVID so why would I risk a mRNA shot on my children. This is unethical and I will never submit my children to an unnecessary COVID shot. Parts of Europe no longer giving shots to people under 16 due to heart inflammation. Science that does not allow for discussion is not science it's propaganda; there is massive amounts of respected medical discussion against mRNA. I will pull my kids from school if the jab is mandated and move from the state if necessary.

From: Joe Brouwer
Sent: 1/5/2022 8:04:20 AM
To: DOH WSBOH
Cc:
Subject: Children's Risks

External Email

Here are the WSDOH statistics.

Please review the children's information.

Also you may want to wait for the latest WSDOH breakthrough information from Dec 16th.

I am sure the vaccine is starting to lose its value.

Here is the Washington State Weekly Virus Report.

A virus is all local. State and country statistics are interesting, but you really can't make decisions on them.

This is where Fauci failed! Treating them everywhere like the hotspot of NYC. Each county should have had specific recommendations by the CDC instead of putting it in the hands of the governors.

Washington state, Inslee and the WSDOH have used draconian mandates and the state has fared no better than states that did not have mandates that are thriving and living mask and vaccine mandate free.

You have to download the data from the WSDOH COVID dashboard to get this info.

Epidemiological Curve>Tabular View>Weekly Download

It includes all of the counties' data.

They update it weekly.

<https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard#tables>

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

Cases Week ending 12-18-21

This is in a population of 7.8 Million in 22 months

Weekly total 13,186

Total Tested Cases 808,264

An estimated 3,233,056 people have been infected and now are naturally immune

You can see most of the cases are in the groups that are healthy and will easily recover and become naturally immune.

Ages

0-11 1475 Cases 83,139 Total

12-19 2581 Cases 87,951 Total

20-34 3,608 Cases 232,745 Total

35-49 2,927 Cases 188,519 Total

50-64 1,748 Cases 134,537 Total

65-79 678 Cases 60,367 Total

80+ 167 Cases 20,438 Total

Hospitalizations Week Ending 12-18-21

Weekly total

Total Hospitalizations 44,372

About 1888 a month, 472 a week

This is spread among 39 counties.

Again you can see those under 50 fare very well.

I hope this information reduces the fear many are trying to create about this virus.

Ages

0-11 8 Hospitalizations 526 Total
12-19 2 Hospitalizations 587 Total
20-34 44 Hospitalizations 4,370 Total
35-49 80 Hospitalizations 7,774 Total
50-64 133 Hospitalizations 12,127 Total
65-79 141 Hospitalizations 12,309 Total
80+ 55 Hospitalizations 6,679 Total

Deaths Week Ending 12-18-21

99.7% have survive the virus in Washington State

This is an interesting statistic I have found in most places.

Kitsap County 99.7%

King County 99.7%

United States 99.6%

We need to see the details on these deaths, since the demographics have not changed in 22 months and are virtually all older folks with underlying health conditions. Nationwide 95% have died with underlying health conditions. Which means if you are marginally healthy there is little chance of you dying. If you are under 50 and healthy the chance drops significantly.

As you can see under 20 there are very few deaths, It quadruples at 35-49. It would be interesting to find out the detail that causes this jump. Again 50+ make up 93% of the deaths. Being under 50 and healthy should not be worrying about dying.

Total Deaths 9800

Weekly Total 105

About 417 a month, 104 a week

This is spread among 39 counties.

Ages

0-11 0 Deaths 4 Total

12-19 0 Deaths 13 Total

20-34 2 Hospitalizations 124 Total

35-49 8 Hospitalizations 554 Total

50-64 24 Hospitalizations 1770 Total

65-79 41 Hospitalizations 3465 Total

80+ 30 Hospitalizations 3840 Total

From: Robert Kuzminsky
Sent: 1/6/2022 1:48:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for Jan. 12th

External Email

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

Please do NOT let these unconstitutional policies happen.

Lori from Puyallup

Sent from my iPhone

From: Stephanie Newcomb
Sent: 1/6/2022 11:08:03 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To the members of the Immunizations Technical Advisory Group:

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on you for taking this unethical and abhorrent attempt! Shame on you for assuming to make health decisions for parents and for their children! Shame on you for considering a Covid-19 shot requirement for schools!

Sincerely,
Stephanie Newcomb

From: Ruth Walker
Sent: 1/6/2022 12:36:45 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

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

Thank you, Ruth Walker

Get Outlook for iOS

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

From: Jackie Ayz
Sent: 1/6/2022 12:46:03 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

I am opposed to involuntary quarantine for anyone. This goes against the Constitution regardless of the severity of the disease.

Jackie Ayzenberg
Citizen of Washington State

From: Timmy Tron
Sent: 1/6/2022 12:59:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following REASON:

THERE IS NO FDA-APPROVED VACCINE YET ON THE MARKET IN THE UNITED STATES. You are mandating an experimental drug with zero safety data. That is criminal, it is a crime against humanity and so far we know that close to a million adverse events have been reported to VAERS from these so-called "vaccines" which do not even work to prevent spread or transmission.

You people have lost your mind and if this passes you will invoke the wrath of the people. Maybe not a small percentage in crazy King County, but the rest of us WILL rise up and take our power back from you tyrants.

The time for your control is over. Give up. You know you have lost the narrative, and this is your last chance to regain some form of control. It will only take you down faster.

We are watching.
And we won't stand for it.

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 7:27:42 AM
To: DOH WSBOH
Cc:
Subject: FW: Children Forced Vaccinations

From: Jo Wall <jowall64@gmail.com>
Sent: Wednesday, January 5, 2022 7:05 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Children Forced Vaccinations

External Email

My husband and I are totally against the covid vaccine, and booster for children. We have grandchildren, and great grandchildren in school even with the vaccines children are still get the Covid, and variants. This should be a parent's decision, not the Government.

Very Concerned Grandparents,
Michael and Brenda Greenough

From: Diana Robinson
Sent: 1/6/2022 1:43:31 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons: Free choice in any vaccination of a child or adult, if push comes to shove on this mandate, I will withdraw my 8 yr old grandson from school and do private or home school, I'm totally against this garbage that the government is trying to do to us in our Freedom, freedom of speech, freedom of choice was established Years ago, so much for the Constitutional Rights!!!

From: Meaghan Meade

Sent: 1/6/2022 1:28:54 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Childrens vaccination

External Email

It's come to the attention of myself and many others that Chris Reykdal WA State Superintendent and WA State Secretary of Health Umair A. Shah are having a meeting this week regarding the vaccination requirement

For school aged children. You do understand that forcing the public to vaccinate against their will in order to feed their families not only violates the constitution but violates our rights as human beings? And now you want to force our children to be vaccinated to attend school? Are we never going to have peace in this? Are you going to constantly make this a power game that only you can win at? I can guarantee if this law is passed you will lose funding to public schools and most people will not be sending their children to school any longer. Forcing the adults to do it is one thing but forcing it amongst our children is cruel. Get a clue and stop. Vaccinating isn't stopping Covid from spreading. All this is, is a power game. If it wasn't, then the meeting that these two are having wouldn't be so hush hush. You guys know this is wrong.

I'm against this 100% my children will not be part of your chess game for control. Absolutely not.

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 11:53:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 11:18 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Stuart,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: Candy Sherrill
Sent: 1/6/2022 12:41:08 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

Too much is not known about the long-term effects of this vaccine that is only in use through Emergency Authorization. Our children are growing and to force them to take a vaccine to attend school (schools which the citizens pay for) is an atrocity.

As a grandparent of many grandchildren in public school within this state, I am against the mandatory requirement.

Candy Sherrill
206-795-1052

From: Angela Bell
Sent: 1/5/2022 12:19:17 PM
To: DOH WSBOH
Cc:
Subject: Comments for 1/12 meeting

External Email

To Whom it May Concern;

I am writing this comment as a very concerned mother, who will/may be sending my son to kindergarten in the fall. I strongly disagree with the addition of the covid-19 vaccination as a requirement for children to attend school. Our children are not at risk of severe symptoms related to the covid-19 virus. In fact, both of my young children have had covid with no symptoms other than a runny nose. There are no long term studies on the risks related to the covid 19 vaccination however, and we already know there are risks in the short term, such as myocarditis and clotting. I and many others will pull our children from the public school system if this becomes a requirement. My children's health is my number one priority and I will not compromise it to give the adults working in the public school system a false sense of security, considering that the vaccine does not prevent one from getting or spreading covid. It is irresponsible to not consider the adverse reactions this vaccine may have on a young child's body, and it is not the place of the public school system to make any medical decisions for children in our communities.

Respectfully,

Angela Bell

From: Mike Freimann
Sent: 1/6/2022 1:33:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello WSBOH,

I wanted to take a moment to voice my reasons for believing that we are jumping the gun on this possible requirement and I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following reasons:

US researchers claim healthy boys may be more likely to be admitted to a hospital with a rare side-effect of the Pfizer/BioNTech Covid vaccine that causes inflammation of the heart than with Covid itself. The Guardian

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theguardian.com%2Fworld%2Fmore-at-risk-from-pfizer-jab-side-effect-than-covid-suggests-study&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cea3ebc4ad80540d08a4b08d9d15bf5a0%7C11d0e2>>

1. Omicron is causing a milder infection than the previously dominant Delta variant.
2. This vaccine has not been approved for anything but emergency use by the FDA.
3. The vaccine containing this antigen is effective against the omicron variant in population-based prevention data for in Washington State, as available
4. The vaccine containing this antigen is not accepted by the public, which is a State requirement.
5. Children are more likely to be asymptomatic with much lower morbidity/mortality as a result of COVID infection.
6. There have not been any long-term studies specifically on school-aged children.
7. Vaccines are not keeping pace with the variants.

Respectably,

Mike Freimann

From: Karen Niemela
Sent: 1/6/2022 12:58:11 PM
To: DOH WSBOH
Cc:
Subject: Children's health

External Email

To whom it may concern

These so called covid vaccinations are a definite strike against humanity. I strongly oppose the forcing of these toxins into our systems and especially vulnerable are children, elderly as well as other compromised individuals. Please consider big picture and do everything in your power to give informed consent and stop the narrative that is false and oppressive. We are a people of choice and deserve dignity and honor rather than dictatorship and heavy oppression. The vaccinations are not equal to freedom and health and well-being. Choice with voice. Kindness and Truth. May you be blessed and open to truth being spoken and received.

Karen

□□□□□□

From: Nathan Hansen
Sent: 1/6/2022 12:46:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

It's unconstitutional, it's wrong and invades on our personal healthcare choices.
The "vaccine" is simply a flu shot not an actual Vaccine so it will make no difference as we have seen that the "vaccinated and boosted" are still contracting and spreading the virus as much or more than the non-vaccinated.

This will cause more people to move away from out state and deter new people from moving in.

This has been entirely handled the wrong way and Jay Inslee is to blame. These codes would only cause division and destruction of an already poorly operated school system. Won't be to long till anyone with a brain will be in private school or homeschooled.
I do not support mandated vaccination against Covid 19.

Sent from my iPhone

From: Robin Laskody
Sent: 1/6/2022 12:45:07 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

I don't believe in vaccines and it's against my religious beliefs.

Not putting something in my children that that I won't put in myself.

This is all political!

From: Chad Hewitt
Sent: 1/6/2022 12:38:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

They don't work, they don't stop the spread, there are health risks from taking the vaccine that far outweigh any minor advantage my child would have against just getting covid itself.

This vaccine is not about health it's about control - if the vaccines are made mandatory I will be removing my child from school permanently.

Yours Truly,

Eli Goldenberg

Sent from my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 12:42:21 PM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 11:42 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Samantha,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 1:19:59 AM
To: DOH WSBOH
Cc:
Subject: FW: Comments for 1/12/22 meeting...

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

From: John n Ruth Perkins <johnruthperkins@hotmail.com>
Sent: Tuesday, January 4, 2022 11:40 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Comments for 1/12/22 meeting...

External Email

Dear Board of Health Members,

I am providing comment on agenda item #11 - Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry.

I am an educator in Central Kitsap School District and as an educator I am fully vaccinated and I have survived the actual COVID-19 virus, so please do not toss aside my remarks as those of an extremist. I work with an average of 25 students each day ranging from Kindergarten to 5th grade. The students in my school have been amazing at complying with the restrictions and mandates in order to attend in person school again. Some of these mandates (like mask wearing) interfere with teaching and learning by reducing voice transmissions and blocking facial expressions while others (like hand washing and sanitizing) reduce germs and increase personal cleanliness habits. As we have acted on each of the requirements we have had the opportunity to see which ones make a positive difference and which ones do not.

I recognize that the public concern over transmission of the COVID-19 virus, and its varieties, has caused public officials and law makers to create restrictions and mandates to show the public that their government leaders are working for the health and safety of the public. While I appreciate those efforts I do not appreciate having my choice removed when it pertains to my health and the health of my family.

Please do not create a mandate requiring a COVID-19 vaccine for school or childcare entry. Viruses change all the time, as we know from the annual flu virus. Requiring a vaccine for a virus will increase costs in many areas for example: new vaccines will have to be created and purchased annually to administer to the entire student and childcare populations to keep everyone updated. I believe that the COVID-19 vaccine should be made a yearly option, like the flu vaccine, to decrease a person's likelihood of catching the virus or suffering from extreme effects of it. As public officials you can continue to educate the population about good health and sanitation and keep them informed about their options without taking away their freedom of choice. People should not blame the government for their personal choices and the government should not cater to fixing everyone's personal problems.

Thank you for taking the time to read and consider my comments on not creating a

mandate for or requiring a COVID-19 vaccine for school or childcare entry.

Sincerely,
Ruth Perkins

From: LYNN B Dawn
Sent: 1/6/2022 1:38:04 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

Sent from my Verizon, Samsung Galaxy smartphone

From: Kayla DeWaard
Sent: 1/6/2022 10:13:54 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: comment on proposed policies to be discussed Jan 12th

External Email

To the WA State Board of Health,
I am writing to voice my concern over the proposed policies to be discussed at the Jan. 12th meeting. (SEE BELOW) The 4th Amendment of the US Constitution guarantees us the right to be secure in our PERSON and papers...this proposed policy violates that right. You as "health officials" do not have the right to kidnap citizens and hold them hostage until they comply with your rules. DO NOT enforce this policy.
Your job as public servants is to support and preserve our freedoms and rights, as guaranteed by the US Constitution, not to make your own rules and punish people who don't follow them. You do not have the right to forcibly quarantine people; that is tyranny. Are you tyrants?
Sincerely, Kayla DeWaard

PROPOSED POLICIES: • 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, 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.

Sincerely,

Stephanie Newcomb

From: Mollye Taylor
Sent: 1/6/2022 12:40:22 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to encourage vaccination in my community. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org)
- Less than 40% of kids 12-17 are vaccinated. (srdc.org)
- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the

parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

Sent from my iPhone

From: gl cl
Sent: 1/6/2022 1:37:40 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:
Glenn T. Clemens

From: Rhonda Ohman
Sent: 1/6/2022 1:48:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

As AFLDS' recent lawsuit against OSHA details

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsable.madmimi.com%2Fc%2F351>
, these injections are merely "treatments" that, for some people, may reduce symptoms.

The importance of this cannot be overstated. Keep reading...

For example, the CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission."

Dr. Anthony Fauci says, "We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to someone else."

Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated."

With this testimony and over 50 other citations, AFLDS' case against OSHA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsable.madmimi.com%2Fc%2F351>
breaks new legal ground by proving Covid-19 "vaccines" are mere treatments and therefore have no legal grounds for forced use.

This case ends all justifications for the OSHA to segregate injected and non-injected people.

Their mandate is a reckless abuse of power without justification in case law.

Why are you going to force this upon our children? What will time tell about the adverse effects from this injection in children? You and I don't know, nor does anyone else. So is it a good idea to do it? THINK about what you are doing, please. Intelligent decision time!

Thank you,
Larry Ohman

From: Michael Zeller
Sent: 1/6/2022 1:22:41 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

The current shot dose not protect against Delta or new versions of Covid.

Children are almost immune to Covid with out the shot.

If children do get Covid they run less of a risk then that of the side effects of the jab.

The Supreme Court may rule that you can't mandate anyway because with live in a country with civil liberties and a constitution.

Furthermore I would read the Nuremberg code real closely before make a decision if I were in your position of authority.

O and who or you were elected to make such decision? Just because you did in the past doses not mean it was legal.

Get Outlook for iOS

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

From: Serena Vilhelmsen
Sent: 1/6/2022 12:44:42 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

Why are we not focused on things that could help with the symptoms of Covid. Ivermectin and Vitamin D, Quercitine and many other supplements, (and please don't say it is not FDA approved for Covid, my own mother has dementia and takes a drug that is not "FDA approved for dementia" but helps some of the symptoms of dementia. The Covid Vaccines are experimental at best and most of the friends and family members that I know that have been triple vaxed all have had covid and spread covid to others.

Please let us make decisions for ourselves and our children. You can make decisions to get it if you want to. If you believe that it works so well than you should be safe.

Please do vote against this ridiculous, overreaching politized agenda.

Bye the way, I am not anti-vax. I am anti covid vaccine until far more studies have been done and also when you start taking into consideration the VAERS reports.

Thank you,

Serena Vilhelmsen

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: Monica Zapata
Sent: 1/6/2022 12:59:33 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

My child does not need a vaccine to prevent Covid-19 when children already have such a high recovery rate of survival. The vaccine itself has not been proven to prevent the transmission of Covid-19, but instead the vaccinated can transmit the same as the unvaccinated. Pushing a mandatory covid-19 vaccination is an infringement of our personal health care decisions. I am 100% against mandatory vaccinations to receive an education. Please spare the children. This will come down to vaccinate or homeschool for many parents including myself.

My body, my choice.

Monica Zapata

Sent from my iPhone

From: Laura Daly
Sent: 1/6/2022 12:55:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1.) We do not even know what is in these injections or how they are going to affect our children, immediately and long term.
- 2.) Completely against our Constitutional rights!!
- 3.) I personally am 100% against these vaccine mandates!

From: Haag, Hannah R (SBOH)
Sent: 1/6/2022 11:25:35 AM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

From: Stephanie Newcomb <stephanienewcomb@gmail.com>
Sent: Thursday, January 6, 2022 11:25 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hannah,

I am a resident of Kitsap county. And have been for 22 years. I have worked in the public school setting for almost 10. I am a mother of four children and I am against any requirement for Covid-19 injection/vaccination/immunization/booster/shot for school attendance, entry, or other form of participation based on C-19 injection status. It is not and should not be the responsibility of this group, the department of health, the office of the governor, or any other public group or office to determine what is a matter of personal health and certainly is a gross misuse and abuse of power to consider usurping the parents roles and responsibilities in deciding what is prudent, health or otherwise, in the lives of THEIR children. Shame on this group for taking this unethical and abhorrent attempt! Shame on this group for assuming to make health decisions for parents and for their children! Shame on this group for considering a Covid-19 shot requirement for schools!

Sincerely,

Stephanie Newcomb

From: A. Nitz
Sent: 1/6/2022 2:23:27 PM
To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH)
Cc:
Subject: Against ANY NEW Covid Shot Regulations for the State - Kids & Adults



attachments\EBA5EC00116346C9_image.png



attachments\FF1FA0468EE54464_image.png



attachments\861D58DB25FA4E72_image.png



attachments\8DBAE905356A41E4_image.png



attachments\640A5B5706D24756_image.png



attachments\6A7A23629FF94328_image.png

External Email

External Email

All,

It has come to my attention that that there is yet another potential new over stepping of power from the state in the veil of covid safety.

I am against 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, vaccination (WAC 246-100-040). These specifics come from (WAC 246-100). If health officers hold this much power, this power should be coming from the people not the position. It is bad enough the governor will not let go of his emergency powers as the state enters a third year of an emergency while most other states have returned to living without all the hubbub of the virus.

I am against including the Covid-19 injections as part of school immunization requirements using (WAC 246-105.). Kids are already least effected group from covid, all this shot is going to do is increase and speed up deterioration of their bodies, create a hardship for the families who will then have to take care of the kid because of the vaccine immunity with no thanks to HR 5546 (see below) protecting the pharmaceutical companies over the safety of the children.

This virus does not go after children as it goes after the older adults with comorbidities. The children who have fallen ill are ones who are already compromised or have been injected with this untested shot in the name of health. Especially when children have a less then .5% chance of dying from this!!

This entire procedure is yet another overstep of those who were elected and making sure those who they appointed pushes forward an agenda that is not in the best interest of the people or the children.

Do the right thing and not pass these proposed WACs

□

<https://www.muhealth.org/our-stories/how-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3dd58e45fd7a43121d7508d9d1632593%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3dd58e45fd7a43121d7508d9d1632593%7>

How Do We Know the COVID-19 Vaccine Won't Have Long-Term Side Effects? - MU Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3dd58e45fd7a43121d7508d9d1632593%7>

One of the reasons some people haven't signed up to receive the COVID-19 vaccine is that they're worried there might be unknown side effects that will show up months or years later. Although it's true there are still a lot of things we're learning about the vaccines — like how effective they are against variants and how long their protection lasts — there are plenty of things we do ...

www.muhealth.org

H.R. 5546:

Passed House amended (10/14/1986)

(Measure passed House, amended)

National Childhood Vaccine Injury Act of 1986 - Title I: Vaccines - Subtitle 1: National Vaccine Program - Amends the Public Health Service Act to establish in the Department of Health and Human Services a National Vaccine Program to: (1) direct vaccine research and development within the Federal Government; (2) ensure the production and

procurement of safe and effective vaccines; (3) direct the distribution and use of vaccines; and (4) coordinate governmental and nongovernmental activities. Requires the Director of the Program to report to specified congressional committees.

Establishes the National Vaccine Advisory Committee to recommend: (1) ways to encourage the availability of an adequate supply of vaccines; and (2) research priorities.

Authorizes appropriations for FY 1987 through 1991.

Subtitle 2: National Vaccine Injury Compensation Program - Part A: Program Requirements - Establishes the National Vaccine Injury Compensation Program as an alternative remedy to judicial action for specified vaccine-related injuries.

Prescribes the contents of any petition for compensation.

Grants U.S. district courts authority to determine eligibility and compensation. Requires the district court in which the petition is filed to designate a special master to serve as an adjunct to the court. Sets forth the responsibilities of the court.

Lists factors to be considered when determining the amount of a compensation award. Sets forth a table of injuries deemed vaccine-related for compensation purposes. Permits the Secretary of Health and Human Services to: (1) promulgate regulations to revise such table; and (2) recommend changes to the vaccines covered by the table.

Provides that compensation awarded under the Program shall be paid out of the National Vaccine Injury Compensation Trust Fund. Limits awards for actual and projected pain and suffering and emotional distress to \$250,000. Prohibits awards for punitive damages.

Establishes the Advisory Commission on Childhood Vaccines to: (1) advise the Secretary on the implementation of the Program; (2) recommend changes to the Vaccine Injury Table; and (3) recommend research priorities.

Part B: Additional Remedies - Sets forth procedures under which the person who filed a petition for compensation under the program may elect to file a civil action for damages.

Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where: (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care. Permits punitive damages in such civil actions under certain circumstances.

Part C: Assuring a Safer Childhood Vaccination Program in the United States - Requires each health care provider who administers a vaccine listed in the Vaccine Injury Table to record certain information with respect to each such vaccine. Requires each health care provider and vaccine manufacturer to report certain information to the Secretary.

Requires the Secretary to develop certain vaccine information materials for distribution to the legal representatives of any child receiving a vaccine listed in the Vaccine Injury Table.

Directs the Secretary to promote the development of safer childhood vaccines.

Sets forth recordkeeping and reporting requirements for vaccine manufacturers. Imposes civil and criminal penalties for destroying, altering, or concealing any such report or record.

Part D: General Provisions - Allows any person to commence a civil action against the

Secretary where the Secretary allegedly has failed to perform a duty under this Act. Provides for judicial review of the Secretary's regulatory actions in a court of appeals of the United States.

Allows the Secretary to provide licensing for unpatented vaccines for naturally occurring human infectious diseases under certain circumstances.

Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies.

Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines.

Directs the Secretary to review the warnings, use instructions, and precautionary information presently used by manufacturers of vaccines listed in the Vaccine Injury Table. Directs the Secretary to require manufacturers to revise and reissue any warning, instruction, or information found inadequate.

Grants the Secretary recall authority with respect to any licensed virus, serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or other licensed product which presents a danger to public health. Establishes civil penalties for recall violations.

Directs the Secretary to make annual reports to specified congressional committees on the impact this Act has on the supply of vaccines.

Title II: Miscellaneous - Provides that certain Federal provisions designed to reduce paperwork shall not apply to information required to carry out this Act.

Age group

Deaths as a percent of total cases

0-4

0.0043%

4-9

0.0057%

10-14

0.0000%

15-19

0.0016%

20-24

0.0096%

25-29

0.0201%

30-34

0.0485%

35-39

0.0680%

40-44

0.0968%

45-49

0.2141%

50-54

0.3504%

55-59

0.5232%

60-64

1.0644%

65-69

2.0645%

70-74

3.9417%

75-79

6.7996%

80-84

11.5887%

85-89

12.8286%

90-94

23.9318%

95-99

30.3089%

100+

30.7888%

Respectfully,
Annette Nitz

From: Testify Online Survey
Sent: 1/3/2022 6:28:27 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th

2.

Agenda Item or Issue:

Vaccine Mandate for 5 and up

3.

Your Name:

Brad Huffman

4.

Do you have a professional title?

1. Yes

Paramedic

5.

Are you representing an organization?

2. No

6.

Address:

22725 N Hatch Rd, Colbert WA 99005

7.

Email:

bradjhuff1@hotmail.com

8.

Phone Number (Include Area Code):

509-481-3043

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

The Covid 19 vaccine requirement for 5 and up in schools

11.

Are you Pro or Con on the proposal?

2. Con

My children have already had the virus and have had almost no symptoms. Why should I be forced to immunize them when they have such a small risk of hospitalization or death from a reinfection. Please recognize prior infection and natural immunity. It is as effective at preventing death and hospitalization as the vaccine. The vaccine is not effective at preventing the disease any longer. It is effective at lowering death and hospitalization for high risk people. I have the vaccine but I see no reason to make my children feel the effects of the vaccine or risk an adverse side effect. This isn't even FDA approved. Please, let us decide what is best for our children.

From: Testify Online Survey
Sent: 12/29/2021 9:47:40 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.

Agenda Item or Issue:

Vaccine mandates

3.

Your Name:

Chelsea McKell

4.

Do you have a professional title?

1. Yes

Master of Public Health

5.

Are you representing an organization?

2. No

6.

Address:

4729 E Woodglen Rs Mead WA 99021

7.

Email:

Chelseamckell@gmail.com

8.

Phone Number (Include Area Code):

8013581530

9.

Do you have any special expertise relevant to this topic?

1. Yes

Public Health Professional and mother of 6 children

10.

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

1. Yes

Vaccine mandates

11.

Are you Pro or Con on the proposal?

2. Con

There is absolutely no just cause to even consider mandating a covid vaccine for public school children. There will be a serious backlash. Do not further this agenda. Vaccines have serious potential side effects and are the personal choices of families. Their participation in public school programs should not be dependent on risking their safety with an experimental injection.

From: Testify Online Survey
Sent: 1/3/2022 6:19:01 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

chapter 246-105 WAC

3.

Your Name:

Cathleen Plonske

4.

Do you have a professional title?

1. Yes

Mother

5.

Are you representing an organization?

2. No

6.

Address:

821 E. Midway Rd, Colbert, WA 99005

7.

Email:

hakerbarbie@aol.com

8.

Phone Number (Include Area Code):

757-207-0719

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

This is a violation of our constitutional rights. This vaccine is dangerous and we will not give it to our children. I, along with many concerned parents across this state, have major concerns about adding the C-19 vaccine to the list of required vaccinations for children. Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases." This vaccine does not prevent on from getting the virus or spreading it, even with boosters. Children are not at a high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate. Requiring me to put my children at risk by getting a vaccine that offers perceived safety rather than actual immunity is reason enough for me to pull my child from the public school system, which is what I will do if this becomes a requirement.

From: Testify Online Survey
Sent: 1/3/2022 5:41:53 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Adding Covid-19 Vaccine to required vaccines

3.

Your Name:

Stephanie Bowman

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

6109 W KITTITAS CT

7.

Email:

stephanie42574@yahoo.com

8.

Phone Number (Include Area Code):

5099910489

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age. Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters. Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate. Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

From: Testify Online Survey
Sent: 1/3/2022 5:25:50 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th

2.

Agenda Item or Issue:

COVID-19 vaccine for inclusion in chapter 246-105 WAC

3.

Your Name:

Wil Buchanan

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

18212 N. Austin Rd. Spokane, WA. 99208

7.

Email:

wilbuchanan@outlook.com

8.

Phone Number (Include Area Code):

5097100501

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

COVID-19 vaccine for inclusion in chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

I don't feel that we have significant evidence to show that the COVID virus poses serious health risks for school age children. If a child has underlying conditions that would make them more at-risk from the virus, it should be a private decision to get vaccinated between the parents and their doctor.

From: Testify Online Survey
Sent: 12/29/2021 1:55:22 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Dec. 29, 2021

2.

Agenda Item or Issue:

Required vaccination for very young children

3.

Your Name:

Mana Iluna

4.

Do you have a professional title?

1. Yes

MSW

5.

Are you representing an organization?

2. No

6.

Address:

4415 145th Ave. NE, Bellevue, WA 980007

7.

Email:

manailuna1@msn.com

8.

Phone Number (Include Area Code):

4258298500

9.

Do you have any special expertise relevant to this topic?

1. Yes

I've read a great deal on both sides of this subject matter and now must insist that my point of view be considered carefully only after enough time and careful testing to be able to make a rational decision

10.

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

1. Yes

Required vaccination for very young children.

11.

Are you Pro or Con on the proposal?

2. Con

I respectfully wish to differ about the suggested mandate for young children on the grounds that their health will be negatively affected and will have very little assistance in the long term. Yes, some vaccines are helpful, this one, not at all!! Please be more careful.

From: Wendy Reynolds
Sent: 1/4/2022 8:39:56 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine

External Email

I am not anti vaccine. I am anti government mandating anything we put into our body's. Let alone our kids, on a vaccine that has no long term study's and NOT proven anywhere that it works.

If you mandate this for kids to go to school, my kids will be pulled out immediately.

I think you need to remember you work for us!

It's called FREEDOM to choose.

--

Wendy Webster

From: Testify Online Survey
Sent: 1/3/2022 7:18:01 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th, 2022

2.

Agenda Item or Issue:

COVID-19 vaccine for inclusion chapter 246-105 WAC

3.

Your Name:

Breanna Perez

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1802 W Dean Ave Spokane, WA 99201

7.

Email:

Breannime@gmail.com

8.

Phone Number (Include Area Code):

(510)459-1862

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

COVID-19 vaccine for inclusion chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age. Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters. Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate. Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

From: Testify Online Survey
Sent: 12/30/2021 1:29:14 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Covid vaccine mandate for children

3.

Your Name:

Shannon Paulsen

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):

5096889994

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 Covid vaccine has not been fully tested on the effects on children and adults long term. Children have strong immunity and with the mask mandate they are "protected" that much more. Until we know long term effects nothing should be mandated. Parents must have full control of what happens with their children NOT some board member or for that matter the President.

From: Testify Online Survey
Sent: 12/29/2021 4:17:36 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

COVID-19 Vaccine for children at school

3.

Your Name:

Jordan Cota

4.

Do you have a professional title?

1. Yes

teacher

5.

Are you representing an organization?

2. No

6.

Address:

429 21st ST NW

7.

Email:

jordanbcota@gmail.com

8.

Phone Number (Include Area Code):

916-458-1860

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have children

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 decision of whether or not to give the Emergency Use Authorized COVID 19 vaccine to children should be left SOLELY up to the parents. This vaccine has been shown to not stop transmission of the virus and at best only decreases symptoms in the patient receiving the vaccine. If you add this to the childhood schedule for required vaccines for school, there will be thousands of children leaving the school system. Please take this into consideration.

From: Testify Online Survey
Sent: 1/3/2022 5:55:22 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Covid vaccine requirement

3.

Your Name:

Tina Lhail

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

8405 N Jodi St Spokane WA99208

7.

Email:

Gtandk@yahoo.com

8.

Phone Number (Include Area Code):

5099544694

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 requirement

11.

Are you Pro or Con on the proposal?

2. Con

Covid has shown to be mild with children with the new variant being more mild overall. The death and hospitalization rate for kids is very low. This is a new vaccine which hasn't been long term tested. This should not be required for kids. Measles killed one out of 11 people. That made sense. The death rate for kids is .0005%. States with no mandates have similar infection rates as WA. There is no proof that this would help anything.

From: Thomas Gygi
Sent: 1/3/2022 7:22:09 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirements for Schools including the Covid 19 Shot

External Email

To Whom It May Concern:

I understand that you are exploring the possibility of adding Covid 19 shots to the vaccination requirements for school children. I am vehemently against this idea, and I believe if you look at all that has transpired over the last two years (government overreach, hypocrisy, contradictions, lying, big pharma unprecedented profits, etc. etc.) you will come to the same conclusion. Please consider the following:

Children are not at high risk from covid infections, do not drive excess hospitalizations, have an extremely low death rate and do not spread covid.

A one size fits all medical plan does not work for individual people who have individual strengths and weaknesses in their bodies. The decision to give children covid shots should remain with the people who know those children best, their parents.

Many families are very proactive in protecting their health on a daily basis via diet, supplementation, etc. so as not to need the prescription drugs/treatments pushed by Big Pharma. Our God given immune systems work very well against disease if supported properly. Our family had covid in early September and dealt with it very well most likely due to the steps we have been taking for months prior to our infection. The decision to take a medical treatment is a personal one and bodily autonomy should never be infringed upon by the government.

Eventually, everyone will contract covid. You cannot stop a virus with a vaccine as we have seen with the flu vaccine. And, like the flu vaccine, the covid shot is "leaky" which leads to the more variants.

Natural immunity should not be overlooked or discounted. Those with natural immunity have broad spectrum, long-term immunity.

Lasting immunity found after recovery from COVID-19 | National Institutes of Health (NIH)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nih.gov%2Fnews-events%2Fnih-research-matters%2Flasting-immunity-found-after-recovery-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c2e394e59724e76e29e08d9cf311b6a%7C11d0e2172>>

Study Shows Natural COVID Immunity Lasts At Least 13 Months (brjm.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrjm.org%2F2021%2F12%2Fstudy-natural-covid-immunity-lasts-13-months%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c2e394e59724e76e29e08d9cf311b6a%7C11d0e2172>>

Getting the Covid shot does not prevent individuals from contracting or spreading covid. Those who take the shot with the idea that it will prevent others from getting infected are sadly mistaken. "If" it does in fact protect from severe illness, then it is the personal choice of individuals to decide. There is emerging data from the UK that shows that more

people have died from covid after having two doses of a covid shot compared with those who have had none.

SARS-CoV-2 variants of concern and variants under investigation
(publishing.service.gov.uk)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%>

Since these shots lose effectiveness over a short period of time, continuous boosters will be needed for continued "protection". (For example, look at Israel. Over 80% of their eligible population had their covid shots as of August 2021. As cases began to rise, their covid passports were nullified until they received a third shot. They are currently looking into making their covid passports only valid for 6 months at a time so they can determine the need for more boosters. That is insanity!!!) No studies have been done on the safety of continuous boosters, especially in regard to children. How many boosters will people need to have to remain compliant with the requirements? Monthly, weekly, daily? Children have another 70-80 years of life to live; the unknown, long-term effect of these shots is too risky to experiment with our children.

It's 'reckless' to vaccinate children for COVID-19: Former HHS coronavirus advisor - LifeSite (lifesitenews.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Freckless-to-vaccinate-children-for-covid-19-former-hhs-coronavirus-advisor%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c2e394e59724e76e29e08d9cf311b6a%7C1>

Vaccine Acquired Immune Deficiency Syndrome (VAIDS): 'We should anticipate seeing this immune erosion more widely' | America's Frontline Doctors
(americasfrontlinedoctors.org)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2Ffr
acquired-immune-deficiency-syndrome-voids-we-should-anticipate-seeing-this-immune-
erosion-more-
widely%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C9c2e394e59724e76e29e08d9cf311b6a%7C11

Another example of the covid shot failure is in our own backyard. Seattle and King County area have an 82% covid shot rate and had instituted a covid passport policy back in October to enter any business yet they now have record covid cases.

Not to forget the VAERS data which we know shows just a tiny picture of the damage these shots have wreaked.

basedoc (doctors4covidethics.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctors4covidethics.org%2Fwp-content%2Fuploads%2F2021%2F12%2Fend-covax.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c2e394e59724e76e29e08d9cf311b6a%7C11d>

Bottom line, this shot is experimental as we barely have one years' worth of data which has not included studies on children. It does not work as advertised, the manufacturers are immune from any liability, and we are being told we need to continue taking this product, even being threatened with loss of freedoms and our jobs.

Pfizer Admits It Used Israel As A 'Laboratory' To Test Its COVID Vaccine : World :

Christianity Daily

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.christianitydaily.com%2Farticle%2Fadmits-it-used-israel-as-a-laboratory-to-test-its-covid-vaccine.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c2e394e59724e76e29e08d9cf311b6a%7C1>

Please seriously consider all the inconsistencies that have gone on since this all began. Please seek out information and perspectives that conflict with the governmental/big pharma narrative and at least weigh it alongside the other information you are using to make your decision. Finally, if you do choose to include the covid 19 shot in the requirements for school children, you must allow medical, religious and personal exemptions as are available with every other required vaccine for school attendance.

Thank you for your consideration.

Brenda Gygi

From: Hoff, Christy Curwick (SBOH)
Sent: 1/4/2022 7:07:43 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements For Elementary Kids

From: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 9:14 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a mass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Testify Online Survey
Sent: 1/3/2022 6:10:26 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/12/2022

2.

Agenda Item or Issue:

Covid vaccination requirement for school age children

3.

Your Name:

Kevin Smitj

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

10009 N Moss Ln Spokane, WA 99208

7.

Email:

Smittyk44@yahoo.com

8.

Phone Number (Include Area Code):

5097100239

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 requirements in schools

11.

Are you Pro or Con on the proposal?

2. Con

As the CDC looks to define "fully vaccinated" as having received a booster with a 6 months of previous shots, we risk the health and well being of our developing and maturing school age children. Scientists do not have long term data on the safety of this specific vaccine and side effects are as prevalent and sometimes more serious than contacting the illness in this population. The risk of adverse effects in this generation and future offspring are too great at a time where science, efficacy reports are constantly changing and politics are driving polarizing decisions made across the US.

From: Testify Online Survey
Sent: 1/3/2022 2:32:38 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Vaccine mandates for students

3.

Your Name:

JENNIFER KILLMAN

4.

Do you have a professional title?

1. Yes

Registered Radiologic Technologist

5.

Are you representing an organization?

2. No

6.

Address:

11306 N Astor Rd

7.

Email:

jkbeachfire@gmail.com

8.

Phone Number (Include Area Code):

509-499-3475

9.

Do you have any special expertise relevant to this topic?

1. Yes

My family has had the virus and has natural immunity and the research I have supports natural immunity.

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am a healthcare worker and mother of three boys to name a few titles and have felt first hand the divisive tactics of this virus. Our country was already in a divisive state and this made it worse. Our state leaders are not helping matters by allowing mandates to rule. Our livelihood in this state has been suppressed and demoralized and many leaders continue to lead in this way. Research shows that parent involvement is the leader in successful students. The policies in our state have lead us to have little parent involvement and now schools are requiring parents to be vaccinated to work with students and redundant non symptomatic testing to play athletics. This is detrimental to our schools and livelihood considering 99% of people live through the virus even before vaccinations came out. Putting something in our bodies should be voluntary not a mandate set by government leadership. At this point many families have been mandated to vaccinate or have natural immunity. Please stop the division and work surrounding something we can not eradicate by mandating peoples livelihood! Here is a link that supports natural immunity: https://www.theepochtimes.com/is-natural-immunity-more-effective-than-the-covid-shot_4188524.html?utm_source=News&utm_campaign=health-2022-01-03-2&utm_medium=email

From: Testify Online Survey
Sent: 1/3/2022 5:36:00 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

COVID vaccines

3.

Your Name:

Paul Nowak

4.

Do you have a professional title?

1. Yes

Ph.D., P.E.

5.

Are you representing an organization?

2. No

6.

Address:

16818 N Madison Rd Mead, WA

7.

Email:

nowak@gonzaga.edu

8.

Phone Number (Include Area Code):

509-238-3110

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

required COVID vaccines for WA students

11.

Are you Pro or Con on the proposal?

2. Con

PLEASE see the following short video: <https://rumble.com/vqqa4q-dr.-malone-says-no-vaxx-for-children.html?mref=6zof&mrefc=2>

From: Betsie Elliott
Sent: 1/4/2022 9:18:50 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for children is a terrible idea and could kill children



attachments\1DD5430DAA2E476D_image_6487327.JPG

attachments\E896542AB757458E_image_6487327.JPG

External Email

I am 100% vaccinating my children for Covid. 75% of parents also agree with me. Vaxx rates among children are lower than predicted too. A perfect way to defund public school would be to have a COVID vaccine mandate required for school.

Vaccines reduce symptoms only and do not prevent spread:

Rates of myocarditis among boys:

This study from @KPNorthwest corroborates what we warned about w/our VAERS preprint (but now w/much higher # s): rates of post-vax myo "higher than that reported in..US studies & at VBRPAC & ACIP meetings"

1/2650 males 12-17

1/1862 males 18-62 after dose 2

<https://www.medrxiv.org/content/10.1101/2021.12.21.21268209v1.full.pdf>

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

From: Lang, Caitlin M (SBOH)
Sent: 1/4/2022 6:19:49 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements For Elementary Kids

From: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 11:14 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a mass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Testify Online Survey
Sent: 1/3/2022 7:33:59 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12, 2022

2.

Agenda Item or Issue:

Vaccine mandate for schools

3.

Your Name:

Melissa Lockhart

4.

Do you have a professional title?

1. Yes

Dr. Melissa Lockhart

5.

Are you representing an organization?

2. No

6.

Address:

418 E. Parker Dr

7.

Email:

Melissak16@hotmail.com

8.

Phone Number (Include Area Code):

5092706122

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a health care provider

10.

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

1. Yes

Covid vaccine mandate

11.

Are you Pro or Con on the proposal?

2. Con

Vaccines carry risk, even those that have been researched for years, which the covid vaccines have not. Children are at very low risk for disease complications and mortality. You would be vaccinating the lowest risk population with a substance that has a higher likelihood of hurting them than the disease itself. It should be up to each individual, or their parent if they are a child, to decide if they want to inject anything into their body. And a child's education should not be bargaining chip. A child has a right to an education, particularly if there is any hope of an educated society in the future. The state is far overstepping with the suggestion of this mandate. As for any risk that unvaccinated children pose to the surrounding community, the community members are more than welcome to get vaccinated to protect themselves if they believe that this vaccine is such a panacea that all children should get it or be forced to give up their public school education.

From: Rebekah Petersen
Sent: 12/29/2021 4:19:20 PM
To: DOH WSBOH
Cc:
Subject: Vaccination for Washington State Schools

External Email

Washington State Board of Health,

I am writing to voice my concerns about the recommendations being considered for adding the Covid vaccines to the list of required vaccines required to attend school in Washington State.

I am requesting that you consider NOT adding the Covid vaccinations to the list of required vaccines. Each new variant has proved that there will need to be more boosters and vaccines in the future, similar to the flu vaccine. The flu vaccine is not mandatory and this should be treated in the same way.

It seems that the panel that you have assembled are all very pro-vaccination. I am not anti-Vax, but I am pro medical choice. I hope that you will consider adding more members that have a broader view and are in favor of medical choice.

Thank you,
Rebekah Petersen

From: Testify Online Survey
Sent: 12/30/2021 1:01:49 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th

2.

Agenda Item or Issue:

Covid Vaccine for Children

3.

Your Name:

Emerald Dewey

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

5318 N Hawthorne St

7.

Email:

mrsdewey621@gmail.com

8.

Phone Number (Include Area Code):

509 939 5874

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

If students are required to need the covid vaccine to attend school, I will pull my 2 children out of school. My children will not be used as a pin cushion to make others "feel better" about a virus. I am not anti vaccine, I myself am vaccinated but I will not be subjecting my children to a experimental vaccine, especially just to attend school. Please rethink using this as a requirement for kids.

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:52:03 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine requirement for school

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

From: Katie Woodard <ktea98@yahoo.com>
Sent: Monday, January 3, 2022 8:11 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Vaccine requirement for school

External Email

We are Washington state citizens with 3 school-aged children, and are very against a covid vaccine requirement to attend school.

Any vaccine without determined long term safety information is not something that we will risk having injected into our children. They are not at severe risk of harm from this virus and the possible vaccine side effects are not worth any possible benefits for them.

I know for a fact that many other people share my opinion and will also simply pull their children out of the school system entirely if need be. Their health is more important than anything and we will not comply. We will remain in control of our children's health, not the government.

Thank you for your time.

Sincerely,
Katie Woodard

From: Herendeen, Lindsay (SBOH)
Sent: 1/3/2022 9:23:18 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements For Elementary Kids

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, 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: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 9:14 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a ,ass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 1:08:32 PM
To: DOH WSOH
Cc:
Subject: FW: Three Points of Information



attachments\3BEEF53627E74DFC_Screenshot_20211228-080427_Messages.jpg

attachments\C5B3BBF61C024182_Screenshot_20211229-124748_Telegram.jpg

From: Sarah Garriott <sarahgarriott@gmail.com>
Sent: Wednesday, December 29, 2021 12:57 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Three Points of Information

External Email

Good afternoon,

I would like to submit three points of information for your consideration in today's meeting as to whether or not the EUA vaccines for Covid-19 should be included for school attendance.

I feel strongly that, as a parent of school-aged children impacted by your decisions, there should be a much longer trial period with adequate safety studies before requiring this medical treatment for our children.

Additionally, as our district and others around the state have now begun testing both vaccinated and unvaccinated athletes after the covid outbreak from wrestling tournaments, it is undeniable that covid can be transmitted and passed regardless of vaccination status.

This local admission is comparable with the Lancet study published Oct. 29, 2021 wherein they found that, "fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated."

Why is this SO important?

The 1905 SCOTUS case *Jacobson v Massachusetts* held that mandates can only be considered to "prevent the spread of contagious disease."

Clearly, then, if these vaccinations do not "prevent the spread of contagious disease," any mandate or school requirement would, according to the 1905 ruling, be illegal.

I am attaching three other important health considerations for your review below that are very worrisome with regard to these injections.

I feel strongly that we need more time and long-term studies completed before we begin to mass vaccinate our youth who have proven to be at virtually no risk of the disease itself.

Please find three, important points of information below:

This study from the American Heart Association indicates a 25% increase of an adverse cardiac event post-vaccination:

https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161%2Fcirc.144.suppl_1.10712

This study demonstrated that 93% of those who died shortly after vaccination were killed by the vaccine following pathology reports.

<https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctors4covidethics.org%2Fwp-content%2Fuploads%2F2021%2F12%2Fend-covax.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cbe8549988a8748d2b4c808d9cb0f5e7e%7C>

And then, of course, the CDC themselves have agreed that youth, especially young, males, are at an increased risk of a cardiac event from these injections. I personally have a friend whose son was impacted by this very condition post vaccination.

Lastly, my family is covid recovered along with 99 out of every 100 people who contract the virus. Just as anecdotal evidence suggests and scientific evidence demonstrates, our

children were minimally impacted by the virus at all. Now that we have natural immunity, we see no reason at all to require them to be a part of this long-term vaccination study or to enroll them in it just so they can have their protected right to an education. The risk is far greater than the benefit for them.

Please vote "no" on requiring the covid vaccine for public school attendance.

Mandating this requirement would be neither legal, per SCOTUS' 1905 ruling, nor do we have enough long-term risk/benefit studies to know for certain that we would not be putting millions of children unintentionally in harm's way.

Thank you, for your consideration.

From: Testify Online Survey
Sent: 1/3/2022 6:14:16 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Mandatory Covid vaccination for school

3.

Your Name:

Steffany Rasmussen

4.

Do you have a professional title?

1. Yes

Certified Registered Nurse

5.

Are you representing an organization?

2. No

6.

Address:

11609 N Ashley Lane Spokane, WA 99218

7.

Email:

Stffanyvralsted@all.com

8.

Phone Number (Include Area Code):

509-362-2771

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have researched since Covid began, I am a registered nurse and find science based and factual studies to base my information and decisions on. It is not a political issue for me.

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

Many students have already had Covid and have natural immunity which has proven most effective against reinfection. We do not yet know the long term effects of this vaccination and there is no way we should be vaccinating children who have not yet even been able to finish developing, growing or begun to have children of their own. The vaccines, even with the boosters are not fully effective and many are still getting Covid after 3 vaccinations. In addition, there will continue to be variants that are not protected by current vaccinations. From what we have been told by the district, our children have been safe at school following masking and better cleaning standards than were in place prior to Covid.

From: Testify Online Survey
Sent: 12/30/2021 8:35:37 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

WAC 246-105

3.

Your Name:

Karen may

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

12033 N. Riverwood Spokane, WA 99218

7.

Email:

karenellismay@gmail.com

8.

Phone Number (Include Area Code):

509-280-3293

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have been (and currently am) in the field of public education for 31 years.

10.

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

1. Yes

WAC 246-105 below concerning: IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

11.

Are you Pro or Con on the proposal?

2. Con

I am deeply concerned about the potential mandate of the COVID vaccination of school-aged children. I have reviewed the nine criteria your board is using to determine whether to proceed with the mandate and I have concerns about several of them. First, the vaccination is still in its emergency use stage and has not been fully vetted for long term use by the FDA. It is not proving to reduce the transmission of the disease (criteria #6) as people who are vaccinated continue to see breakthrough cases. Further, this vaccine has yet to be considered acceptable by the public (criteria #7). This will cause undue burden upon our families with school-age children. They have suffered through two years of COVID restrictions, masking, adult-mandated vaccines affecting parenting, employment, social, and mental health. As a public school educator, I believe that students, who are at the lowest risk of suffering adverse affects from COVID itself, should not be mandated to receive the vaccine to attend public school. Anecdotally, I have seen a student who received the vaccine and missed four weeks of school due to adverse reactions (both to the initial vaccine and then the subsequent) (criteria #4). The reactions were severe including the temporary loss of the ability to walk. I urge you to consider not making this vaccine mandatory. Parents should have the right to choose what's best for their children. At this point, there is not enough information about the long-term effects, nor public support for the vaccine to put our state's public school children at state-mandated risk. Parents should have the right to choose whether or not it is appropriate to vaccinate their children. It is a risk that the state should not be mandating.

From: Testify Online Survey
Sent: 1/3/2022 7:02:28 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Covid immunization for children

3.

Your Name:

Greg Seethaler

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

14724 N. MCKINNON CT.

7.

Email:

gregseethaler@yahoo.com

8.

Phone Number (Include Area Code):

303.717.2129

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 immunization for school enrollment

11.

Are you Pro or Con on the proposal?

2. Con

The COVID vaccines have proven to not protect those who have taken them from contracting the disease. They have also not stopped vaccinated people from spreading the disease. There are known side effects from the vaccines. Children have a less than 1% chance of having a severe reaction to the virus, hospitalization or death from the virus. Mandating COVID vaccines to children is malpractice.

From: Denise R
Sent: 12/29/2021 2:39:43 PM
To: DOH WSBOH
Cc:
Subject: vaccine

External Email

Hello,

As a parent of two Washington state students and a state certified teacher I do not recommend this forced vaccination onto our children. It is awful enough that I was required in order to keep my career. There is no isolation of the specific antigen and the side effects of these "vaccinations" is irreversible. Young teens are having major heart complications and there are nanoparticles of the spike protein found in ovaries. Please do us all a favor and let our medical freedom, be freedom. Our State is about to lose even more students and teachers because of these issues. We've lost enough already from having our students wear masks all day long. Enough is enough. Please proceed with caution.

Sincerely,
Denise Roberts

From: Christina Charbonneau
Sent: 1/2/2022 8:48:42 AM
To: DOH WSBOH
Cc:
Subject: Vaccinating in schools

External Email

I am writing this to tell you that if the washington school board tries to require vaccinating children to attend PUBLIC school we will begin home schooling immediately. You will lose thousands upon thousands of students in every district state wide. Please keep our kids out of this controversy. They have been confused and manipulated far too much already.

Sent from Yahoo Mail on Android

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

From: Testify Online Survey
Sent: 1/3/2022 5:46:15 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

COVID vaccine requirements for students

3.

Your Name:

Ross Lepiane

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7907 N Alberta Ct Spokane, WA 99208

7.

Email:

rlepiane@gmail.com

8.

Phone Number (Include Area Code):

509-466-7170

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 requirements for students

11.

Are you Pro or Con on the proposal?

2. Con

Children and teenagers have virtually no risk of serious illness from COVID. Due to the rushed nature of the vaccine, long-term safety is not yet known. Such a requirement would make no sense, and could harm students.

From: Testify Online Survey
Sent: 1/3/2022 6:09:26 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12TH 2022

2.

Agenda Item or Issue:

Mandatory "vaccine"

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):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

This is a MASSIVE OVERREACH of Inslee and his "power" IF this passes we will immediately pull our child from public schools along with HUNDREDS of other parents

From: Testify Online Survey
Sent: 1/3/2022 7:25:28 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1-12-2022

2.

Agenda Item or Issue:

Vaccination requirement for school aged kids

3.

Your Name:

Carla Bischoff

4.

Do you have a professional title?

1. Yes

Director of Market Access - Pharmaceutical

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

bcbisch@q.com

8.

Phone Number (Include Area Code):

(509)868-4784

9.

Do you have any special expertise relevant to this topic?

1. Yes

I filled vaccines at Bayer Pharmaceutical for 10 years.

10.

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

1. Yes

Chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

I oppose mandatory vaccinations. Number one thing is they use aborted fetal cells in the vaccines (which I am strongly against). Secondly Moderna and the Government own the patents on the MRNA vaccines. Of course they are going to require everyone to get vaccinated, even if they are not safe. It's all about the money. The small pox vaccine took 13 years to develop. You can't seem a vaccine "safe" after a year. The virus is weakening. We need to be strengthening our immune system naturally and not by an experimental vaccine that is ineffective. The virus will always find a way around the vaccine and form variants. This virus isn't going away and we need to be offered the choice of taking it or not. I just lost my father in law due to a blood clot from the vaccination. Let's see some realistic reports on deaths and serious side effects from these vaccines.

From: Pskowski, Samantha L (SBOH)
Sent: 1/4/2022 7:20:21 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine requirements in schools

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

From: renewalspur <renewalspur@protonmail.com>
Sent: Monday, January 3, 2022 9:44 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Vaccine requirements in schools

External Email

Hello,

I am a mother, veteran, military spouse, firefighters wife, and mental health professional.

I can speak for all the people in my family, workplace, social group and church that a forced vaccination of this kind, placed upon innocent children and their parents, will change our voting habits substantially. We DO NOT approve, nor do we fail to recognize the political and financial nature of the vaccine hype. Science will verify the vaccine mandates, shaming, snitching and creating second class citizens (regardless how extreme their views may be) has done little in stopping the spread and done alot in dividing this country.

Please govern accordingly.

Frances Archer, LMHC, MHP, CMHS

Sent from ProtonMail mobile

From: Pskowski, Samantha L (SBOH)
Sent: 1/4/2022 7:20:30 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements For Elementary Kids

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 9:14 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a ,ass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Testify Online Survey
Sent: 1/3/2022 6:55:37 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Covid-19 Vaccine Requirements for K-12 children

3.

Your Name:

Megan Menard

4.

Do you have a professional title?

1. Yes

RN

5.

Are you representing an organization?

2. No

6.

Address:

20625 N Greenbluff Dr. Colbert WA 99005

7.

Email:

meg@imenard.com

8.

Phone Number (Include Area Code):

509-230-5343

9.

Do you have any special expertise relevant to this topic?

1. Yes

Public Health RN, Maternal Child Health RN for 12 years-I have trained and worked in childhood vaccination and community Covid-19 response

10.

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

1. Yes

Covid 19 is not comparable to other viruses and illnesses for which current important routine and required childhood vaccines are in effect. Even if it were, the data for safety and efficacy for the current Covid-19 vaccines has not been transparent and the available vaccines in the US are still EUA. Unlike required and acceptable childhood vaccines, the current Covid-19 vaccine was only effective for a strain no longer in circulation, has been proven to wane, has no proof of reducing or preventing transmission, and causes life altering injury and death to children

11.

Are you Pro or Con on the proposal?

2. Con

I am a mother and a nurse and I love vaccination. I have never seen a public health response as inconsistent with reality, science, and the good of humanity in my career. I have seen individuals seriously harmed by this vaccine. I have seen all of my children get through Covid-19 (delta) with nothing more than a runny nose.

From: Testify Online Survey
Sent: 1/3/2022 6:06:57 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12,2022

2.

Agenda Item or Issue:

COVID-19 vaccine for inclusion in chapter 246-105 WAC

3.

Your Name:

Christine Desormeaux

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

694

6.

Address:

21702 N Perry Colbert, WA 99005

7.

Email:

REALTORCHRISSY@GMAIL.COM

8.

Phone Number (Include Area Code):

509-216-4865

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

COVID-19 vaccine for inclusion in chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age. Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters. Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate. Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

From: Testify Online Survey
Sent: 1/3/2022 7:51:23 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Vaccine Mandate

3.

Your Name:

Katie MacMurray

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1325 E Blue Heron Ct, Spokane, WA 99208

7.

Email:

Kmacmurray1@gmail.com

8.

Phone Number (Include Area Code):

8189701613

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Mandating Covid 19 vaccination

11.

Are you Pro or Con on the proposal?

2. Con

<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents> Listen to this speech from a pro-vaccination doctor. He's against this vaccine for so many reasons (and to be technical, this is not a vaccine because it's mRNA which changes your DNA - so different from how any other vaccine is made) Here's just a portion of the attached article I linked. 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 Finally, I will NOT inject my children with this. I will NOT make my children lab rats for a virus that will not harm them and they don't put others at risk. I will not be another sheep blindly following the political game promoting this to put fear into people.

From: Brian Poje
Sent: 12/29/2021 2:25:42 PM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

Good afternoon,

Please consider the data, scientific data, and scientific evidence that shows COVID vaccine is not needed, or effective against the COVID disease.

The physical effects are so negative to children that we should not place or allow such a mandatory requirement on our children.

The rights of citizens in according to the constitution, and private property (My Body My Choice) should be the standing ground for not allowing this vaccine to be mandatory for anyone!

Thanks for listening

Brian Poje

From: Katie Woodard

Sent: 1/3/2022 8:11:27 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine requirement for school

External Email

We are Washington state citizens with 3 school-aged children, and are very against a covid vaccine requirement to attend school.

Any vaccine without determined long term safety information is not something that we will risk having injected into our children. They are not at severe risk of harm from this virus and the possible vaccine side effects are not worth any possible benefits for them.

I know for a fact that many other people share my opinion and will also simply pull their children out of the school system entirely if need be. Their health is more important than anything and we will not comply. We will remain in control of our children's health, not the government.

Thank you for your time.

Sincerely,
Katie Woodard

From: Testify Online Survey
Sent: 1/3/2022 6:53:06 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Mandatory Student Vaccination

3.

Your Name:

Jeff Barrington

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

15001 N Wandermere Rd SPOKANE, WA 99208

7.

Email:

Jbar295@hotmail.com

8.

Phone Number (Include Area Code):

509-994-2551

9.

Do you have any special expertise relevant to this topic?

1. Yes

Common sense and an immune system.

10.

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

1. Yes

Children, ages 4-18, who have had little to no symptoms related to the COVID virus in no way should be required to receive a mandatory vaccination that has proven not to provide protection to those who have received the vaccination.

11.

Are you Pro or Con on the proposal?

2. Con

I am not for the mandatory vaccination for our school aged children as this is complete nonsense! It has been proven that our children ages 5-18 have had little to no symptoms related to the COVID virus and history has shown that the current vaccine has been less than effective at keeping individuals at all ages from contracting the virus. Use your common sense.

From: Lang, Caitlin M (SBOH)
Sent: 1/4/2022 6:20:16 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine requirements in schools

From: renewalspur <renewalspur@protonmail.com>
Sent: Monday, January 3, 2022 11:45 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Vaccine requirements in schools

External Email

Hello,

I am a mother, veteran, military spouse, firefighters wife, and mental health professional.

I can speak for all the people in my family, workplace, social group and church that a forced vaccination of this kind, placed upon innocent children and their parents, will change our voting habits substantially. We DO NOT approve, nor do we fail to recognize the political and financial nature of the vaccine hype. Science will verify the vaccine mandates, shaming, snitching and creating second class citizens (regardless how extreme their views may be) has done little in stopping the spread and done alot in dividing this country.

Please govern accordingly.

Frances Archer, LMHC, MHP, CMHS

Sent from ProtonMail mobile

From: Jonathan
Sent: 1/1/2022 1:44:34 PM
To: DOH WSBOH
Cc:
Subject: Vaccination Requirements for Schools

External Email

To whom it may concern:

I am writing to communicate my opposition to COVID vaccination requirements for school children. This is a parental decision and there is no good justification for the board to assume the authority for this decision. It is time to all of us to set aside irrational fear and move on with our lives. Thank you for your consideration.

Jonathan Anderson
Tacoma, WA

From: Gina Howerton
Sent: 1/4/2022 1:25:28 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccination Mandates

External Email

Nathaniel,

Vaccine Mandates are illegal, unconstitutional and a crime against our children. This injection was mandated under an Emergency Use

Authorization. It is Not approved by the FDA. Many children will die and be injured for life from this Injection and it will be by the hands

Of You! Do your job and protect their God given and constitutional rights!

Gina Howerton

Colbert, WA

From: Jon Borcharding
Sent: 12/29/2021 5:32:52 PM
To: DOH WSOH
Cc:
Subject: TAG zoom meeting 12/29/21

External Email

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase, "vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borchering

From: Testify Online Survey
Sent: 1/3/2022 7:21:50 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Covid19 vaccine included with chapter 246-105 WAC

3.

Your Name:

Julie

4.

Do you have a professional title?

1. Yes

CPA

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

adonaisprincess@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

The Flu vaccine is not required for school children. Therefore, the COVID19 vaccine should not be required since it is similar to flu virus and not deadly to children. Also, there is not enough data for long term affects on our children with this vaccine that was rushed and tested on the public as emergency use.

From: Wendy Reynolds
Sent: 1/4/2022 8:35:37 AM
To: DOH WSBOH
Cc:
Subject: Vaccine

External Email

I am not anti vaccine. I am anti government mandating anything we put into our body's. Let alone our kids, on a vaccine that has no long term study's and NOT proven anywhere that it works.

If you mandate this for kids to go to school, my kids will be pulled out immediately.

I think you need to remember you work for us!

It's called FREEDOM to choose.

--

Wendy Webster

From: Miranda Lucht
Sent: 12/30/2021 1:08:13 PM
To: DOH WSBOH
Cc:
Subject: Tag

External Email

I implore the members of this board to carefully consider the lives of the children they are charged with "protecting". We know from recent studies that children have the highest Covid recovery rate of all age groups and a less than .002% risk of dying from this virus. We know that according to VAERS there have been over 19,000 deaths reported to date as a direct result of this injection. We know from the amount of "break thru" cases that this injection does not have the efficacy we had once hoped for. We also know that this injection was not FDA approved, only emergency use authorization extended, and that Corminity won't be widely available in US until 2023. We know that there have been several recent cases of myocarditis and blood clots in otherwise healthy young individuals after receiving this injection, not to mention reports that in some cases it could cause sterility/fertility issues.

There have not been adequate safety trials of long term effects of this mystery concoction and we have no idea how this will affect our children in the long run. Do you really want to be responsible if mandating this injection turns out to be some sort of death sentence for our children years from now? Please do not mandate this drug trial/experiment on the children as a condition to get an education, let parents decide what is best for their child's health!

Thank you,
Miranda Lucht.

From: Testify Online Survey
Sent: 1/3/2022 6:47:38 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Childhood vaccine mandate

3.

Your Name:

Mr. Weishaar

4.

Do you have a professional title?

1. Yes

Firefighter/EMT

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

mtwfire@yahoo.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have been on the front lines of the pandemic from the beginning as a first responder

10.

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

1. Yes

State mandated vaccine for children 5 and older

11.

Are you Pro or Con on the proposal?

2. Con

The science has shown that Covid has little to no effect on children and should absolutely not be required for school attendance

From: Testify Online Survey
Sent: 12/30/2021 7:00:09 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 7,2022

2.

Agenda Item or Issue:

CoViD vaccines for children

3.

Your Name:

Valerie Raschko

4.

Do you have a professional title?

1. Yes

RN

5.

Are you representing an organization?

2. No

6.

Address:

21568 e bitterroot lane , liberty lake, 99019

7.

Email:

Valleygirl29000@yahoo.com

8.

Phone Number (Include Area Code):

5097233452

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 CoViD vaccine should not be mandated for children as there is NO long term safety data.

From: Crystal Willits
Sent: 1/3/2022 7:09:45 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements for students

External Email

To Whom it May Concern,

We should not be mandating experimental medical procedures for children that do not require it for the following reasons:

Mandatory vaccination against COVID-19 has proven to be ineffective against the spread of COVID-19. Those that have been vaccinated are still capable of getting and spreading the virus. Why would you mandate a vaccine that does not prevent the spread of illness among the vaccinated? Seattle alone has a vaccination percentage of over 80% and yet the Omicron variant is causing cases to spike. The Omicron variant is mild and no worse than the common cold.

Secondly, COVID-19 is not particularly threatening to children. During the entire pandemic, less than 1,000 (I'm being generous, last I checked the stats it was under 500) children have died from COVID-19. Why on earth would we mandate a vaccine to prevent illness in those that are seemingly unaffected by the disease? Those that did pass away died WITH COVID-19, not OF COVID-19.

Moderna has been pulled in other countries because of the negative health impacts it's had on people under age 30. Why would we give or mandate a "vaccine" to children as young as 5 something that has been deemed unsafe for younger populations?

I will take my children out of the public school system if they are mandated to undergo a medical procedure that will likely cause them more harm than good. The risk isn't worth the "reward." I will not abuse my children to give the adults around them a false sense of security.

Take care and thank you for your consideration,

Crystal

From: Robert Bily
Sent: 12/29/2021 3:01:20 PM
To: DOH WSBOH,Amy
Cruver,marty.campbell@piercecountywa.gov,ryan.mello@piercecountywa.gov,jani.hitchen@piercecountywa.gov

Cc:

Subject: TAG meeting Dec 29 2021 discussion on adding Covid - 19 vac to schools requirements

External Email

Dear TAG & Pierce County council members,

We are in complete agreement with the contents of the letter sent to you below by many alarmed people and parents. As concerned, responsible parents in Gig Harbor, Peninsula School District and throughout the Puget Sound region and for the following reasons we do NOT consent or support in any way, you adding the experimental Covid-19 vaccination to the schools vaccination requirements. Many have died or have serious life-damaging side effects. Athletes are dropping dead all over the world! Check with VAERS at CDC to see how many others have died from this experiment. 1000 attorneys and 10,000 health practitioners have already filed multiple lawsuits in Germany and California against people who have mandated these fake PCR tests and experimental quasi-vaccines. Other teams are rising up to stop this insanity. We hope you will protect our children from harm and yourselves from harm and litigation. Thank you.

Rev. Robert Bily
253-514-6870

BE WARNED!

WE PUT YOU ON LEGAL NOTICE: "The United States Government has extraterritorially prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted and executed.

Every court of law in any location has original jurisdiction (Universal) to hear and try Crimes Against Humanity; and violations of the Nuremberg Code are classified as Crimes Against Humanity, which carry a maximum penalty of Death.

You are hereby put on NOTICE that any further effort to coerce, intimidate, persuade, trick or compel our children to receive any experimental gene therapy injection ("Covid Vaccine") or any other medical device, drug or procedure against their will, implicates you as aiding and abetting in the Capital Offense of a Crime Against Humanity. I hereby reserve my rights to swear to a criminal complaint against you in the nearest available law enforcement agency or court of law. I do not contract with you in any way and expressly deny any contractual relationship with you.

I hereby reserve my rights and put you on NOTICE that you may also be liable for civil damages under various Tort claims including but not limited to: negligence, fraud (in the Inducement), Assault, Battery, Intentional Infliction of Emotional Distress, Loss of Consortium, Trespass and Products Liability. You are hereby notified of potential liability and this NOTICE shall serve as actual NOTICE in support of these claims."

The following resource and LETTER OF NOTICE serves as one of the best legal points of defense and protection against what seems to be a clear violation of the Nuremberg

Code. Anyone that participates in the promotion of Jay Inslee's push to violate a person's legal right to choose(experimental covid vaccine) should be put on legal NOTICE:

WEBSITE: <https://www.vaxxchoice.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vaxxchoice.com%2F&data=0>

With so many deaths and irreparable damage being done by these experimental DNA altering vaccines, why would we mandate something that already has multiple successful therapeutics with no harmful side effects? Hydroxychloroquine and Ivermectin have been proven by thousands of doctors around the world to be highly safe and effective.

Vaccines and masks seem like the modern day trains of Hitler's reign of terror. "Für Ihre Sicherheit", "It's for your safety". Sound familiar?

Those who do not learn from history are doomed to repeat history. And those ignorant to the plans of evil men and evil agencies are used as 'Useful Idiots', a phrase coined by Lenin and Stalin to label those who are foolish enough to promote their harmful agenda. These mandated vaccines are no different and are a clear violation of the Nuremberg Code.

Will you stand for true freedom or become pawns of harm to humanity, and God forbid our children!!?

Our children are our future, are you working towards their real safety and wellbeing, or are you going to be conduits of this evil plan to harm them?

Choose wisely, FREE America is watching.

Please vote NO on this human, children rights violation.

From: Testify Online Survey
Sent: 1/3/2022 5:44:18 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Covid vaccine 246-105 WAC

3.

Your Name:

Nicholas Jensen

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

825 e Bonnie lynn lane, Colbert wa 99005

7.

Email:

Gman2020.nickj@gmail.com

8.

Phone Number (Include Area Code):

918-208-2233

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 vaccine is not proven to be safe. The vaccine doesn't stop the spread. The vaccine is carried and spread by vaccinated people. Kids barely get it. This is absolutely nonsense. Most of the hospitals are full of vaccinated people. This isn't a vaccine. It's a glue shot. It changes every time it mutates. We will home school or move out of state. We will not comply.

From: Testify Online Survey
Sent: 12/29/2021 6:58:56 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Covid-19 Vaccine mandate for K-12 Students

3.

Your Name:

Cheryl

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Colbert, WA

7.

Email:

Cherylandchris71@hotmail.com

8.

Phone Number (Include Area Code):

509-953-0500

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Mandating Covid-19 vaccinations for students

11.

Are you Pro or Con on the proposal?

2. Con

I urge you to reasonably consider all feedback regarding the mandating of the Covid-19 vaccine for students in Washington. As a resident of Washington State and a parent of school-aged children, I'm very concerned about the following, and respectfully urge the State of Washington to leave the decision to vaccinate against Covid-19 up to individuals rather than the government:

1. Lack of data on long-term safety. There is no study to mention here because it's impossible to report, as the vaccine was recently created and tested. There is simply no long-term data.
2. Children are at extremely low risk for having complications from Covid-19.
3. Vaccinations do not prevent transmission of Covid-19.
4. Exemptions: the state has been clear in its unwillingness to accept philosophical exemption for a vaccine that only (possibly) affects the person that is injected with it. The likelihood that if mandated for students, the state would also apply this logic, is unacceptable.
5. The mandating of this vaccine in other sectors of the state and country has been divisive and highly controversial. Government officials abusing powers puff their chest and push forward regardless of valid citizens input. The widely-available vaccine is thankfully available to anyone who desires it. Why mandate something that (possibly) protects the individual but not others?
6. There are effective treatments available to those who do suffer from more than mild symptoms of Covid-19. Promising research and testing is ongoing for even more treatments.

From: Dave Williams
Sent: 12/29/2021 4:20:25 PM
To: DOH WSBOH
Cc:
Subject: Vaccinating school children

External Email

It will be unwise to enforce vaccination of school children for these reasons:

- * The pandemic will likely run its course in the next few months.
- * Forcing Americans, or any world citizens, to take an experimental drug against their will is illegal according to The Geneva Convention and US law.
- * There is insufficient medical evidence documenting that the risk/reward warrants vaccinating school-age children.
- * If a single child dies from taking the vaccine after being warned against it, then school districts will face enormous lawsuits.
- * Parents of children who want all children to be vaccinated will not vote against incumbents in the next election if they are not. Parents who don't want their children vaccinated definitely will remember and vote against incumbents in the next election.

Please contact me if you have any questions. I'll be glad to explain in more detail.

Regards, Dave

David Williams
Mobile 253.549.8889
skyp99@gmail.com <mailto:skyp99@gmail.com>

From: Testify Online Survey
Sent: 12/29/2021 9:49:47 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Forced vaccination on school children

3.

Your Name:

Ryann Walker

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3215 Wolf Run Road Tenino, WA 98589

7.

Email:

walkerandcollic@gmail.com

8.

Phone Number (Include Area Code):

360970056

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 believe there is discussion and possible movement about forcing Covid vaccinations on school children.

11.

Are you Pro or Con on the proposal?

2. Con

There are no long term studies on the covid vaccine and it is not FDA approved.

From: Testify Online Survey
Sent: 1/3/2022 5:51:45 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Covid-19 vaccine

3.

Your Name:

Jeremy A Schrooten

4.

Do you have a professional title?

1. Yes

Doctor

5.

Are you representing an organization?

2. No

6.

Address:

517 E Silver Pines Ct

7.

Email:

jeremy.schrooten@outlook.com

8.

Phone Number (Include Area Code):

509-389-9507

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Inclusion of the Covid-19 vaccine as part of Chapter 246-105 WAC.

11.

Are you Pro or Con on the proposal?

2. Con

Covid 19 vaccines are very new. The Covid-19 risk is too low to place a blanket mandatory requirement requiring students to be exposed to this medication. There are reported side effects and the link between the vaccine and side effects has not been determined. Research is needed to understand the risk of these side effects that allows families to make informed decisions if the vaccine is a good choice for them.

From: Testify Online Survey
Sent: 1/3/2022 5:53:46 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

WA

2.

Agenda Item or Issue:

3.

Your Name:

David McPherson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

Home

6.

Address:

15522 N CHRONICLE CT

7.

Email:

damcp65@gmail.com

8.

Phone Number (Include Area Code):

5099511997

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: Schreiber, Tracy N (SBOH)
Sent: 1/4/2022 7:39:21 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine requirements in schools

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: renewalspur <renewalspur@protonmail.com>
Sent: Monday, January 3, 2022 9:46 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Vaccine requirements in schools

External Email

Hello,

I am a mother, veteran, military spouse, firefighters wife, and mental health professional.

I can speak for all the people in my family, workplace, social group and church that a forced vaccination of this kind, placed upon innocent children and their parents, will change our voting habits substantially. We DO NOT approve, nor do we fail to recognize the political and financial nature of the vaccine hype. Science will verify the vaccine mandates, shaming, snitching and creating second class citizens (regardless how extreme their views may be) has done little in stopping the spread and done alot in dividing this country.

Please govern accordingly.

Frances Archer, LMHC, MHP, CMHS

Sent from ProtonMail mobile

From: Testify Online Survey
Sent: 1/3/2022 5:54:54 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/12/2022

2.

Agenda Item or Issue:

Covid-19 Vaccination Requirement

3.

Your Name:

David Johnson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7210 N Quamish Drive Spokane, WA 99208

7.

Email:

davidj0324@hotmail.com

8.

Phone Number (Include Area Code):

5097200249

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 proposal is to require students to be vaccinated against Covid-19.

11.

Are you Pro or Con on the proposal?

2. Con

There have been no long term studies on the effects of the vaccine on adults or children. Children are not at significant risk from Covid-19, but may be at significant risk from myocarditis and other adverse health conditions related to the vaccine. The yearly influenza virus is much more deadly than Covid-19 for children. The effectiveness of the vaccine has been shown to drop substantially over just a matter of weeks. In sum, the costs outweigh the benefits.

From: Testify Online Survey
Sent: 1/3/2022 7:19:41 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Potential vaccine requirement for school age children

3.

Your Name:

Billie Hjort

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3715 W Vel View Dr Spokane 99208

7.

Email:

Billiedelina@yahoo.com

8.

Phone Number (Include Area Code):

206-491-5330

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

Potential vaccine requirement for school age children

11.

Are you Pro or Con on the proposal?

2. Con

My children are 7 and 10. I will remove them from the public school system if the COVID-19 vaccine becomes a Requirement to attend public school. The vaccine is not necessary. My kids immune system is better defense and less risk than the COVID-19 vaccine. Please do NOT mandate that children get COVID-19 vaccination in order to get a public education.

From: Katie Pelcha
Sent: 12/30/2021 7:00:35 PM
To: DOH WSBOH
Cc:
Subject: To whom it may concern

External Email

To whom it may concern:

I am a concerned Washington state citizen and mom of two young children in public school. I am writing today to voice concerns of the vaccine mandate for children in Washington schools. My children have had quite the difficult challenge the last couple of years with the Covid restrictions, one of whom was a premature baby who had underdeveloped lungs. We did remote learning for a time, as well as an online learning program while kids were getting pulled in and out of in-person learning. After which, we re-enrolled them back into in-person learning in the public school system. My children, one of whom is terrified of needles, will not be getting any MRNA vaccine. I've been informed clinical trials are ongoing and most of which will not conclude until 2026. My family and I are not against vaccines. We have all the necessary ones up until now. We believe mostly that vaccines work and are effective. However, without proper documentation of Covid vaccine injuries and the lack of accountability with this particular vaccine, and the fact they would need 3 at this point in time to become fully vaccinated, they will remain unvaccinated for Covid. We believe they had Covid two years ago in October or November.

My children thrive with other kids. When my youngest refused to sit and do homework with me (Mom), when she went to in-person learning, she learned to write her name the first month and is beginning to read her first books. We are so proud of the progress she has made and the amount of friendships she has developed over the course of this school year. She has worn her mask like a champ, and hasn't complained once, unlike some of her classmates who have been in tears over wearing them.

We as a family would be hurt socially if my children were not able to attend because of a mandate, not a law, that is based on science that hasn't completed and has shown to not stop the spread of the virus or stop her from getting it. She has done rapid testing when ill so she can return to the classroom after each illness, and thankfully, has tested negative each time.

I urge you to continue to carefully weigh the negatives of the vaccine, the devastation most children will face when they cannot return to their friends and classrooms, and critically think whether this vaccine that has questionable efficacy, is truly necessary. Although I would never enjoy removing my children from their friends, teachers and important school environment, we will not be attending in-person learning in the public school system if this goes forward.

I ask you to reconsider such an unnecessary step, as in my community, I am a majority of those that feel this way. And many more of us will pull our children out because they've either already had Covid or the research and vaccine injury data has not concluded. We hate to make such a difficult decision as parents, but for some of us, it's a matter of life and death.

Please reconsider so our children may have a normal school experience as much as possible, even if this means continuing social distancing, masking and testing.

Respectfully,
Kathryn Pelcha

From: Testify Online Survey
Sent: 1/3/2022 6:30:16 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12 2022

2.

Agenda Item or Issue:

Covid vaccine requirements for school age children 5 and up

3.

Your Name:

Jarrold Cavanaugh

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

Common Sense

10.

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

1. Yes

Vaccine requirements for mead school district

11.

Are you Pro or Con on the proposal?

2. Con

The fact this is even a proposal is mind blowing. You've already damaged our children and have ruining their childhoods on a daily basis with masks. The people will stand for what's right and there won't be kids in school. Teachers will lost their jobs because they won't have anyone to teach. Washington Board of health should be ashamed of themselves. You are awful misguided and scares human beings with no backbone. Fuck you!!!!!!

From: Jackie O
Sent: 12/29/2021 1:27:53 PM
To: DOH WSBOH
Cc:
Subject: vaccinations in schools

External Email

You must absolutely NOT pressure children to receive the Covid 19 vaccine by making it mandatory for school attendance. This is a dangerous, experimental drug that has some terrible side effects. Experimenting on children violates the Nuremburg code! Children do NOT die from Covid 19!!!! This is only to make more money for big pharma and people like Bill Gates! Do what's right for our children!

From: Testify Online Survey
Sent: 1/3/2022 6:29:08 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12,2022

2.

Agenda Item or Issue:

COVID-19 Vaccine Requirement

3.

Your Name:

Rosa Hernandez

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

712 E Handy Rd Colbert, WA 99005

7.

Email:

Rosahernandez429@gmail.com

8.

Phone Number (Include Area Code):

5094058580

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

Requirements for students to take the COVID-19 vaccine.

11.

Are you Pro or Con on the proposal?

2. Con

COVID-19 vaccine should be voluntary not mandatory or a requirement for students to attend public school.

From: Testify Online Survey
Sent: 12/29/2021 10:32:21 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th,2022

2.

Agenda Item or Issue:

Covid vaccine mandate

3.

Your Name:

Tiffany Bond

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

1. Yes

Freedom of Choice

6.

Address:

7.

Email:

Tiffany_bond58@comcast.net

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

10.

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

1. Yes

Covid vaccine mandate for kids to attend school.

11.

Are you Pro or Con on the proposal?

2. Con

It is not, nor will it EVER be, anyone but a parents responsibility to choose whether or not to vaccinate their child. You've already lost tens of thousands of students from public school enrollment over your asinine mask mandates. Get ready to see public schools in WA state become extinct, as well as being sued for everything you're worth, if you pass this. Use your damn heads. If this is passed: it will not end well for any of you.

From: Trish Huddleston
Sent: 12/29/2021 2:38:19 PM
To: DOH WSBOH
Cc:
Subject: Today's meeting

External Email

It seems like the decision is already made to force "vaccinate" our children, so the mtg was just theater. NONE of you asked any questions on the efficacy, or the adverse reactions we are seeing already from this shot. What about the VAERS reports? The fact that children are NOT at risk from covid? 0.0003%, really???

The only concerns/questions heard were about the extra admin work it will create. Unbelievable. How much are you being paid to ignore the facts? This is sick and you ALL will be held accountable for crimes against humanity!

From: Testify Online Survey
Sent: 12/29/2021 2:07:48 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/21

2.

Agenda Item or Issue:

Covid vaccine for school children

3.

Your Name:

Rose ragan

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

9810 marine view dr sw Seattle wa 98136

7.

Email:

Rose.ragan@gmail.com

8.

Phone Number (Include Area Code):

3103420609

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 vax for school children requirement

11.

Are you Pro or Con on the proposal?

2. Con

Covid poses no more threat to children than the annual flu and the experimental gene therapy Covid vaccines have many unknown threats to our children, especially to their immune system and their respiratory and heart systems. Long term data is not available for years. The current mutation of SARS Cov2 Omnicron carries no threat to children as well as to adults. In fact it is less deadly to the entire population than any of the Covid 19 vaccines! Do not add these gen therapy shots to the childhood vaccine requirement lists!!

From: Andrea Armstrong
Sent: 1/4/2022 5:22:00 AM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement in schools

External Email

Requiring COVID vaccines in Washington schools is unnecessary and possibly dangerous to our children. Children rarely catch and do not spread the virus. COVID does not rise to a level of danger to warrant forcing our kids to take an experimental vaccine that we do not yet know the long term effects of. The choice whether or not to vaccinate children belongs to parents. I've personally heard of many incidents of my coworkers ending up in the ER after getting the vaccine, as well as long term side effects. Also, I know many fully vaccinated people including family members who have contracted COVID. I also know a number of unvaccinated people (also family members of mine) who've had COVID and are fine. It seems natural immunity is in fact our greatest defense against the virus. Please do the right thing and let parents make this decision for their children.

Thank you.

Andrea Armstrong
Pasco, WA

From: Testify Online Survey
Sent: 1/3/2022 6:40:01 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12,2022

2.

Agenda Item or Issue:

Covid vaccination requirement

3.

Your Name:

Kendra Mullis

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4707 E Upriver Dr Apt N201 Spokane, wa 99217

7.

Email:

kendralinn21@gmail.com

8.

Phone Number (Include Area Code):

5097890015

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am 100% against requiring a minor to get the covid vaccination in order to attend school. There is still research going on with these vaccines and I believe these minors should have the choice whether to get this put into their body or not when they're older! No one should be forced to do something they are against, or do not want in their bodies, in order to get an education that is needed to survive when they're older. I was forced to get the shot in order to keep a job, and within 2 hours I began an extremely heavy menstrual cycle that I should not have had at the time, and have never bled like that before. I got the first dose 11/5 and for the last 2 months I have bled almost every single day. Excessively. No one has answers and all I'm being told my doctors and nurse advice lines is that there is an ongoing research on this topic! There are thousands of women dealing with this and I'm in a group on Facebook where several people have had the same issues. 2 months of bleeding, no answers, no one knows if this is causing fertility issues because there wasn't enough research done before this vaccine came out. Please don't take the education away from a child because of a "vaccination mandate." This is OUR bodies, and should be OUR decision. Not yours.

From: Charles Harris

Sent: 1/4/2022 2:01:41 PM

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

Cc:

Subject: Vaccine mandate for elementary school students - STOP IT

External Email

WSBOH Members:

Please reconsider and re-think the mistake of mandating Covid vaccines for elementary school children in our state.

Instead of mandating vaccines for other people's children, please:

- Mandate Covid vaccines only for your own children, for whom no one else has that rightful responsibility for their lives & healthcare, particularly given their relative low-risk of death or hospitalization.
- Reconsider that your BOH authority to supersede a parent's responsibility for their children's lives and health must be based on better Covid hospitalization and death data than what is currently being given to the public.
- Consider that under our Washington State Constitution the state itself educates our children as an "en loco parentis" entity, that is, under the authority and on behalf of their parents or legal guardians, and that, as our children's medical care is a far more critical concern & responsibility of parents than is their education, it SHOULD also remain and even higher responsibility and authority of parents than it is of the state – unless voluntarily given to another entity.
- Consider that were the documented risks of death or hospitalization from this virus to this population be applied to other health risks common to normal life, what other responsibilities would you be taking out of the hands of our citizens – in the name of their health & safety?

I believe fervently that the vaccine mandates you are now considering constitute a serious overreach of state authority by you, as a non-elected board. Therefore, I will do what I can to expose the meager science behind the alleged health risks you are stating, and I will non-violently resist and protest its compliance at local school board meetings - continually.

Sincerely,

C. R. Harris II

909 Alameda Ave.

Fircrest, WA 98466

From: Jon Borcharding
Sent: 1/3/2022 8:52:34 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Re: TAG zoom meeting 12/29/21

External Email

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase, "vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borcharding

On Wed, Dec 29, 2021 at 5:32 PM Jon Borcharding <jonreadsitall@gmail.com
<mailto:jonreadsitall@gmail.com> > wrote:

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase, "vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borcharding

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:28:55 AM
To: DOH WSBOH
Cc:
Subject: FW: vaccine 19 for kids/schools

From: Sue Stevenson <presentandready@gmail.com>
Sent: Thursday, December 30, 2021 5:22 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: vaccine 19 for kids/schools

External Email

You will all be held accountable for your actions. The Nuremberg Code was put in place for a reason.

You should not have the ability to make any kind of rule on what a person is required to be injected with.

You are all lucky the call is on zoom. One day you will not be able to hide behind a computer. You will need to face the people in person.

Consider your actions carefully as you will have consequences.

Sue Stevenson

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

From: Testify Online Survey
Sent: 12/29/2021 9:52:50 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:

School vaccine mandate for kids

3.

Your Name:

Rebecca Cosner

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):

5096383064

9.

Do you have any special expertise relevant to this topic?

1. Yes

Parent, stats

10.

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

1. Yes

Mandatory C19 vaccine for school

11.

Are you Pro or Con on the proposal?

2. Con

This is absolutely insane. No way should the state be making parenting decisions.

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:51:53 AM
To: DOH WSBOH
Cc:
Subject: FW: TAG zoom meeting 12/29/21

From: Jon Borcharding <jonreadsitall@gmail.com>
Sent: Monday, January 3, 2022 8:52 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Re: TAG zoom meeting 12/29/21

External Email

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase, "vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future

prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borcharding

On Wed, Dec 29, 2021 at 5:32 PM Jon Borcharding <jonreadsitall@gmail.com
<mailto:jonreadsitall@gmail.com> > wrote:

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase, "vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borcharding

From: Troi Cockayne
Sent: 12/29/2021 12:17:20 PM
To: DOH WSBOH,Amy
Cruver,marty.campbell@piercecountywa.gov,ryan.mello@piercecountywa.gov,jani.hitchen@piercecountywa.gov

Cc:
Subject: RE: TAG meeting Dec 29 2021 discussion on adding Covid - 19 vac to schools requirements

External Email

Dear TAG & Pierce County council member,

As concerned, responsible parents in Gig Harbor, Peninsula School District and for the following reasons we do NOT consent or support in any way, you adding the experimental Covid-19 vaccination to the schools vaccination requirements.

BE WARNED!

WE PUT YOU ON LEGAL NOTICE: "The United States Government has extraterritorially prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted and executed.

Every court of law in any location has original jurisdiction (Universal) to hear and try Crimes Against Humanity; and violations of the Nuremberg Code are classified as Crimes Against Humanity, which carry a maximum penalty of Death.

You are hereby put on NOTICE that any further effort to coerce, intimidate, persuade, trick or compel our children to receive any experimental gene therapy injection ("Covid Vaccine") or any other medical device, drug or procedure against their will, implicates you as aiding and abetting in the Capital Offense of a Crime Against Humanity. I hereby reserve my rights to swear to a criminal complaint against you in the nearest available law enforcement agency or court of law. I do not contract with you in any way and expressly deny any contractual relationship with you.

I hereby reserve my rights and put you on NOTICE that you may also be liable for civil damages under various Tort claims including but not limited to: negligence, fraud (in the Inducement), Assault, Battery, Intentional Infliction of Emotional Distress, Loss of Consortium, Trespass and Products Liability. You are hereby notified of potential liability and this NOTICE shall serve as actual NOTICE in support of these claims."

The following resource and LETTER OF NOTICE serves as one of the best legal points of defense and protection against what seems to be a clear violation of the Nuremberg Code. Anyone that participates in the promotion of Jay Inslee's push to violate a person's legal right to choose(experimental covid vaccine) should be put on legal NOTICE:

WEBSITE: <https://www.vaxxchoice.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vaxxchoice.com%2F&data=0>>

With so many deaths and irreparable damage being done by these experimental DNA altering vaccines, why would we mandate something that already has multiple successful

therapeutics with no harmful side effects? Hydroxychloroquine and Ivermectin have been proven by thousands of doctors around the world to be highly safe and effective.

Vaccines and masks seem like the modern day trains of Hitler's reign of terror. "Für Ihre Sicherheit", "It's for your safety". Sound familiar?

Those who do not learn from history are doomed to repeat history. And those ignorant to the plans of evil men and evil agencies are used as 'Useful Idiots', a phrase coined by Lenin and Stalin to label those who are foolish enough to promote their harmful agenda. These mandated vaccines are no different and are a clear violation of the Nuremberg Code.

Will you stand for true freedom or become pawns of harm to humanity, and God forbid our children!!?

Our children are our future, are you working towards their real safety and wellbeing, or are you going to be conduits of this evil plan to harm them?

Choose wisely, FREE America is watching.

Please vote NO on this human, children rights violation.

Sincerely,

Troi N. Cockayne & Natasha V Cockayne

From: Testify Online Survey
Sent: 1/3/2022 7:04:43 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12,2022

2.

Agenda Item or Issue:

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

3.

Your Name:

Michael Cannon

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

1. Yes

Mead School District - Mead, WA

6.

Address:

2323 E Farwell Road

7.

Email:

michael.cannon@mead354.org

8.

Phone Number (Include Area Code):

509-954-8192

9.

Do you have any special expertise relevant to this topic?

1. Yes

The topic is related to requirements to attend public school, and I am a School Board Director representing a local district with over 10,000 students.

10.

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

1. Yes

The proposal under consideration is to include the Covid-19 vaccine in the required vaccinations to attend school.

11.

Are you Pro or Con on the proposal?

2. Con

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to encourage vaccination in my community. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria: II. Disease Burden Criteria 5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population. • The vaccine has been directly available to every vulnerable sub-set of the population for some time. 6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority. • It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus. III. Implementation of the Criteria 7. The vaccine containing this antigen is acceptable to the medical community and the public. While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority. • Under 51% of Spokane County residents are vaccinated. (srdc.org) • Less than 40% of kids 12-17 are vaccinated. (srdc.org) • Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org) 8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable. • Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking. 9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver. • As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall

within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it. The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

From: Testify Online Survey
Sent: 1/3/2022 5:48:42 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Vaccine mandate for all WA schools

3.

Your Name:

Jennifer Bright

4.

Do you have a professional title?

1. Yes

Mom

5.

Are you representing an organization?

1. Yes

My family and parent of 5 kids at Mead School District

6.

Address:

12316 N Helena Ct

7.

Email:

jenbright5@gmail.com

8.

Phone Number (Include Area Code):

509-770-0178

9.

Do you have any special expertise relevant to this topic?

1. Yes

BS in health from BYU

10.

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

1. Yes

Vaccine mandate at schools

11.

Are you Pro or Con on the proposal?

2. Con

Please let the power be in the people and let our school board (with recommendations from our area health's department) determine what is best for our district.

From: Testify Online Survey
Sent: 1/3/2022 6:41:29 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th

2.

Agenda Item or Issue:

Covid 19 vaccine inclusion in chapter 246-105WAC

3.

Your Name:

Natalie Elwess

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

128 E Trevor Rd Colbert, WA 99005

7.

Email:

Elwess.Natalie@yahoo.com

8.

Phone Number (Include Area Code):

5094993016

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Covid-19 vaccine for inclusion in chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age. Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters. Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate. Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

From: Testify Online Survey
Sent: 12/30/2021 12:41:57 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Chapter 246-105 WAC

3.

Your Name:

Laura Hays

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

400 Hansen Rd Toutle, WA

7.

Email:

Puckmania2002@yahoo.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

Molecular geneticist researching retroviruses.

10.

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

1. Yes

Adding CoVID vaccination to school entry requirements.

11.

Are you Pro or Con on the proposal?

2. Con

This disease poses miniscule threat to children but the "vaccine" does pose threats to the heart health of children, hence the addition of tromethamine to the injection, a treatment commonly used to treat patients post heart attack or bypass for blood alkylsis. The "vaccine" that has been temporarily FDA "approved" is Comirnaty, and it is not available in the United States. Stop putting kids at risk for something that poses less risk than the intervention.

From: Testify Online Survey
Sent: 1/3/2022 6:28:06 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th

2.

Agenda Item or Issue:

Covid Vaccination for schools

3.

Your Name:

Jolisa Wenkheimer

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1624 W Pinecrest

7.

Email:

jwenkheimer@yahoo.com

8.

Phone Number (Include Area Code):

5098681699

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a parent

10.

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

1. Yes

Covid Vaccines for our children

11.

Are you Pro or Con on the proposal?

2. Con

I have many concerns about adding the Covid vaccine to our required vaccinations for our children in public schools. This is an experimental vaccine and we do not know the long term side affects. Covid is not a threat to our children. Save the vaccines for those who are at high risk. These vaccines have proven to not stop the spread of the virus. We will be pulling our daughter from public school if this vaccinations becomes a requirement.

From: Testify Online Survey
Sent: 12/29/2021 1:15:22 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Forcing COVID Vaccines on School Children

3.

Your Name:

Curt Nizzoli

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

self

6.

Address:

5573 Turnberry Pl SW Port Orchard, WA 98367

7.

Email:

nizzoli@wavecable.com

8.

Phone Number (Include Area Code):

2094950829

9.

Do you have any special expertise relevant to this topic?

1. Yes

30 years in pharma/biotech industry

10.

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

1. Yes

Injuring school children with COVID "drugs"

11.

Are you Pro or Con on the proposal?

2. Con

As a 30-year veteran of the pharma/biotech industry, I conduct extensive research into new therapies and drug development including adverse events and side effects. Having had COVID in May 2021, and the 1-shot J&J shot, I can provide a unique perspective on this subject. My hundreds of hours of research into these so-called vaccines confirms that no one under 30 should get these shots, let alone children. The injuries suffered by children, especially myocarditis, are PERMANENT and cannot be reversed. Children have a very strong immunity system and do NOT need these experimental drugs. There are hundreds of articles that support this info, and even hundreds more detailing permanent injury to kids who have already had the shots. There are also hundreds of articles out there documenting almost 300 European professional soccer players who have collapsed on the field holding their heart. These are extreme athletes that are collapsing, with many dying. So, unless the members of this board are willing to accept PERSONAL RESPONSIBILITY for each and every vaccine injured child in WA, I suggest this proposal be scrapped. Many of us in the medical field see Nuremburg type trials happening in the US in the near future. Are you prepared to stand trial yourselves?

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:50:46 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements For Elementary Kids

From: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 9:14 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a mass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Janet Konshuk
Sent: 1/3/2022 10:20:56 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates

External Email

I am truly worried about the risk vs. benefit of my kids in receiving the mRNA vaccine. I have vowed they do not get this vaccine. I will leave our school district of UPSD in University Place WA. My kids have had Covid and it was a sore throat for one day. My kids have increased risk for ASE from vaccines due to prior infection. I have a 14 year old son who is at extreme high risk for myocarditis, I cannot give him this shot.

A very concerned parent
Janet Konshuk

Sent from my iPhone

From: Testify Online Survey
Sent: 1/3/2022 6:02:30 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:

4.

Do you have a professional title?

2.

No

5.

Are you representing an organization?

2. No

6.

Address:

2614 W Heath Ave Spokane 99208

7.

Email:

Wpu1011@ail.com

8.

Phone Number (Include Area Code):

8087982066

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 vaccinations

11.

Are you Pro or Con on the proposal?

2. Con

According to testing. My youngest has had Covid twice. My oldest once. It was had more of a mental impact on my kids missing school than anything. I believe it is a persons choice to get vaccinated or not. We should not be segregating our society over this. It saddens my heart to hear anything about Covid now bc of the toll it has taken on our family and our society. Not from a health standpoint, but from hatred and being outcast. I'm almost positive we have all had Covid in our family, but the time we have had to spend apart from school, friends, family, public has been far worse than the virus itself.

From: Ruth Walker
Sent: 12/29/2021 2:46:50 PM
To: DOH WSBOH
Cc:
Subject: To whom it may concern:

External Email

To whom it may concern:

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

Thank you, Ruth Walker

Have a great day!
Ruth

From: Katie Woodard
Sent: 12/29/2021 11:38:38 PM
To: DOH WSBOH
Cc:
Subject: Thoughts on covid vaccine for kids

External Email

Hello,

We are longtime residents of Washington state, and have 3 children currently in the school system. As members of the WA state public, we do not accept the COVID vaccine. We know many other WA state residents with children in school who also do not accept this vaccine. Therefore none of us will be continuing with the public school system if this vaccine becomes required for attendance.

I trust that you will not make this vaccine mandatory as it does not meet the criteria for a safe or useful vaccine for the children of our state.

Sincerely,
K. Woodard

From: Erika Clough
Sent: 1/4/2022 11:11:03 AM
To: DOH WSBOH
Cc:
Subject: The epidemiological relevance of the COVID-19-vaccinated population is increasing

External Email

Hello,

I recently attended the TAG meeting regarding Covid vaccination for school requirements and thought this recent article might be of relevance to the review process. The article published in The Lancet points out evidence that the vaccines are not preventing transmission of the virus.

[https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(21\)00258-1/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(21)00258-1/fulltext)

Thank you for considering all new information from around the world as the pandemic situation involves and the aftermath of the vaccine effort begins to surface.

Sincerely,

Erika Clough, Citizen of 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: Donahoe, Kaitlyn N (SBOH)
Sent: 1/3/2022 10:07:50 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Vaccine Requirements For Elementary Kids

From: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 9:13 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a mass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Sue Stevenson

Sent: 12/30/2021 5:21:45 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: vaccine 19 for kids/schools

External Email

You will all be held accountable for your actions. The Nuremberg Code was put in place for a reason.

You should not have the ability to make any kind of rule on what a person is required to be injected with.

You are all lucky the call is on zoom. One day you will not be able to hide behind a computer. You will need to face the people in person.

Consider your actions carefully as you will have consequences.

Sue Stevenson

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

From: Testify Online Survey
Sent: 1/3/2022 6:08:31 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th 2022

2.

Agenda Item or Issue:

COVID vaccine requirement

3.

Your Name:

N/A

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

N/A

7.

Email:

N/a

8.

Phone Number (Include Area Code):

N/A

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 wish to remain anonymous. This vaccine has not been around long enough to show whether or not there are long term side effects. My kids are up to date on all other vaccinations, and when this one has been around for years, maybe then can it be required like the other vaccines. They just recently started requiring these other vaccinations. Why rush into this one? Give the COVID vaccine years of testing, like the others have had. Besides the variants are coming out faster than new vaccines can be created. So we will force our children to be test subjects for this ever changing virus and vaccine or not allowed to attend school? Doesn't sound morally or ethically right.

From: Testify Online Survey
Sent: 12/30/2021 8:50:01 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/12/2022

2.

Agenda Item or Issue:

potential vaccine mandates for students

3.

Your Name:

Holli Rook

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1306 W Elmwood Ct Spokane WA 99218

7.

Email:

rookh39@gmail.com

8.

Phone Number (Include Area Code):

509-833-3044

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

potential vaccine mandates for students

11.

Are you Pro or Con on the proposal?

2. Con

This vaccine is still under emergency use authorization and is experimental. Kids are extremely low risk to have serious complications from Covid-19, please do not mandate a new type of vaccine whose long term effects are not known. If this mandate goes through, I will be pulling my 4 kids from public schools and will have to home school. As a single mom, this is going to be extremely difficult but my children's health is more important.

From: Whitney Wytko
Sent: 12/29/2021 2:10:22 PM
To: DOH WSBOH
Cc:
Subject: Vaccination mandate

External Email

What about a flu vaccination?? That is an option. Is that going to be mandatory too?
Give some common sense I say.
Whitney Wytko

From: Testify Online Survey
Sent: 1/3/2022 6:17:49 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

COVID 19 Student Vaccine Requiremenr

3.

Your Name:

Jeremy Gross

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4330 S. Crestline St. Spokane, WA 99203

7.

Email:

jmgross1979@hotmail.com

8.

Phone Number (Include Area Code):

509-995-5903

9.

Do you have any special expertise relevant to this topic?

1. Yes

The parent

10.

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

1. Yes

Specific to the Student COVID 19 vaccine requirement that is being proposed.

11.

Are you Pro or Con on the proposal?

2. Con

I do not agree with the stance on making the vaccine a requirement for immunizations. The vaccine has proven ineffective at preventing the virus. This goes against other vaccines against "normal" childhood illnesses that have been effective and proven. There is not enough scientific data to support its use, therefore not enough data to justify the rights of parents to chose what is best for their children being removed. This would be no different than a requirement for the common flu (which, I may add, is not on the requirement list). Other forms of the flu and their related vaccines are proven and effective. The current status of the COVID 19 vaccines does not have this track record. The rights of the parents choice regarding vaccine status still stands and cannot be taken away. It violates the rights of parents to judge the well being of their own children which is NOT the responsibility of the state. Unless the health of the children are proven at risk, based on courts verdict in the matter of a specific parent, family, etc. the state has no stance in imposing such a requirement. If this passes, we will not be enrolling our children in any Washington state school district and will look for alternative options in our childrens education.

From: Mindy Meyer
Sent: 12/30/2021 4:05:06 PM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

To the Technical Advisory Group:

I'm disappointed that efforts were not made to involve parents.... I am just hearing about this and would like to be informed about legislation that would directly effect the 13 year old I'm responsible for raising.

Thank you for providing the opportunity for public comments and inquiries regarding adding the Covid 19 vaccine to the regular schedule of vaccines for school aged children.

I was surprised to hear that this was being considered and hope that there will be a broad outreach effort to all the parents of WA to inform them of this development. Feedback from across the state is critical given the implications to the welfare of our children.

I have questions in several areas that I would like addressed by the TAG.

Safety

1. Has the DOH ever added a vaccine to the schedule that has been in use for under 6 months with no long term data?
2. Were any children harmed during the studies of these vaccines? Who is providing that data to TAG?
3. Who is tasked with investigating the record number of injuries and deaths reported in the VAERS system and factoring that into TAG work?
4. How do we justify mandating a novel vaccine with known increased risk of myocarditis, especially in young boys?

Risk for kids

1. Given the low risk of severe COVID 19 outcomes for kids (less than annual influenza), how does WA state DOH justify adding this novel vaccine to the schedule?

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisi>
COVID-19-Deaths-by-Sex-and-Age%2F9bhg-
hcku&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2f60e34a72cc49ef088208d9cbf12af3%7C11d0e217

Effectiveness

1. Data now shows that current vaccines wane in efficacy to a great degree within 6 months. These vaccines do not seem to actually function like traditional vaccines that impart long time immunity and controlled transmission. Why are we considering mandating vaccines that are non-sterilizing?

2. Do we expect the definition of "fully vaccinated" will be routinely assessed to include additional boosters? How is this logical and appropriate with no long term studies, including no studies on mixing vaccines? Are boosters of older version vaccines even appropriate given new variants that evade older versions of vaccines?
3. Many states with higher vaccine rates are now experiencing higher rates of Covid, how does adding Covid vaccines to the schedule justify these lingering positive cases due to variants especially with regard to children and the long term side effects?

Liability

1. Are there actually any approved and licensed Comirnaty Vaccines available in WA state? If not, then how can we mandate the EUA BioNtech vaccines which are legally distinct?
2. Who is liable for injuries from mandated vaccines? If injuries are caused by EUA vaccines instead of Comirnaty then who is liable? The school system? The medical providers of the vaccines? Parents of injured children?

This is a beginning list of questions that I would like addressed as you move forward with your investigation.

I'm looking for answers and am no longer convinced that all the information that is necessary to ensure the health and safety of my child is being considered.

I believe that we are rushing ahead with policies that will potentially have long lasting harms on our children, just as earlier policies (lockdowns, school closures, etc) wreaked havoc on their wellbeing. Now we are facing the unintended consequences of another epidemic of unprecedented mental health issues. What other unintended consequences are we setting our kids up for due to rushed policies? That's what I want to find out before creating more harm. I hope that you will, too.

Thank you for your attention to these concerns and your work on this important subject that can potentially negatively effect the future generations in Washington State.

Please let me know that you received this email and provide a response.

Mindy Meyer

From: Schreiber, Tracy N (SBOH)
Sent: 1/4/2022 7:40:13 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements For Elementary Kids

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Stacy Bourassa <esbeely72@gmail.com>
Sent: Monday, January 3, 2022 9:14 PM
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a mass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: renewalspur
Sent: 1/3/2022 9:42:41 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements in schools

External Email

Hello,

I am a mother, veteran, military spouse, firefighters wife, and mental health professional.

I can speak for all the people in my family, workplace, social group and church that a forced vaccination of this kind, placed upon innocent children and their parents, will change our voting habits substantially. We DO NOT approve, nor do we fail to recognize the political and financial nature of the vaccine hype. Science will verify the vaccine mandates, shaming, snitching and creating second class citizens (regardless how extreme their views may be) has done little in stopping the spread and done alot in dividing this country.

Please govern accordingly.

Frances Archer, LMHC, MHP, CMHS

Sent from ProtonMail mobile

From: Kareena Ganavage
Sent: 12/30/2021 5:41:28 PM
To: DOH WSBOH
Cc:
Subject: Tag

External Email

Hi I am writing you about the covid vaccines please don't make people have to have them to attend school. People should have a choice of what they put in their body and people are even giving up their jobs including nurses to not have to take the vaccine. Please let people have a choice especially when it comes to their kids.

Sent from my iPhone

From: Testify Online Survey
Sent: 12/30/2021 6:15:27 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

December 29, 2021

2.

Agenda Item or Issue:

Adding experimental COVID-19 vaccine to list of required vaccines to students

3.

Your Name:

Lorraine Johnson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Lorrob1@q.com

8.

Phone Number (Include Area Code):

3602928340

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

TAG considering adding the experimental COVID-19 vaccine to the list of required vaccines for entry into Washington schools.

11.

Are you Pro or Con on the proposal?

2. Con

Past vaccines have been fully vetted and proven safe for our children. They have taken years to perfect. If a vaccine had a death rate of more than 25 the plug was pulled. You are purposely ignoring the fact that this vaccine is still experimental in the eyes of the FDA. Children literally have a 99.9% survival rate to COVID-19. The variants are becoming weaker and weaker. We are going into our third year of mandates. Please note that by this time everyone has had an opportunity to make their choice on whether to get vaccinated or not. I highly recommend you do not make it a requirement our precious little children be forced to take this experimental "vaccine", thank you.

From: Testify Online Survey
Sent: 1/3/2022 5:52:11 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 7th

2.

Agenda Item or Issue:

Covid vaccine added to list of "must haves"

3.

Your Name:

Sarah Bailey

4.

Do you have a professional title?

1. Yes

Nurse

5.

Are you representing an organization?

2. No

6.

Address:

708 e handy Colbert wa 99005

7.

Email:

Emilyraehintz@aol.com

8.

Phone Number (Include Area Code):

5098683593

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a nurse

10.

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

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

The Covid.... Is a form of the "cold".... Yes it is much stronger and is causing deaths much like the flu. It is a virus....it will continue to "mutate". This is not new knowledge.. a new "variant" is always going to come... as it has for many years. The vaccination should be pushed to get-yes- much like the flu shot... which is changing every year to... to whatever they think that variant is going to be too... however not mandated. It does not prevent Covid but helps when you do become sick with the virus. The vaccination is going to continue to change... It does not stop or prevent Covid. It helps with the symptoms of when you become ill. People still get it- less symptomatic ... therefore passing it. I agree the children should get it like the flu shot. I do not agree they should have it to go to school and be mandated for children to get an education.

From: Michelle Wagner

Sent: 1/5/2022 1:51:33 PM

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

Subject: 12 Jan 2022 Board of Health Meeting/ Regarding K-12 Vaccinations/ Item 11 @ 2:30 pm

External Email

Dear Board Members,

I implore you not to mandate Covid-19 vaccinations in order for students to attend K-12 School. Please familiarize yourself with CDC, WHO & NCBI studies concerning increased incidences of myocarditis and pericarditis after Covid -19 inoculations in children, before making this decision. Having experienced chest pains for several months after receiving my Pfizer Covid vaccinations, I can not in good conscience inoculate my children with these vaccines until legitimate vaccination trials occur, and they are not under the Emergency Use Authorization (EUA) Authority. By mandating this vaccine you will be driving a significant amount of students and families out of the Washington State education system; families that have happily complied with childhood vaccination protocols up until this point.

Please do not compound the psychological damage that has already been done to Washington State students with past school closures, and further prevent students from attending school. Please do not discriminate against students and dictate student health outcomes that should be left between Doctors and patients.

Your current K-12 Covid-19 Flowchart already discriminates against unvaccinated students that test NEGATIVE for Covid-19, but are contact-traced. It keeps unvaccinated students out of school for 7 to 10 days, despite having a NEGATIVE test, while their vaccinated peers are allowed to return to school with a NEGATIVE test. Please update your policies and flowchart with new CDC guidance, to prevent this discrimination. Equitable educational outcomes can not be achieved when students are denied school access based on their vaccination status. Please encourage all Washington State School Districts to offer the Washington State recommend "Test to Stay" program, which allows students that test Negative for Covid-19 to attend school. This program is not offered in our District.

Thank you for your time and careful consideration on this monumental decision.

Sincerely,

Michelle Wagner

From: Shari Klein
Sent: 1/5/2022 11:52:13 AM
To: DOH WSBOH
Cc:
Subject: Against mandatory gene therapy

External Email

Dear health board of wa

I am writing you as a concerned parent. I will keep it brief as I hope you have thousands of other parents emails to read.

To make mandatory a shot that is not even a vaccine (under cdc definition) but is a computer programmed code to initiate a spike protein and has none of the Covid virus in it and that has not undergone proper testing and is not stopping the spread of Covid 19 at all. Is absolutely unconstitutional and un lawful. We as U.S. citizens who are a free people in a free nation have a right to choose what goes into our bodies. Not anyone else at anytime. And then to make children put it in their bodies is just pure asinine. According to the wa doh website ZERO children have died from Covid!

Thank you for keeping our bodies our choice.

From: D Graham

Sent: 1/6/2022 11:07:56 AM

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

Cc:

Subject: 1/12/2022 Washington State Board of Health Meeting

External Email

Dear Board Members,

I am writing to share my opposition of WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals.

I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools. Currently there are no allowable contraindications even for those at risk for adverse reactions to the vaccine. This would prevent those that need a medical exemption from obtaining one. Additionally, the data on increased risk of myocarditis in young boys / men needs significantly more time to be assessed and addressed.

Mandates of new mRNA technology aren't wise on any level before we have enough data to make sound evidence based decisions. Mandating a product that does not stop transmission or that has proven excessive immune escape will not end the pandemic as we all would hope.

There has to be another way, but mandates and involuntary quarantine are not the answers.

Sincerely,
Dani Graham

From: Christine Hamstra
Sent: 1/6/2022 12:13:32 PM
To: DOH WSBOH
Cc:
Subject: Against mandatory Covid vaccinations for children.

External Email

Dear WA Board of Health,

Please DO NOT make Covid-19 vaccines mandatory for school admission and childcare in our state!! Children are at a low risk of contracting Covid. Covid vaccines are still only EUA (emergency use authorized). Forcing our children to receive the experimental covid vaccine is not in the best interest of the long-term health of our children.

Covid shots should absolutely NOT be a requirement for our children to attend school or childcare.

Thank you!

Christine Hamstra

From: Rachael McQuery
Sent: 1/6/2022 11:18:08 AM
To: DOH WSBOH
Cc:
Subject: Against

External Email

children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorized).

Sent from my iPhone

From: bernie johnston
Sent: 1/6/2022 11:49:53 AM
To: DOH WSBOH
Cc:
Subject: Against our civil liberties

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

Sent from Yahoo Mail on Android

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

From: Betsie Elliott
Sent: 1/4/2022 9:42:35 PM
To: DOH WSBOH
Cc:
Subject: Are COVID Vaccine Mandates for Kids Legal?

External Email

<https://www.tabletmag.com/sections/news/articles/covid-vaccine-mandates-kids-legal>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fnews%2Farticles%2Fcovid-vaccine-mandates-kids-legal&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C55c5385869fc4e5c08dd08d9d00e2afa%7C11d0e217>>

From: jaden.singh@yahoo.com

Sent: 1/6/2022 9:20:42 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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), Thai, Nathaniel J (SBOH)

Cc:

Subject: 1/12/2022 Proposed Covid-19 Vaccine Meeting - Public Comment

External Email

To whom this may concern,

This email is to publicly express my position to remain having a choice when it comes to vaccinating my children, especially for Covid-19!

This is too new of a vaccine, children already have been proven to be at a extremely low risk, and again this vaccine DOES NOT prevent Covid-19 only lessens the symptoms.

I am expressing my position of being adamantly against this vaccine, especially when it is being brought up that it could become a mandate for students in educational settings and school age children in order to attend PUBLIC schools.

I vote NO on mandating Covid-19 vaccines in schools for children under the age of 18.

Respectfully,
Jaden Singh

From: Alyssa Guillot
Sent: 1/5/2022 7:45:09 PM
To: DOH WSBOH
Cc:
Subject: Child vaccine mandate

External Email

Hello,

I'm writing you in regards to the possibility of the child's vaccine mandate. First off, what has this world come too? As a parent I brought my child into this world to make decisions on how I want them raised. What I want them to believe in. Not what they are forced to believe in. This is not the American way. You don't get to decide what is best for my child. That's my decision as a parent. I decide what is put in my child's body. We don't mandate actual important things like eating healthy, mandating security at schools to help with school shootings that's actually lethal to ALL kids! Those are things that you should be focusing on! We don't mandate the flu vaccine so how is this different? It's time to rethink.

Sent from my iPhone

From: RayAnne Turner

Sent: 1/6/2022 12:41:09 PM

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

Subject: Board of Health Meeting January 12, 2022

External Email

To Whom It May Concern,

In regards to vaccination for school aged children against Covid-19 and variants, if this becomes a requirement my two children will be among many others who will be pulling their children from the Sedro-Woolley School District in favor of a homeschool option not run by Washington State. Not only will you be losing hundreds of children in your schools but also the funding that comes with them being enrolled.

My children are healthy, as is my family and I see no reason they need to be forced to vaccinate against a flu-like virus that cannot be eradicated by a "vaccine". Especially one that does not actually keep you from getting it nor spreading it. Flu-like virus will continue to mutate and create new strains to effectively "stay alive". We know this based on the hundreds of flu virus' and the multiple vaccines against them that we already deal with every year.

Covid-19, delta, and omicron are no different. There will be multiple new ones over the next few months if not years, just as there are consistently new flu variants.

By enforcing this as a requirement to attend school in our district, you will be forcing funding out of the district. If enough children unenroll, which I believe will happen based upon the number of parents against this, you are essentially firing staff due to lack of students and limiting the already low funds needed to run the district.

Think long and hard if this is honestly the right choice for Sedro-Woolley, or if this is another political move on the agenda. Listen to your parents and their wishes. You work for us, as does every other government agency. If you choose to ignore us, the consequences will be hard and swift.

RayAnne Turner

From: Benicia Mecina
Sent: 1/6/2022 1:38:15 PM
To: DOH WSBOH
Cc:
Subject: Against COVID Policies!!

External Email

I am completely opposed to all 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.

Thank you.

Sent from my iPhone

From: Barbara Miller
Sent: 1/6/2022 1:42:11 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: advisory vote

External Email

Dear Advisory Board for the Washington State Board of Health:

I am writing to protest against recommending a vaccine for Covid for school aged children who attend school in Washington State. I am a 36-year veteran teacher. I am against imposing this vaccine on our children. I believe this to be a horrible abuse of power.

The available Covid vaccines are still of an experimental nature and have not been tested to prove their value and lack of long-term consequences. Never have we been forced to inject our children with a vaccine that has not undergone years of safety trials. Never have we forced children to receive a vaccine for a disease that primarily poses a risk for adults with comorbidities or are elderly.

School aged children have a 99.9998% survival rate from Covid. The vaccines do not provide protection against getting Covid as is seen by the number of "breakthrough" cases of those already vaccinated and boosted. Why require it?

The vaccines currently available are still only EUAs. Congress permitted the FDA to grant Experimental Use Authorization (EUAs) so that any American in a personal emergency can choose whether to explore potentially lifesaving treatments that have not gone through the full testing regime. In other words, the legal basis for EUAs is a matter of the individual right to access experimental treatments, not of government right to compel such treatments.

It is irresponsible to impose covid vaccines on children when there are side effects as grave as myocarditis already being reported and no long-term tests have been done. Parents must be able to make this decision for their children. You must honor their right to choose what is best. You must not marginalize parents' rights to take care of their children.

I live in Spokane, and I believe my side of the state is certainly underrepresented on this panel. Please look long and hard at what long term consequences of this kind of recommendation could have on our children, our school system and our communities.

Sincerely,

Barbara Miller

Barbmiller75@gmail.com <<mailto:Barbmiller75@gmail.com>>

205 W. Florence Ave.

Spokane, WA 99218

From: Jared
Sent: 1/5/2022 1:20:16 PM
To: DOH WSBOH
Cc:
Subject: 7DCB996A-A9DD-4641-B8AF-AA8984E118AF

External Email

I Jared beritich am a tax paying citizen and I am against mandatory vaccines for children to attend schools my tax dollars pays for. It is against my religion, my standard and I shouldn't have to pay for education that my children wouldn't be eligible for, given you're potential criteria for entry. If it becomes mandatory, all families that do not do vaccines should be given full tax breaks/credits. Otherwise it would be taxation without representation end of story. Good day, Jared beritich registered voter and tax payer of the state of washington

From: Davis, Michelle (SBOH)
Sent: 1/5/2022 11:58:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Absolutely against children getting Covid vaccination

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

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

From: Yvonne Montesi <vonniemm38@icloud.com>
Sent: Wednesday, January 5, 2022 10:59 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Absolutely against children getting Covid vaccination

External Email

Sent from my iPhone

From: Carol Crosby
Sent: 1/5/2022 1:43:56 PM
To: DOH WSBOH
Cc:
Subject: 1/12/22 Hearing Public Testimony

External Email

To the Washington State Board of Health.

At your 1/12/22 hearing I see you plan to discuss adding the experimental inoculations for Covid 19 to the requirements (as a vaccine that prevents disease) for all children attending school in Washington. I believe the BOH would be jumping the gun to approve this requirement. As we learn of so many break through instances of injected people experiencing cases of Covid, and passing it to others, we see that the inoculations are not as effective as we had hoped. We are learning more and more about the disadvantages of this inoculation not just for children, but for adults as well. It does not appear to prevent Covid 19 effectively. The CDC even has reported through VAERS that there have been over a million reports of adverse events. That is more adverse events than all other vaccines combined! <https://openvaers.com/covid-data/covid-reports?start=10>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fcovid-reports%3Fstart%3D10&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8e708f7d00334247793008d9d09>

Adolescents and young adults appear to be susceptible to myocarditis and pericarditis as well. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8e708f7d0033424779>

I do not believe we have thoroughly tested the MRNA injections, and am alarmed that the huge drug companies profiting immensely from this hold no responsibility for adverse reactions to their own products. If my child had an adverse reaction to this drug, or problems arising in the future I could not hold Pfizer or Merck responsible! Will parents be suing the State of Washington and the BOH if you are responsible for mandating this drug? There is just too much we do not know about after effects.

In closing, my point is that this current inoculation does not prevent the spread of disease, does not protect the receiver from contracting the disease, and its effects have not been satisfactorily studied for adults, let alone children. I believe it could be dangerous to mandate all children receive the MRNA inoculation.

Carol Crosby

From: +14254422274@tmomail.net
Sent: 1/5/2022 4:45:00 PM
To: DOH WSBOH
Cc:
Subject: 2F74A591-D8F2-45AB-86CD-274DEEC9DA13



attachments\84B8FB3AF0114156_text_0.txt



attachments\DE08D4AEC09F4E40_footer.gif



attachments\D6B38EF0FE604A6E_dottedline600.gif



attachments\381FFCE6D36C4555_tmobilespace.gif

External Email

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

From: Ally Mills
Sent: 1/5/2022 1:18:11 PM
To: DOH WSBOH
Cc:
Subject: Agenda for Jan 12th meeting

External Email

Hello,

The agenda for the Jan 12th meeting is very general. Are there any links or documents for the proposed policies being discussed?

Ally Mills

Sent from my iPhone


From: SvetlanaD.
Sent: 1/6/2022 11:09:51 AM
To: DOH WSBOH
Cc:
Subject: 077346A4-1027-452B-A919-5A6EADE3F9E3

External Email

I say "NO" to mandate for COVID vaccine for children!!!! They are in low risk and we should not ruin their immune system

--

Sent from Yandex.Mail for mobile

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=...>
have occurred:

- * After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults
- * More often after the second dose
- * Usually within a week of vaccination

* Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

* Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

- * Chest pain
- * Shortness of breath
- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 7:09:20 AM
To: DOH WSBOH
Cc:
Subject: FW:

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

From: Luckycharms44 <luckycharms44@hotmail.com>
Sent: Thursday, January 6, 2022 1:51 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject:

External Email

Hello,

I heard that there will be discussions about making Covid 19 a mandate for public school children. This is a huge overreach of government.

I pay taxes for my child to get an education; not to be a scientific medical test subject. These vaccines do not prevent the spread or infection of Covid and the long term damaging effects are unknown (cdc).

We have rights as parents over our own bodies and our children's bodies. Forced mandates are about power and not health; please do not rush into a decision. Let parents make decisions for their children based off of education, family doctor care and medical history. It is not ethical or within constitutional guidelines to force anything on parents or children. Focus on education not politics. Know your place.

Thank you for your time,
Heather H.

Sent from my iPhone

From: Martha Lauber
Sent: 1/5/2022 9:07:09 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Against potential COVID-19 Vaccine mandate for kids 5+

External Email

Dear Department of Health and To Whom It May Concern:

>>

>> The potential COVID-19 vaccine mandate for kids 5+ in order to attend public school is extremely concerning to me. I am totally against forcing our children to take such a new vaccine, especially considering the experimental nature of its creation. As sovereign citizens of a free country, it is illegal, immoral and totally unconstitutional to force any of us, especially our most vulnerable, to inject something into our bodies.

>>

>> I have two grandchildren that currently attend a local public school. If this mandate goes through, they will no longer be attending. There are multiple other parents and grandparents who feel and plan on doing the same.

>>

>> Thank you for being willing to take public opinions into account when making this decision. I look forward to hearing the outcome of your January 12 meeting.

>>

>> Sincerely,

>>

>> Martha L. Lauber

>>

>> Sent from my iPhone

From: Betsie Elliott

Sent: 1/5/2022 11:56:45 AM

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

Cc:

Subject: Adding COVID to list of required vaccines is a very bad idea

External Email

Washington State Board of Health:

I am writing to you as a concerned Washington state resident and parent with regards to the possibility of the Washington State BOH approving adding the COVID vaccine to the list of required vaccines in order for children to attend Washington State schools/daycares.

The very thought of adding this to the list of vaccines required to attend schools/daycares within the state at this point is beyond careless. The safety profile of this particular vaccine is not known and it cannot be equated to the MMR vaccine that is required for students to receive. As Dr. Cody Meisner MD, one of the pediatricians who sits on the VBRPAC panel said, "This is quite different from the MMR vaccine," referring to the measles, mumps, and rubella vaccine given to all children in the U.S. "We know that vaccine is safe. We have tested that vaccine for decades. And we know, we have a very good sense, of what the adverse events are. We do not have that with this particular messenger RNA vaccine." Furthermore the VBRPAC was also hesitant to approve this vaccine for children 5-12 years because they knew exactly what their approvals would bring; mandates to attend school and participate in society. By adding this to the list of required vaccines, you're doing exactly what they were afraid of. How careless would it be to add this vaccine as a requirement only to find out 10 years down the road it had significant impacts on children?

As of late there are many studies out there that talk about the effectiveness of this vaccine and the numbers don't look good - the vaccine isn't effective long term. There are studies out Denmark and Ontario that report negative vaccine effectiveness to specifically Omicron. Parents aren't going to give their children "boosters" every 5-6 months to keep their immunity from waning. That's straight up cruel.

* <https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.12.30.21268565v1>>

* <https://covid19danmark.dk/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid19danmark.dk%2F&data=04>>

If you want to look at how popular it would be with the public to add this vaccine to the list of required vaccines, you should look no further than rates by which parents are vaccinating their kids. I heard Chris Rykdahl on FoxQ13 talking about the rates and 25% of kids 5-11 have been vaccinated and around 35% of kids 12-15 have been vaccinated. To me that says a vast majority of parents aren't interested in their children being a test

subject and by adding this to the list, you would be telling 65-75% of parents to do something they don't want to do; that my public servants is not public support, that is dictatorship on your part.

All the vaccines that are currently on the requirement list are childhood diseases and impact children greatly. COVID does not.

I implore you to do the right thing, table this discussion 5-10 years down the road when more safety data is available. If/when it is decided that these vaccines are safe long term then continue the conversation then. Doing it right now would be extremely reckless and many children will become injured from the vaccine itself.

Sincerely,

Betsie Elliott

From: Michelle Katsel
Sent: 1/6/2022 1:47:06 PM
To: DOH WSBOH
Cc:
Subject: Against COVID-19 as a school vaccination requirement

External Email

Hello,

I am against COVID-19 as a school vaccination requirement. I urge you to not consider this anymore.

Please reminded that:

- Children are at extremely low risk for Covid
- The vaccines are still only EUA (emergency use authorized)
- There are no long-term studies to document any history of safety
- Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore, the vaccine does not stop the spread of the disease

These are HUGE red flags. To ignore them is irresponsible on your part.

Please take this issue off the table.

Respectfully,

Michelle Katsel

From: Crystal Farrar
Sent: 1/6/2022 1:37:49 PM
To: DOH WSBOH
Cc:
Subject: B427E526-BC48-46F9-BD43-666C75F75CAD

External Email

Good day,
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.

-Crystal

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 7:55:49 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Tina Christian <tinac5333@gmail.com>
Sent: Wednesday, January 5, 2022 9:44 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

No more mandates

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 12:30:53 PM
To: DOH WSBOH
Cc:
Subject: FW: Against WAC 246-100

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

From: Stephanie Beck <fourscore7seven@gmail.com>
Sent: Wednesday, January 5, 2022 12:24 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; kaitlyn.donahue@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>
Subject: Against WAC 246-100

External Email

To WS BOH,

As a concerned citizen of WA I am writing to let you know I am strongly AGAINST involuntarily quarantine. This is excessive, overreaching, and unnecessary.

Sincerely,
Stephanie and Jeremy Beck

Sent from my iPhone

From: Jennifer West
Sent: 1/5/2022 10:30:15 PM
To: DOH WSBOH
Cc:
Subject: FD52E136-A6FD-4114-A5D8-61DD13A1DCCE

External Email

My question is why if the vaccine is voluntary, why would you make it mandatory for everyone. I know people with blood clotting issues and religious exemptions. Individuals need to be treated according to these things. So are you going to make any exceptions?

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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

From: Theresia Madding
Sent: 1/6/2022 12:31:54 PM
To: DOH WSBOH
Cc:
Subject: C-19 vaccines and children

External Email

To whom it may concern,

I believe requiring covid 19 vaccines will have devastating consequences. Not all people/children are medically able to receive a vaccine. Not all people or children's religions agree with vaccines. This will interfere with freedom of personal choice. It is to my knowledge that public schools may not discriminate anyone for any reason and this requirement would definitely discriminate against many people and children.

Thank you,
Theresia Gregersen

Sent from Yahoo Mail on Android

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

From: Stephanie
Sent: 1/6/2022 12:35:12 PM
To: DOH WSBOH
Cc:
Subject: Against the Covid Policies

External Email

Good Afternoon,

I am completely against any of the proposed Covid Policies that are over reaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. Please don't push these through.

Thanks,
Stephanie

Sent from my iPhone

From: Harry Matthews
Sent: 1/6/2022 11:21:39 AM
To: DOH WSBOH
Cc:
Subject: Against mandatory vaccination for children

External Email

Children are extremely low risk of death and the vaccines are experimental. Leave the decision to the parents.

Viva Cristo Rey
Harry

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 12:42:14 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Meeting January 12, 2022

From: RayAnne Turner <bsketballstar@comcast.net>
Sent: Thursday, January 6, 2022 12:41 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; DOH WSBOH <WSBOH@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>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Board of Health Meeting January 12, 2022

External Email

To Whom It May Concern,

In regards to vaccination for school aged children against Covid-19 and variants, if this becomes a requirement my two children will be among many others who will be pulling their children from the Sedro-Woolley School District in favor of a homeschool option not run by Washington State. Not only will you be losing hundreds of children in your schools but also the funding that comes with them being enrolled.

My children are healthy, as is my family and I see no reason they need to be forced to vaccinate against a flu-like virus that cannot be eradicated by a "vaccine". Especially one that does not actually keep you from getting it nor spreading it. Flu-like virus' will continue to mutate and create new strains to effectively "stay alive". We know this based on the hundreds of flu virus' and the multiple vaccines against them that we already deal with every year.

Covid-19, delta, and omicron are no different. There will be multiple new ones over the next few months if not years, just as there are consistently new flu variants.

By enforcing this as a requirement to attend school in our district, you will be forcing funding out of the district. If enough children unenroll, which I believe will happen based

upon the number of parents against this, you are essentially firing staff due to lack of students and limiting the already low funds needed to run the district.

Think long and hard if this is honestly the right choice for Sedro-Woolley, or if this is another political move on the agenda. Listen to your parents and their wishes. You work for us, as does every other government agency. If you choose to ignore us, the consequences will be hard and swift.

RayAnne Turner

From: Teri Johnson (Lake Stevens)

Sent: 1/5/2022 1:46:14 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: AGAINST recommendation for Covid-19 being a requirement for school aged children

External Email

I am against this recommendation. I am absolutely horrified that the health department is talking about making this recommendation for an illness that does less harm to our school aged children than the seasonal Flu has in years past, according to the CDC.

The decisions regarding children and Covid 19 are not putting their safety first. The decision to vaccinate MUST outweigh the risks of the illness. In the case of COVID-19, the risks of illness absolutely are NOT greater than the risk of vaccine.

We need leaders to step up. If not you, then who?

Teri Johnson

Assurance Property Management/John L Scott

8933 Market Place Suite H

Lake Stevens, WA 98258

206-919-7687 Direct

From: Sara Bedient
Sent: 1/6/2022 11:07:32 AM
To: DOH WSBOH
Cc:
Subject: Agenda support and opposition

External Email

1. Agenda Item #8, I strongly OPPOSE any COVID-19 shot mandates.
1. Agenda #11 I ask that the Board SUPPORT to establishing a new rule that prohibits the board from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you,

Sara Bedient
Tonakset, WA

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 1:41:09 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Public Comment

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

From: Alison Handsaker <handsakerhome@gmail.com>
Sent: Thursday, January 6, 2022 1:16 PM
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.


It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=04&nav=VAERS%2Findex.html>>
have occurred:

* After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

* More often after the second dose

- * Usually within a week of vaccination

- * Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

- * Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

- * Chest pain

- * Shortness of breath

- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 1:17:53 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Public Comment

From: Alison Handsaker <handsakerhome@gmail.com>
Sent: Thursday, January 6, 2022 1:16 PM
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.


It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=...>>
have occurred:

* After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

* More often after the second dose

* Usually within a week of vaccination

* Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

* Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

* Chest pain

- * Shortness of breath
- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: D L
Sent: 1/6/2022 8:53:23 AM
To: DOH WSBOH
Cc:
Subject: Re: Comments on Public Meeting Wednesday, January 12, 2022

External Email

Hello Board Members,

Having researched information on the Covid-19 virus and the lack of safety data as shown in Pfizer's own trial's data and the CDC's own VAERS reporting system of vaccine injury, I am absolutely against the State of Washington's and it's Health Department's adopting the Covid-19 virus and Covid-19 experimental vaccines into WAC code.

* THERE ARE A NUMBER OF PROVEN TREATMENTS FOR COVID-19.

* The experimental injections have not prevented breakthroughs (vaccine failure) and have a high rate of harmful side-effects as documented in the CDC's VAERS database .

As a mother and a grandmother and a registered voter in Washington State, I DEMAND that you DO NOT incorporate Covid-19 or Covid vaccines into WAC code.

Deymian LeSar 01/06/2022

From: Roxanne Sitler
Sent: 1/5/2022 4:56:24 PM
To: DOH WSBOH
Cc:
Subject: Agenda for 1/12/23 State Board of Health Meeting

External Email

From your online agenda published for the 1/12 zoom meeting, would you please give me details about proposed rules or topics related to the following agenda items. I'm unclear what is being proposed & discussed related to each of these WACS & what the possible action would be on each item.

Thank you,
Roxanne Sitler

6. Public Comment

(Note: Public Testimony on Item 9, Rules Hearing Continuance for Communicable and Other Certain Diseases, Chapter 246- 100 WAC, will begin at 1:30 p.m.)

9. Rules Hearing Continuance– Communicable and Other Certain Diseases, Chapter 246-100 WAC – Testimony Will Be Taken

– Possible Action

11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry

—Possible Action

From: Abby Noble

Sent: 1/5/2022 9:56:03 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Against any and all Mandates

External Email

To whom it may concern and who is supposed to protect us and our children. I'm deeply grieved by the proposed mandates. It's absolutely sickening that this is even happening. Children should not be forced to get a vaccine that is not even fully FDA approved for them in order to attend school. Not only that, families should not be sent to internment camps if they refuse a medical decision for their families. If this goes through, mine and many other families will not stay in Washington state to be apart of this nightmare.

Abigail Noble

From: Amy Jackson
Sent: 1/5/2022 10:22:27 AM
To: DOH WSBOH
Cc:
Subject: Board of health meeting Jan. 12th

External Email

I am Amy Jackson, Certified Health Coach in Kitsap County. I want to plainly state that the covid vaccine is a failure, and everyone should see that by now. There's no lack of quality information and data to support the fact that the covid jab does not prevent anyone from getting sick or spreading the virus. So there is no need to force, mandate or require this shot for any reason.

If your board recommends this jab be required for children, you will be going against the Nuremburg Code, "...should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion". Preventing a child from public education because of denial of an experimental medication is illegal. The covid vaccine is not FDA approved, the approved "Comirnaty" is not available for use in the US. The information put out by FDA is very misleading, but in fact the EUA Pfizer vaccine is still being used.

In closing, any requirements for any population to receive this jab is unconstitutional and illegal and will open you and many others up to severe lawsuits, not to mention public outrage. We are nearing the end of this pandemic, we all know deaths are way down and a majority of the people have natural immunity.

Think logically and critically, do not recommend covid vaccines be required for anything.

--

Amy Jackson
Certified Healthy Life Coach
www.betterpathcoach.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.betterpathcoach.com%2F&da>

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

360-265-5710

<<https://docs.google.com/uc?export=download&id=1LoixqA6HeDrfhQ3851YWQzREyUWoCGMI&revid=0B0>

From: Holly Engh
Sent: 1/5/2022 12:52:17 PM
To: DOH WSBOH
Subject: 2022 Public School Covid Vaccine Mandate

External Email

Making an irreversible, life/health threatening decision like education required vaccination on behalf of my child that has not been adequately tested is inhuman and unacceptable.

I am a homeowner, tax payer, and a life long resident of Spokane, Wa. I do not want to force a health risk upon my child in order to receive an education.

My son who has not gotten covid nor tested positive at any time deserves an in school education.

Thank you for your time and consideration.

Holly Engh
Spokane, Wa
--

Holly Engh
TruShine Cleaning Company, LLC
509-768-4784

From: Amanda Sanders
Sent: 1/6/2022 12:54:44 PM
To: DOH WSBOH
Cc:
Subject: Against Proposed Covid Policies

External Email

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

Amanda Sanders

From: Sherry Schmalz
Sent: 1/6/2022 8:33:11 AM
To: DOH WSBOH
Cc:
Subject: 4F0603F5-79B3-47D0-B535-1D58BE0C3E87

External Email

Please do not require students to get vaccines to attend school. This should be the parents' decision, not the government's! If they are required, my family and hopefully many others will homeschool their children. The government seems to be taking over many rights of the individual citizen. If this too passes, we will need to elect many new leaders.

Thank you for your consideration of our constitutional rights.,
Sharon and Tim Schmalz

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 4:14:29 PM
To: DOH WSBOH
Cc:
Subject: FW:

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Christine P <cpackard18@gmail.com>
Sent: Wednesday, January 5, 2022 3:20 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject:

External Email

To the Washington Board of Health Tag Members:

I am a parent to two active and healthy boys ages 10 and 12. I understand your team is working to decide if you should implement a mandatory Covid vaccine as part of school vaccine requirements. I listened in on your meeting on December 29th and thank you for that opportunity. I am writing today to share my thoughts and feelings regarding this.

It is my firm belief that while a Covid vaccine may be a wonderful choice in the healthcare of some individuals, it is not an appropriate option for all children, especially those who are otherwise considered typical and healthy. The overwhelming experience of most children who have tested positive with Covid is a minor cold-like illness and avoiding this is absolutely not worth the risk of the reported adverse reactions. We are currently experiencing a record number of positive Covid cases in both unvaccinated and vaccinated individuals. This vaccine appears to be leaky; not at all the breakthrough in fighting this pandemic that we hoped it would be. In the last few months there has been a campaign to get booster shots as we have learned that the effectiveness may only last 4 to 6 months. Do we really expect our children to endure this for a vaccine that doesn't

prevent getting sick but only slows the transmission? It takes three people to hold down my son to get a simple blood draw. My co-workers 5 year old daughter got hives a few days before getting her first Covid vaccine. The stress this puts on children who already have wonderfully functioning immune systems is beyond necessary. We've seen more adverse reactions for this vaccine than any other. Do we really want that risk for every child?

Some in the scientific community argue that this leaky vaccine actually may allow for resistant strains of the virus to infect more people. If children really are the "reservoir of this disease" as Tom said in the meeting, then wouldn't we be unnecessarily accelerating the disease even further by vaccinating a population that almost entirely wouldn't need it? How long should we expect to boost ourselves and in effect prolong the waves of variants?

Mandates make parents feel that the Board does not trust them to make responsible choices in protecting the health and safety of our own children. Furthermore, mandating a vaccine that some parents do not yet feel safe giving their children further pushes us in a direction of not wanting to give it to them AND making us question our trust in YOU. My husband and I love our school district and it's teachers and we hope to be able to continue our children's education there. Please do not make us choose to educate them at home because of a mandate for a vaccine that does not feel safe to us yet. Can we please continue to offer vaccines to those that feel it is the best solution in their healthcare regimen and not make this a universal requirement? Parents know about this vaccine. It is advocated for on television, the radio, billboards, social media and news outlets. It can be administered at any grocery store pharmacy, doctor office, or mass vaccination clinic. Getting them isn't the obstacle. Finding the time isn't the obstacle. Furthermore, access for families that DO feel comfortable is there. Please allow more time for parents to feel comfortable. Not everyone feels safe at the same rate as others. While a year may seem like plenty of time for some, it isn't for others.

Communicating to you about this is a very big deal to me. I have never before felt a need to write any leadership in our state over an issue. In the case of this mandate, I cannot sit idly by and not say how not only I but others feel as well. As our state's healthcare leaders, I urge you to trust and allow parents to continue to evaluate their own children's need for this vaccine. I appreciate your consideration and feel obligated to say, whatever you decide, this vaccine at this time is not appropriate for my children.

Respectfully,

Christine Packard

From: Martha Lauber
Sent: 1/5/2022 8:57:02 PM
To: DOH WSBOH
Cc:
Subject: Against potential COVID-19 Vaccine mandate for kids 5+

External Email

Dear Department of Health and To Whom It May Concern:

The potential COVID-19 vaccine mandate for kids 5+ in order to attend public school is extremely concerning to me. I am totally against forcing our children to take such a new vaccine, especially considering the experimental nature of its creation. As sovereign citizens of a free country, it is illegal, immoral and totally unconstitutional to force any of us, especially our most vulnerable, to inject something into our bodies.

I have two grandchildren that currently attend a local public school. If this mandate goes through, they will no longer be attending. There are multiple other parents and grandparents who feel and plan on doing the same.

Thank you for being willing to take public opinions into account when making this decision. I look forward to hearing the outcome of your January 12 meeting.

Sincerely,

Martha L. Lauber

Sent from my iPhone

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 11:36:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Caitlin-Listen What the FDA Advisory Board Says About Mandating COVID Vaccine for Children

From: LaRena Archer <larena_porter@hotmail.com>
Sent: Thursday, January 6, 2022 1:36 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Caitlin-Listen What the FDA Advisory Board Says About Mandating COVID Vaccine for Children

External Email

Hello Caitlin,

I am writing as a concerned parent of two children in the Bellevue School District. Before you vote on whether or not to make this vaccine a requirement for school, I am asking you to listen to this 1- hour compilation of critical questions brought up by the FDA Advisory Board when deciding to approve Pfizer's COVID vaccine for 5-11 year old's. In case you are unable to listen, I have provided key points from the meeting below. Please note myself and thousands of other parents will be unenrolling our children if this is required to attend school. Before you vote - please make sure you are informed on the benefits and risks to our children.

Key Points from the FDA Advisory Board Meeting - Oct 26th:

***Link to 1-hour highlights video here.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=qdhoBVrM&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2d13c75093e044811dc808d9d14bdd7d%7>>

- * Advisors do not recommend healthy children get this vaccine
- * Advisors do not recommend this vaccine be required to attend school
- * Doctors do not expect the vaccine to prevent infection
- * They have no data or expectations it will prevent transmission
- * Based on current data and modeling, the risks of the vaccine to children outweigh the benefits
- * Children's vaccine is based on the alpha variant and has little to no protection against Delta or Omnicron
- * Children's vaccine includes Tris (hydroxymethyl)aminomethane), a stabilizing agent, however the vaccines given during the clinical trials did not include this new ingredient so no one knows the potential risks to our children.

- * Advisors very concerned about increase in myocarditis and pericarditis especially in young boys
- * Approval was given based on the vaccine being available to immune compromised children

I will leave you with a quote from Dr. Eric Rubin

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hsph.harvard.edu%2Feric-rubin%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2d13c75093e044811dc808d9d14bdd7d%70>>
, an adjunct professor of immunology and infectious diseases at Harvard University and editor-in-chief of the New England Journal of Medicine. Referring to approving the Pfizer vaccine for 5-11 year olds, "We'll never know how safe it is until we start using it"

Thank you in advance,

LaRena Archer

From: Dan Mattson
Sent: 1/6/2022 8:59:41 AM
To: DOH WSBOH
Cc:
Subject: Against

External Email

I am against mandatory/required vaccinations for school aged and daycare children!

Dan Mattson
28400 84th DR NW
Stanwood, WA 98292

From: Mandi Rodstol
Sent: 1/5/2022 7:24:43 PM
To: DOH WSBOH
Cc:
Subject: 1/12/22 meeting comments

External Email

To Whom It May Concern:

It is my understanding that the State Board of Health will be discussing immunization criteria and childcare/school entry.

I would like to caution the board in making the COVID-19 vaccine mandatory for childcare and schools. These vaccines are still in their infancy and mid to long term affects are not known for everyone, but what a high risk it could potentially be for children. Long term affects will not be known for some time. Can you imagine if there are issues that arise 10-20 years later and most, if not all children were affected? Traditionally, vaccines have had to go through numerous studies and meet many standards before ever being approved for the general public. Not this one! It is still in emergency use and should not be mandatory. If a parent wants their child to have the COVID-19 vaccination, then let them do that. If a parent has reservations and they do not feel comfortable giving that vaccine to their child, they should have that choice. Making this mandatory will require some to go against their conscience and science. This would be going against their rights to make the best health decisions for their children.

What if the COVID-19 vaccine causes the next generation to suffer all because we didn't do our due diligence, but rushed/forced a vaccine without proper research and time? What a shame that would be.

Your decisions could affect millions of children and their futures. You have a responsibility to be prudent, thorough, and accurate. Please leave this vaccine choice to parents.

Regards,

Mandi Rodstol
WA State Citizen
Mother of two school age children

From: Denise Anderson
Sent: 1/6/2022 7:04:54 AM
To: DOH WSBOH
Cc:
Subject: 246-101-017

External Email

This was discussed in the Agenda for Nov 10th meeting. It was suggested that the 5 "emergency rules" adopt a 6th to make it move from emergency status to a permanent rule. This WAC and its content cannot be found anywhere on your site. I'd like a copy of the Emergency Rules and this WAC or precisely where to find it. Adopting any permanent rule for a disease with a 99.9% survival rate and that is NO LONGER AN EMERGENCY is unacceptable. The SOE is unmerited and should have been lifted last year. In any case I'd like up to date info on this WAC as well as its relativity to CR-103E. I'd also like to know if this permanent rule is affective of WACs 246-100 - 040, 045, 070, 100,105? Also I'd like a copy of the "rules" regarding Inslee's SOE. I'd appreciate this info ASAP.

Thank you for your timely response
Denise Anderson

Get Outlook for Android

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

From: Luckycharms44
Sent: 1/6/2022 1:51:59 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: 3E8DBD12-86D6-434A-8E8F-0317465E9864

External Email

Hello,

I heard that there will be discussions about making Covid 19 a mandate for public school children. This is a huge overreach of government.

I pay taxes for my child to get an education; not to be a scientific medical test subject. These vaccines do not prevent the spread or infection of Covid and the long term damaging effects are unknown (cdc).

We have rights as parents over our own bodies and our children's bodies. Forced mandates are about power and not health; please do not rush into a decision. Let parents make decisions for their children based off of education, family doctor care and medical history. It is not ethical or within constitutional guidelines to force anything on parents or children. Focus on education not politics. Know your place.

Thank you for your time,
Heather H.

Sent from my iPhone

From: Jason Aunspaugh
Sent: 1/6/2022 8:21:04 AM
To: DOH WSOBH
Cc:
Subject: BEC6F6A7-5FC7-4B32-B8FE-0C04CE469E80

External Email

I am writing to express my deep-felt contempt and disagreement to the proposal by WSOBH to recommend the Covid vaccine requirement to school-aged children on January 12.

WSOBH should not require any vaccine, specifically an Emergency Use Authorization (EUA) vaccine to be administered to children as a condition of accessing public education that is paid for by the taxpayers. Additionally, WSOBH should not require COVID testing as an alternative method to accessing public education. The data is clear and COVID has a 99.8% survivability rate and therefore is not an emergency, a pandemic, or a threat to U.S. children. On the contrary, the massive numbers of adverse events being reported to the Vaccine Adverse Event Reporting System (VAERS) makes it clear that this vaccine should absolutely never be required for any reason. The vaccine is widely available and at a low or no-cost to all who seek it. Therefore, it should not be a requirement for our children to access public education.

Once the vaccine (which it is not a true vaccine) is added to the childhood immunization schedule, the National Childhood Vaccine Injury Act of 1986 (H.R. 5546) takes effect on the vaccine. This act "Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death : (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care." The manufacturers are certainly intentionally withholding safety information, as evidenced by their request to take over 50 years to release the safety data gathered prior to releasing this vaccine. Also, the amount of blatant censorship around this vaccine is proof that the information is not being given to citizens, specifically PARENTS, so that they can make an informed decision on whether or not to take the vaccine.

Vaccine manufacturers cannot market this vaccine to the public unless they have the liability immunity that is provided by H.R. 5546, which is only put in place once the vaccine has been placed on the immunization schedule. Pfizer tested the vaccine on only 1300 children. One child, Maddy Gary, had extreme reactions and is now in a wheelchair for life and needs a feeding tube to eat. Pfizer officially reported her injury to the FDA as a stomachache. This is absolutely unacceptable.

The sole reason that the manufacturers want to add this vaccine to the childhood immunization schedule is to maintain their ZERO LIABILITY safety net that they currently enjoy via the EUA status. Once EUA status goes away, their liability protection goes away UNLESS it is added to the childhood schedule. This is their true motive for pushing the addition to the immunization schedule and is completely evil and despicable. I hope you will not be complicit in committing this grievous attack on our precious children, who are the future of not only the state of Washington, but humanity.

This is absolutely wrong, unjust, immoral and should be discarded immediately. In the United States, every citizen (this includes CHILDREN) has certain unalienable rights given to us by OUR CREATOR, and NO ENTITY has the power to deprive us of these rights. These rights absolutely include sovereignty over our bodies and completely protects us from unwanted medical procedures. The American people wholeheartedly REJECT medical tyranny and WSBOH and all other federal, state, and local government entities must cease and desist this gross violation of our God-given human rights. To make this vaccine a requirement for anyone, but specifically our children, is nothing less than evil and should not be allowed to pass. We will not sacrifice our children to pharmaceutical companies under the guise of public health.

Michelle, Melanie, Christy, Stuart, Samantha, Kaitlyn, Caitlin, Lindsay, Tracy, Hannah, Kelie, Nathaniel - are any of you parents? If you are, have any of you done any research outside of the official narrative? Health professionals all over the country are speaking out against this vaccine but are being censored. The public is waking up to the truth, and we will not stand for the government attempting to sacrifice our children any longer. I encourage you all to read the extensive work for Robert Kennedy, Jr. at the Children's Health Network who tirelessly fights for the rights of our children. Please look within your hearts and ask yourself if making this recommendation is the morally right thing to do.

Sincerely,

Jason Aunspaugh (a concerned FREE AMERICAN HUMAN BEING)

From: Alison Handsaker
Sent: 1/6/2022 1:16:14 PM
To:
Cc:
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.


It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

- * Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS) 

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=...>>
have occurred:

- * After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

- * More often after the second dose

- * Usually within a week of vaccination

- * Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

- * Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

- * Chest pain

- * Shortness of breath

- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: Melaine Minson
Sent: 1/5/2022 9:40:32 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Against the mandate

External Email

I am writing this to ask you to please not mandate the Covid-19 vaccinations for school-age children, up through high school. It is clear that anyone, vaccinated or not, can catch and spread Covid-19. Because of this, it should be up to parents to decide if their children will be vaccinated or not. I also have extreme concern about the occurrence of myocardial issues, especially in teenage boys/young men. There is health risk whether you get the vaccinations or not. Please let parents and children maintain their current rights to decide what medical treatments they do or do not get.

Thank you,

Melaine Minson

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

From: Herendeen, Lindsay (SBOH)
Sent: 1/5/2022 2:39:30 PM
To: DOH WSB OH
Cc:
Subject: FW:

Lindsay Herendeen, MPH, MCRP (she/her)
Health Policy Analyst
Washington State Board of Health
lindsay.herendeen@sboh.wa.gov
360-628-6823
Website, Facebook, Twitter

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

From: ya' enid <yaenid@hotmail.com>
Sent: Wednesday, January 5, 2022 10:19 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject:

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people . Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate.

From: Mary Walsh
Sent: 1/6/2022 11:16:01 AM
To: DOH WSBOH
Cc:
Subject: CHILD VACCINE MANDATE

External Email

The SCIENCE indicates the risk for children is low. The vaccine is STILL approved on an "emergency basis" only - DO NOT MANDATE VACCINES FOR CHILDREN! Follow the science!

Mary Walsh

Sent from my iPhone

From: Organizations
Sent: 1/6/2022 1:29:05 PM
To: DOH WSOB
Cc:
Subject: Agenda for Jan Meeting

External Email

Hello,

I understand you will be talking about 2 very important topics at your Jan meeting.

1. Mandatory vaccines for school children: Mandatory anything goes against the rights of every citizen of the US. But this is particularly egregious as there is a lot of information (despite censorship) about the possible ill effects of this vaccine - not just for children but for everyone, To force children to take an experimental drug and especially one that has no proven track record as to safety is criminal. As members of the health department you should protect - at all costs - our children and NOT let them be the subjects of an procedure for which you do not know the outcomes or health risks derived from such as this gene therapy experimental "vaccine".

Also, it is now well known that most of the people getting sick from and spreading the "variants" are the vaccinated. Therefore it baffles me as to why you would force this on our children. Since you probably do not believe me - please look up the articles about the many cruise ships that are 100% vaccinated and suffering from major outbreaks of Covid. (<https://www.wkyc.com/article/news/nation-world/covid-19-cases-cut-cruise-short-cancel-other-sailings/507-71de396b-4b64-42bf-ac6d-9509a2083113>)

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.wkyc.com%2Farticle%2Fnews%2Fworld%2Fcovid-19-cases-cut-cruise-short-cancel-other-sailings%2F507-71de396b-4b64-42bf-ac6d-9509a2083113&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb84531e3ed90437df68c08d9d15b8714%7C>>
)

Children are not getting being overly effected by Covid so why would we force vaccination on them. Vaccines are linked to many childhood issues like Autism, ADHD and other problems. Why take a chance we will damage children for a disease that is not overly dangerous for them.

PLEASE DO NOT MANDATE COVID "VACCINES" FOR SCHOOL CHILDREN.

2. Involuntary Quarantine: This practice is not only "Orwellian" it is down right scary. Thomas Jefferson told us that when the government starts taking away your rights in the name of protecting us- that basically - we are in deep trouble. Our nation is in deep trouble if you start to violate individual rights through involuntary quarantine. To remove people from their homes and put them in concentration camps is very reminiscent of Germany and Hitler. Even if it starts out as a "refuge" for homeless or for whatever "good" reasons you may have - it will be only a baby step to start quarantining normal people who may disagree with the ANY current thought.

Please do not go down that road. It will end well for NO ONE.

Besides - since it is the vaccinated who are getting sick - how will this really help anything? Please do not ignore the "facts". Media outlets are censoring valid information about Covid and the vaccine. .

People must make their own way in this world. People do not always make the best decisions for themselves or for others but that is the way of life. It is our life and the glory of that is that we get to succeed or make mistakes - and we get to pay whatever consequences comes with the decisions we make. That is called FREEDOM and it is the most precious of all things. Do not take our freedoms away. Authoritarian, socialists type government experiments have all ended the same - grandeur for the elites but desolation and poverty for the citizens. Again, for the sake of humanity, do not go down this road.

Regards,

Ronne

Medical Technologist (MT, ASCP)

Sent with ProtonMail

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

From: wpm2625@aol.com
Sent: 1/6/2022 12:27:28 PM
To: DOH WSBOH
Cc:
Subject: 37031D7B-6B8D-4D4C-89A6-343181CE62F0

External Email

I am 100% completely against any of these proposed Covid Policies that are overreaching, immoral and Unconstitutional. We stand against these proposed WAC's: WAC246-100-070, WAC246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

Sincerely
Patty Hestla

From: Michelle Van Diest
Sent: 1/6/2022 11:46:26 AM
To:
Cc:
Subject: C8469010-D62C-4ECD-ADA7-0A25FFA2B624

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Michelle in Bellingham, WA

Sources/links for above claims:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386>

Doctor analyzes death rates in Pfizer's trial:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3F>

Pfizer's 6-month data shows they do more harm than good:

<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%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Fthings-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer->

vaccine%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2Fsummary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F3&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2F2021%2F01%2F2021-lazarus-final-report-2011.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2F20200630.htm&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2F2021%2F01%2F2021-lazarus-final-report-2011.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fseason%2F2021-2022.htm%23faq-45610&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C8dd8e8a4f3444404598708d9d14cd516%7D>

From: Haag, Hannah R (SBOH)
Sent: 1/6/2022 8:14:29 AM
To: DOH WSBOH
Cc:
Subject: FW: Against potential COVID-19 Vaccine mandate for kids 5+

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

From: Martha Lauber <mamalaub@icloud.com>
Sent: Wednesday, January 5, 2022 9:05 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Against potential COVID-19 Vaccine mandate for kids 5+

External Email

Dear Department of Health and To Whom It May Concern:

>> The potential COVID-19 vaccine mandate for kids 5+ in order to attend public school is extremely concerning to me. I am totally against forcing our children to take such a new vaccine, especially considering the experimental nature of its creation. As sovereign citizens of a free country, it is illegal, immoral and totally unconstitutional to force any of us, especially our most vulnerable, to inject something into our bodies.

>> I have two grandchildren that currently attend a local public school. If this mandate goes through, they will no longer be attending. There are multiple other parents and grandparents who feel and plan on doing the same.

>> Thank you for being willing to take public opinions into account when making this decision. I look forward to hearing the outcome of your January 12 meeting.

>> Sincerely,

>> Martha L. Lauber

>> Sent from my iPhone

From: Warrior Danika
Sent: 1/6/2022 10:48:26 AM
To: DOH WSBOH
Cc:
Subject: ABSOLUTLEY NOT!

External Email

As a citizen of WA state, I am commenting on what is on the agenda:

PROPOSED POLICIES: • 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, vaccination.

Nuremburg Code!!

Covid-19 injections as part of school immunization requirements using WAC 246-105.

I vehemently stand against these issues. You have no right to police my children or my family members. My child will NOT be vaccinated! I will pull him out of school, I will go live in a hole if need be!

Standing Firm,

Marianne McGuire

Everett, WA

From: Melaine Minson
Sent: 1/5/2022 9:36:44 PM
To: DOH WSBOH
Cc:
Subject: Against the mandate

External Email

I am writing this to ask you to please not mandate the Covid-19 vaccinations for school-age children, up through high school. It is clear that anyone, vaccinated or not, can catch and spread Covid-19. Because of this, it should be up to parents to decide if their children will be vaccinated or not. I also have extreme concern about the occurrence of myocardial issues, especially in teenage boys/young men. There is health risk whether you get the vaccinations or not. Please let parents and children maintain their current rights to decide what medical treatments they do or do not get.

Thank you,

Melaine Minson

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

From: Trish Warfel
Sent: 1/5/2022 7:03:54 PM
To: DOH WSBOH
Cc:
Subject: DD73C4AC-8B35-495D-A5E6-215E9621DE00

External Email

From: Herendeen, Lindsay (SBOH)
Sent: 1/6/2022 10:01:03 AM
To: DOH WSBOH
Cc:
Subject: FW: Against potential COVID-19 Vaccine mandate for kids 5+

Lindsay Herendeen, MPH, MCRP (she/her)
Health Policy Analyst
Washington State Board of Health
lindsay.herendeen@sboh.wa.gov
360-628-6823
Website, Facebook, Twitter

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

From: Martha Lauber <mamalaub@icloud.com>
Sent: Wednesday, January 5, 2022 9:03 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Against potential COVID-19 Vaccine mandate for kids 5+

External Email

Dear Department of Health and To Whom It May Concern:

>> The potential COVID-19 vaccine mandate for kids 5+ in order to attend public school is extremely concerning to me. I am totally against forcing our children to take such a new vaccine, especially considering the experimental nature of its creation. As sovereign citizens of a free country, it is illegal, immoral and totally unconstitutional to force any of us, especially our most vulnerable, to inject something into our bodies.

>> I have two grandchildren that currently attend a local public school. If this mandate goes through, they will no longer be attending. There are multiple other parents and grandparents who feel and plan on doing the same.

>> Thank you for being willing to take public opinions into account when making this decision. I look forward to hearing the outcome of your January 12 meeting.

>> Sincerely,

>> Martha L. Lauber

>> Sent from my iPhone

From: conarlene67@gmail.com
Sent: 1/5/2022 6:33:44 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health to discuss requiring Covid jab for school attendance

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Bradley D Moore

Ashford WA 98304

<<https://healthfreedomwa.us6.list-manage.com/track/open.php?u=40143355eb17016f20908f88d&id=c3e62a9d95&e=f45c017fb8>>

From: DOH WSBOH
Sent: 1/5/2022 7:47:00 PM
To: DOH WSBOH
Cc:
Subject: FW: Canada COVID



attachments\486D7F5BD3A14AFC_The-COVID-19-Inoculations-More-Ha_PRDTool_NAMEToolong.pdf

From: Russ hamerly <russhamerly@yahoo.com>
Sent: Friday, December 31, 2021 4:56 PM
Subject: Canada COVID Care Alliance Analysis Shows Pfizer's Vaccination for Kids is 'ALL RISK' and No Benefit – Pfizer Acknowledges it Will Cause Myocarditis in Children

External Email

To: WA State Board of Health

Please ensure you are fully aware of the following information before making your decision on Covid vaccines for children.

Thank you.

Russ Hamerly

Seattle

Canada COVID Care Alliance Analysis Shows Pfizer's Vaccination for Kids is 'ALL RISK' and No Benefit – Pfizer Acknowledges it Will Cause Myocarditis in Children

The Canadian COVID Care Alliance consists of over 500 independent Canadian doctors, scientists, and health care practitioners who are committed to providing quality, balanced, evidence-based information to the Canadian public about COVID-19 so that hospitalizations can be reduced, lives saved, and our country safely restored to normal as quickly as possible.

According to its website

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

, the Pfizer 6 month data shows that Pfizer's COVID-19 vaccines cause more illness than they prevent. Also, an overview of the Pfizer trial flaws in both design and execution.

Now, let's talk first about the 12 to 15-year-old adolescent trial. According to page 24 of their in-depth analysis, the vaccination for adolescents is really all risk and no benefit. Adolescence are at statistically zero risk of death from COVID-19 and very low risk of severe illness. Among the vaccinated kids in the trial, there's at least one serious adverse event.

For the adolescents, inoculation is really all risk and no benefit. The trial was severely underpowered. As a study, this small will not reliably show up risk for adverse events. There was an inoculated group of 1,005 and zero of them tested positive for COVID-19 and a placebo group of 978, and 18 of them tested positive for COVID-19.

So Pfizer claimed these were great results, but since adolescence are at statistically zero risk of death from COVID-19 and very low risk of severe illness. In fact, the New York Times said in October of this year that for children without a serious medical condition, the danger of severe COVID is so low that it's difficult to quantify.

The inoculation is of very little benefit to them, but it does present a very real risk of adverse events. However, the adolescent Pfizer study wasn't actually designed to find adverse events because a serious adverse event, including death that occurred even in 1 out of 800 kids might not even show up in a sample size of 1,005 people. But in this case, the danger signal did come through. Among the inoculated adolescents, there was at least one serious adverse event, and her name was Maddie De Garay.

<<https://www.thegatewaypundit.com/wp-content/uploads/Screen-Shot-2021-12-31-at-11.22.54-AM.jpg>>

Maddie de Garay is a 12-year-old trial participant who developed a serious reaction after her second dose of the inoculation and was hospitalized within 24 hours. She developed gastroparesis, nausea, vomiting, erratic blood pressure, memory loss, brain fog, headaches, dizziness, fainting seizures, verbal and motor ticks, menstrual cycle issues, lost feeling from the waist down, lost bowel and bladder control, and she had to have a feeding tube because she lost her ability to eat.

She's been hospitalized many times since then, and for the past 10 months she's been wheelchair-bound and fed via a tube. In their report to the FDA, Pfizer described her injuries as functional abdominal pain, and there's a link to the FDA report (page 30)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14854>>. This is unconscionable and certainly opens up the possibility that other adverse events have been suppressed or misrepresented.

In terms of the 5 to 11-year-old Pfizer COVID-19 vaccination trial, the Canadian COVID Care Alliance said the vaccination is an unacceptable risk to their health. Even Pfizer acknowledges the vaccine will cause myocarditis in children.

<<https://www.thegatewaypundit.com/wp-content/uploads/Screen-Shot-2021-12-31-at-11.51.59-AM.jpg>>

In terms of 5 to 11-year-olds, the inoculation is an unacceptable risk to their health. In this table, Pfizer using predictive modeling, acknowledges that the inoculations will cause myocarditis in children.

See the columns in red, but they optimistically claim that there will be zero deaths from

this myocarditis. See the column in yellow, it's speculation on their part, the low-level evidence of a predictive model. But let's just say it's true and there will be no deaths. There's still no justification for giving children myocarditis. First do no harm should apply here. But the government has now normalized the expectation of heart problems from these inoculations among children to the point that sick kids are actually putting out brochures on how to deal with them.

The way to deal with them is don't give them products that will harm their hearts because myocarditis is actually very serious. It's damaged to the heart, and it's not reversible.

So while Pfizer may be correct in that their inoculations might not cause any immediate deaths, we maintain that a one in five chance of dying in six and a half years is unequivocally, an unacceptable risk for children.

But the FDA says it is an acceptable risk for children. They have actually abandoned the first do no harm principle. Remember, medical interventions are supposed to be proven safe before they're rolled out in the population. Yet Dr. Eric Rubin, one of the 18 members of the FDA advisory panel who voted to approve the inoculations for children from five to eleven, actually said the opposite and suggested that a population level rollout was an appropriate way to test for adverse events.

A German news site actually put together a list of over 75 known cases of athletes collapsing and even dying in the last five months. These incidents are supposed to be rare and we can't ignore that they no longer are.

SHORT VIDEO: <https://www.youtube.com/watch?v=KDHwhrOh0Eo>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Remember when the whole world went into panic mode and shut down over a few fake videos of Chinese people collapsing, but crickets over dozens and dozens of real instances of people most specifically athletes collapsing.

Pfizer also admits in their report that their studies weren't powered to find rare side effects because their long-term immune response efficacy and safety data is limited.

In addition to admitting that their inoculations can cause myocarditis Pfizer also admits right in their report that their long-term immune response efficacy and safety data is limited and that their studies weren't powered to find rare side effects.

And that's true, as the inoculation was only tested on about 1500 kids, how many parents know that? How many would take their kids to get this shot if they were informed of this? The law of informed consent says that they should be, but it's not happening.

The British Medical Journal, one of the oldest and most respected medical journals in the world, has actually called Pfizer out for serious issues in the execution of their trials. On November 2, 2021, they released an article about their investigation into Ventavia <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F37>, which was one of the research companies that Pfizer hired to conduct the trials.

The Whistleblower is a regional director who actually reported her company to the FDA for falsifying data for unblinding participants, for not following up and testing participants who reported symptoms and for mislabeling specimens. Several other employees backed up her account. Despite all this, neither Pfizer nor the FDA ever audited or investigated the research company. Pfizer never disclosed the problems in its emergency use authorization application, and in fact, Firs has now hired that same researcher, Ventavia,

to run four more COVID-19 trials. So all this to say that it's not surprising that we're seeing the issues that we are in the six-month trial report and also in the six-month report, Pfizer actually manipulated their efficacy data.

They took the results from their adult trial, which started in July of 2020, and then they mixed in the results from the twelve to 15-year-old trial, despite the fact that the adolescent trial actually started four months later. So since it's well known that the efficacy of the inoculations wanes over time, this gave a false boost to the efficacy numbers. The efficacy of those two cohorts should have been reported separately, not presented as one combined result, but without that boost, their efficacy number likely would have fallen.

<<https://www.thegatewaypundit.com/wp-content/uploads/Screen-Shot-2021-12-31-at-12.14.27-PM.jpg>>

See their detailed presentation attached (PDF VERSION) below to know more and some damning revelations.

From: Trisha Howarth
Sent: 1/5/2022 1:40:05 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Against Vaccine Requirements

External Email

I am writing to share that my family and I are firmly against vaccine requirements in order to be enrolled in our public school system. That is a breach of our freedom.

Please strongly consider what you are allowing for our children and future generations.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: L Saidova
Sent: 1/5/2022 10:28:20 PM
To: DOH WSBOH
Cc:
Subject: 75062ED0-8CF0-4FE0-B723-267980E9D110

External Email

That is wrong .

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 1:44:17 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Public Comment

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Alison Handsaker <handsakerhome@gmail.com>
Sent: Thursday, January 6, 2022 1:16 PM
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.


It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)  <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=...> have occurred:

* After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

* More often after the second dose

* Usually within a week of vaccination

* Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

* Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

- * Chest pain
- * Shortness of breath
- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: Desiree Sigette
Sent: 1/5/2022 11:00:33 AM
To: DOH WSBOH
Cc:
Subject: 4728A9F3-0319-429E-8718-6CC4386990EF

External Email

It's not legal for you to force people to take vaccines that are not fully approved by the fda

From: Suzi Goedert
Sent: 1/5/2022 10:26:24 PM
To: DOH WSBOH
Subject: 9D760406-B48E-48D8-91BE-5E76750FE1AA

External Email

People,

I am 100% AGAINST items 9 and 11.

Suzanne H. Goedert

From: Carley Tipton
Sent: 1/5/2022 10:16:19 PM
To: DOH WSBOH
Cc:
Subject: 889B8373-055D-4905-925E-28F747AF8DE9

External Email

No to policies/laws requiring untested dangerous medical procedures on people in Washington state. Please remember who you work for and who pays your grocery bill and makes your house payment. Thank you. Don't let down the residents of this state.

Sent from my iPhone

From: a777dude@aol.com

Sent: 1/5/2022 5:29:02 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Absolutely NOT! No Vax mandate for children!

External Email

There will be NO vax mandate for school children, period!

There is NO science that backs that up. All you are after are the federal dollars you get paid by vaccinating our children.

You should all be ashamed of yourselves.

This is unhealthy for our children and against parents wishes.

Ken Johnson

Lifetime Washington resident

From: Michelle Cruz

Sent: 1/5/2022 3:50:40 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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), LEG Support

Cc:

Subject: Against school requiring COVID vaccine - a parent

External Email

I am a parent. I am a mom. I am a wife. I am a employee. I am a friend. I am a daughter. I am a niece. I am many many more things than these things. I am my own person. I believe in the United States of America. I believe in our rights as an America. I also believe it is my decision on what I get to put into my child's body.

I got the COVID vaccination because I wanted to see my parents who I had not seen since the start of COVID. I missed out on so much throughout the pandemic, and yet this vaccine was suppose to be the end to having to wear mask. At least that is what Governor Inslee said. Get the vaccine and you can quit wearing a mask. Well, that was shortly lived. I am vaccinated and yet, I still have to wear a mask when I go into places. I still have to show my vaccination card to eat anywhere in King County.

I have heard so many different things about the vaccines and kids. These things are about the myocarditis that kids are getting. Not all of them, not half of them, but some of them. As a parent, I do not want to do anything that could cause any heart condition in my child. Her dad has heart issues and this vaccine has me on edge for her. She is 13. I have heard things from people who work at Valley Multicare. People who have seen teenagers come in with side effects from the vaccine, that they didn't have before. Healthy kids. I have heard stories from nurses who refuse to get the vaccine for their kids as well. Because of the people they have seen come into the ER/hospital with problems from the vaccination. I have also read once about not knowing if this will cause fertility issues in our kids. I know that was a long time ago that I read that, but you can't honestly tell me that you know for a fact that this vaccine WILL NOT cause any issues in my kids fertilization when she decide to have kids. I am 41 years old. I am done having kids. If it messed with my fertility, so be it. But I refuse to get a vaccine for my kid who the long term side effects are not know.

I do not believe that this should be a requirement for children to be able to attend schools. What baffles me is this:

You get COVID you can spread COVID.

You get the vaccine, you can STILL spread COVID.

So, why should YOU choose for my kid a vaccination that us parents are not comfortable with? Especially since they can spread COVID with or without the vaccine. Let us parents deal with our decision to vaccinate or not to vaccinate. When my child turns 18, I will

definitely let her make her own decisions about her body, but until then, I feel like it is my and her father's decisions on what goes in her body and what doesn't. We have talked to her about the vaccine as well and right now she does not want to get it.

I really hope you listen to US parents. We know what is best for our kids, even if you think our decision is not the best. I grew this child in my body. I delivered her and together with her father we have raised an incredible young lady. I do not want to put something into her body that doesn't have enough studies showing what long term side effects will be.

Below are just some articles I found and some research that I have found about some of my concerns. Yes, these numbers have limited number of students, but with her father's history with heart conditions, this scares me to death!

Thank you for listening and please do what is right and DO NOT require the vaccination for COVID to be a requirement at school.

Thank you!
Michelle Cruz

A very Concerned Parent

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-vaccine-what-parents-need-to-know>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hopkinsmedicine.org%2Fhealth-conditions-and-diseases%2Fcoronavirus%2Fcovid19-vaccine-what-parents-need-to-know&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d0e2>

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html?s_cid=11372:covid%20vaccine%20side%20effects%20kids:sem.ga:p:RG:GM:gen:PTN:FY21

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Frecommendations%2Fchildren-teens.html%3Fs_cid%3D11372%3Acovid%2520vaccine%2520side%2520effects%2520kids%3Asem.ga%3

<https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1.full.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.12.23.21268276v1.full.pdf>

<https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94892>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medpagetoday.com%2Finfectiousdisease/covid19vaccine/94892>

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Michelle Cruz - Federal Way Washington

Sources/links for above claims:

- * <https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386%2Fdownload>>
- * Doctor analyzes death rates in Pfizer's trial:
<https://m.youtube.com/watch?v=crAyJvyDygm&feature=youtu.be>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3DcrAyJvyDygm>>
- * Pfizer's 6-month data shows they do more harm than good:
<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>
<<http://%20https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>>
- * <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Funcategorized%2F2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d0e2172>>
- * <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F25%2Fvaers-summary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d0e2172>>
- * <https://www.law.cornell.edu/uscode/text/21/360bbb-3>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb-3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d0e2172>>
- * <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmailchi.mp%2F118bc0066125%2F18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d0e2172>>

x_8_U4Diyw9cDcAWY&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d

*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedg>

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedg20200630.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d>

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d>

From: kkaymac40@aol.com

Sent: 1/6/2022 12:49:33 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Board of Health Meeting 1/12/2022/Covid Vaccine Mandate and School Aged Children

External Email

Ladies and Gentlemen,

I am writing to let you know that I am absolutely against any involuntary detention and/or quarantine! In addition, the medical decision to receive a vaccine for a flu that has over a 99% recovery rate should rest with each individual and should not be mandated by the government. We are a democracy, not a dictatorship and therefore, each should determine the decision for themselves.

We, as citizens, are perfectly capable of making our own decisions about our healthcare. Especially when the vaccination doesn't even prevent you from contracting the virus to begin with. This isn't even rational thinking to consider this type of response. Not to mention that the vaccination is not even FDA approved. The one that is FDA approved isn't available anywhere and all those that are being offered are still under an Emergency Use Authorization.

I am also expressly opposed to the mandatory vaccination of children. There are a number of overwhelming reasons NOT to vaccinate children, but three that come directly to mind are:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

I will definitely be joining the Zoom call next week but wanted to get my opposition in on record before the meeting.

Thank you for your time and consideration.

Kelly McIntosh
Richland WA

From: Merri Kempfe
Sent: 1/6/2022 12:55:52 PM
To: DOH WSBOH
Cc:
Subject: Against all proposed Covid policies

External Email

I am completely against any and all proposed Covid policies that are over reaching, immoral, tyrannical and unconstitutional.

From: William Evans
Sent: 1/5/2022 8:22:35 PM
To: DOH WSBOH
Cc:
Subject: 1/12/22 Board Meeting Comment

External Email

Dear Washington State Board of Health,

I am a life long resident of the State of Washington and I currently reside in the City of Enumclaw, Washington. I am writing to you tonight to relay my concern for an issue you are addressing at your next board meeting. My concern is specifically around your consideration of WAC 246.100.070 and WAC.246.100.040.

I have heard that the Washington State Board of Health is considering allowing local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of people who refuse to voluntarily comply with the request for medical examination, testing, treatment, counseling or vaccination. I understand the Board is considering COVID 19 vaccination to be included in this WAC. I am requesting that the board vote to decline any language that would allow such a stance. In this time of polarized opinion on the best course of managing the pandemic, inserting such a barbaric method of public health policy will only inflame the polarization.

I respectfully request that the Washington State Board of Health look for way to manage the crisis in our health care system. Explore and implement plans to increase staffing of hospitals, clinics and long term care facilities. Provide treatment of the sick rather than forced detention of our citizens.

I am a health care worker. I am completely vaccinated. The past 2 years have taken a toll on me and my work family. I know of good, honest people who are not vaccinated. I would never consider placing them in detention for not being vaccinated. I would be the first to treat them with care and duty.

I appreciate the work the Board does on behalf of the citizens of the State of Washington. Thank you for your service.

Respectfully,

William Evans
1924 Clovercrest St
Enumclaw, Wa. 98022

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 12:38:31 PM
To: DOH WSBOH
Cc:
Subject: FW: Cease and desist order



attachments\4004D99286414839_C_and_D_Republic_for_the_United_S_PRDTool_NAMETOOLONG.pdf

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

From: JBGO17 <JBGO17@protonmail.com>
Sent: Wednesday, January 5, 2022 10:29 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Cease and desist order

External Email

You have been Served.

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

For Immediate Release

From: We The People of the Republic for the United States of America

Wednesday, June 9, 2021

To the Attention of:

President of UNITED STATES CORPORATION COMPANY, Vice-President of UNITED STATES CORPORATION COMPANY, Secretaries of UNITED STATES CORPORATION COMPANY, Agency Heads and Employees of UNITED STATES CORPORATION COMPANY, Sub-corporations/Subsidiaries/Affiliates/Contractors of UNITED STATES CORPORATION COMPANY, Entities and Persons erroneously acting under authority of UNITED STATES OF AMERICA/USA/US/America, Governors, Mayors, State/Local/Municipal Government Officials and Agency Heads, Chiefs of Police, Sheriffs, Doctors, Nurses, Pharmacists, Allied Healthcare Professionals, Business Owners, Officers/Directors/Managers of Business Entities, Chancellors/Provosts/Board Members/Officers/Directors/Managers of Institutions of Higher Education, Members of Boards of Education, School Principals, Directors/Managers of Early Childhood Development and Day-care Facilities, Presidents/Officers/Directors/Managers of Non-profits, Leaders of Religious and Faith-based Organizations, Leaders of Clubs, and Leaders of Societies

cc: Commander-in-Chief of, United States Armed Forces

cc: Commander-in-Chief of, Federation Command Forces and Allied Forces

Re: Cease and desist order

Dear Sirs:

We The People, men and women of the Republic for the United States of America, bring to your immediate attention and order you to cease and desist, ALL, the Genocide and Crimes against Humanity under Natural Law, Common Law, Treaty Law, Articles 6 and 7 of the International Criminal Court Statute, the Nuremberg Code, The Geneva Convention, The United Nations Convention, The United Nations Declaration on the Rights of Indigenous Peoples, in your jurisdiction.

- 1) All Covid19/coronavirus19 vaccinations and experimentation (genetic bio-warfare) Nationally,
- 2) All PCR Testing (Nationally),
- 3) All Masking (private and public spaces, all transportations by land, water, air and sea - Nationally),
- 4) All Lockdowns (Nationally),
- 5) All Quarantines (Nationally),
- 6) All closures of Provincial/States and Territorial (boundaries),
- 7) All closures of International Borders.

This will serve as your **lawful notice** to cease and desist all further actions described above, effective immediately.

Furthermore, we declare all of the Republic for the United States of America, OPEN, upon publication of this order.

Special notes:

- a) Joseph (Joe) Biden is not President of US, and the US Armed Forces has been in control since January 14, 2021.
- b) An email from the Commander-in-Chief of US Armed Forces has been sent to the Armed Forces of Canada, May 27, 2021, acknowledging and confirming the Authority of, HRH Queen Lady Romana Didulo, as Head of State and Commander-in-Chief of the Republic of Canada, Head of Government of Canada, and Queen of Canada.
- c) **For Global Peace and Prosperity only.** Endorsed by, HRH Queen Lady Romana Didulo, Head of State and Commander-in-Chief of the Republic of Canada, Head of Government of Canada, Queen of Canada. **~Transitioning from Democratic Government to Republic Government~**

Govern yourselves accordingly.

Signed and sealed,

By: We The People (men and women) of the Republic for the United States of America

_____end of document_____

From: Andrew Gordon
Sent: 1/6/2022 1:47:03 PM
To: DOH WSBOH
Cc:
Subject: 1/7/2022 WAC Meeting

External Email

Hello,

As a concerned citizen in Washington, I am disgusted that the likes of WAC's 246-100-070, 246-100-045, 246-100-040, 246-100, and 246-105 are even being discussed. Where have we gone as a society when the idea of detaining good, upstanding people against their will in the name of "safety" is being brought about. Have we learned nothing from the horrors of history? This is reminiscent of creating internment camps for Japanese Americans in WWII because of the possibility that they might be Japanese agents. This is disgusting and morally wrong. These policies are far over-reaching and speak to a police state. What's more despicable than these WAC's themselves is the way that those on the board of health would try to enact such horrors in the name of health and safety. This is nothing more than authoritarianism and control by way of instilling fear into the community. I stand wholeheartedly against any of these WAC's and ask that you on the board do your jobs by not enacting ANY of these WAC's.

Respectfully,

Andrew Gordon
Concerned Washington Citizen

From: Thehoopsters

Sent: 1/6/2022 8:22:43 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Child Vaccine Mandate

External Email

I am writing as a VERY concerned parent. My children are happy and very healthy, super active in our community, schools and church. The thought that an experimental vaccine could strip all of that from us is devastating.

We have done our research, we have watched hours and hours of videos from all across the world on the COVID virus and this experimental vaccine (which it is still experimental) and have come to the conclusion that our bodies are better at fighting this than any vaccine is. We have all had it in our house already and of the kids 4 out of 5 who tested positive were asymptomatic and 1 had minor cold like symptoms. This is absolutely ridiculous that something which barely affects kids can ruin their lives.

We teach our kids that they have body autonomy and nobody can force you to do something physically, but "here ya go, you now have to take this by FORCE in order to live a normal life". And by normal life I mean school, play sports, have school lunch for heavens sake. At what point will we say our children have paid enough for this? At what point do we stand by our constitution and say that freedom is important?

I know for a fact that if you force this experimental therapy on our kids you will have a mass exodus of kids from the school systems. I for one will be pulling 4 kids and know many, many other families who will be doing the same.

And how can we not even be talking about natural immunity? Does it all of a sudden not exist?? Those kids that have already had COVID apparently don't matter and then need an experimental vaccine anyway? Please realize the things you are talking about doing by mandating a vaccine make no sense. The vaccine is here for those that want it, that should be enough.

Please, please stand for our freedom to choose. Our children cannot do this for themselves, we must stand and speak for them.

Sara Krumbah

From: Sharon Kaffer
Sent: 1/5/2022 6:43:11 PM
To: DOH WSBOH
Cc:
Subject: Cancel the illegal covid Zoom meeting

External Email

Zoom is the appropriate place to have such a vital meeting for covid. It is a violation of everyone's right to allow the police to come into private areas. My health is private. How would you know whether or not I had the shot unless you violated OSHA.

Sharon Kaffer

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 1:14:38 PM
To: DOH WSBOH
Cc:
Subject: FW:

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Cassie Hare <Cassie.Hare@outlook.com>
Sent: Wednesday, January 5, 2022 12:09 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject:

External Email

This is in regard to the following proposed policy-

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

I'm writing to remind you to be on the right side of history, and not even consider that anyone should be involuntarily (forcefully) detained and placed in a quarantine facility, and even force vaccinated.

This is an appalling proposition, and you should be ashamed. If you are not noticing the parallels to concentration camps in the past, then you aren't paying attention, and you have been highly deluded to think it is for "the greater good." Eroding our basic human rights to refuse any treatment is flat out WRONG. The people will not stand for it and you can bet it will get very ugly for you before it is made right again.

Now is your chance to stand up for what are basic human rights. If our human rights are taken away, it's not about health anymore. Some day will you be explaining to your

grandchildren (1) How you demolished the basic human rights of your constituents, or
(2) How you stood up for them despite the current lying, false mainstream narrative?

Think hard before you decide. Be on the right side of history. Listen to your conscience.

Choose wisely.

Sincerely,

Cassandra Hare

Colville, WA

From: Ms. Jen
Sent: 1/5/2022 1:22:15 PM
To: DOH WSBOH
Cc:
Subject: C19 Inclusion into existing WAC Codes

External Email

Whether you think the jab is the best thing ever or not, this should NOT be mandated for our children. There are millions of reported injuries, close to 50,000 deaths, more if you count seniors that die within 2 weeks of getting it, because you know those deaths don't count, healthy young athletes are collapsing on courts and fields, because of blood clots and myocarditis, and it goes on and on... and on. People should get to choose if they want it or not. Especially for their children.

--

Jen Ackerman

From: Kym Nyysela Otte
Sent: 1/5/2022 7:14:49 PM
To:
Cc:
Subject: (public comment) to the WA State health Board about considering requiring the COVID vaccines for school age children

External Email

I am writing to you to state that you should NOT consider mandating any of the COVID vaccines to our school age children.

All of these "vaccines" are still under Emergency use authorization - so you can't and shall not mandate it. I believe the state can and would be held liable if they mandate these vaccines and then it resulted in a serious health issue(s) or death - because you would be requiring it. As you know, under EUA, you can't sue the vaccine manufacturer, so the schools/state are therefore incurring all the risk.

NOTE the vaccinations aren't working like other vaccinations do. People are still getting COVID, including the boosted, so it's basically stupid to even try to mandate it. Covid isn't a threat to Kids' health and never has been. The vaccine however, does show that there is a very real threat to kids and their hearts (myocardium) at an alarming rate.

You will just see many students and families leaving the area, which will result in less funding, less teaching jobs, etc. It's not a smart move. Also, note, if you are paying attention the variants are getting more transmissible and less dangerous, so the current variant of "Omicron" is playing out to be a bad cold, which is very easy to recover from.

Kym Otte
Mercer Island, WA

<https://www.msn.com/en-us/news/us/washington-state-board-of-health-to-consider-covid-19-vaccine-requirement-for-k-12-students/ar-AASrzWe>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Fwashington-state-board-of-health-to-consider-covid-19-vaccine-requirement-for-k-12-students%2Far-AASrzWe&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc1d52b514c5242a182b108d9d0c2a97c%7C11d>>

From: J Billadeau
Sent: 1/5/2022 4:27:06 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),hannah.hag@sboh.wa.gov,Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: 26BCCF59-9D0A-403D-BED0-58FFEC7B2E68

External Email

To whom it may concern,

I am a very concerned mother about the Covid 19 Vaccine. I do not think this should be made mandatory to attend public school. This shot is NOT one size fits all. The vaers report speaks for itself.

DO NOT MAKE THIS MANDATORY FOR CHILDREN TO ATTEND SCHOOL.

Thank you,

Jaimee Billadeau

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 4:57:04 PM
To: DOH WSOH
Cc:
Subject: FW:

From: N <nickchar1958@gmail.com>
Sent: Wednesday, January 5, 2022 4:49 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

Covid vaccines dont stop covid, they make it worse, so it's not a vaccine!, it's an unnecessary injection, experimental drugs/ vaccines should not be forced on citizens of washington state!, covid was formulated in china, and made to spread amongst humans, so are we just a nobody that doesn't deserve our freedom to be healthy, if the government truly cared about us they would be telling us to boost our immune systems, i already had covid, and have natural immunity built up, my 98 year old mother with lung problems got covid, and she's fine, the misinformation about covid has gone on long enough, i value my health, and my religion, im totally against a harmful injection, like hundreds of thousands of Washingtonians, God is real, and is watching our corrupt leaders, there is life after death, im just not ready for my family to meet him soon, have some compassion, and do the right thing, for you, and the good people of washington state, Nick.

From: Barbara Miller
Sent: 1/6/2022 1:37:03 PM
To: DOH WSBOH
Cc:
Subject: Against requiring Covid Vaccines

External Email

Dear Advisory Board for the Washington State Board of Health:

I am writing to protest against recommending a vaccine for Covid for school aged children who attend school in Washington State. I am a 36-year veteran teacher. I am against imposing this vaccine on our children. I believe this to be a horrible abuse of power.

The available Covid vaccines are still of an experimental nature and have not been tested to prove their value and lack of long-term consequences. Never have we been forced to inject our children with a vaccine that has not undergone years of safety trials. Never have we forced children to receive a vaccine for a disease that primarily poses a risk for adults with comorbidities or are elderly.

School aged children have a 99.9998% survival rate from Covid. The vaccines do not provide protection against getting Covid as is seen by the number of "breakthrough" cases of those already vaccinated and boosted. Why require it?

The vaccines currently available are still only EUAs. Congress permitted the FDA to grant Experimental Use Authorization (EUAs) so that any American in a personal emergency can choose whether to explore potentially lifesaving treatments that have not gone through the full testing regime. In other words, the legal basis for EUAs is a matter of the individual right to access experimental treatments, not of government right to compel such treatments.

It is irresponsible to impose covid vaccines on children when there are side effects as grave as myocarditis already being reported and no long-term tests have been done. Parents must be able to make this decision for their children. You must honor their right to choose what is best. You must not marginalize parents' rights to take care of their children.

I live in Spokane, and I believe my side of the state is certainly underrepresented on this panel. Please look long and hard at what long term consequences of this kind of recommendation could have on our children, our school system and our communities.

Sincerely,

Barbara Miller

Barbmiller75@gmail.com <<mailto:Barbmiller75@gmail.com>>

205 W. Florence Ave.

Spokane, WA 99218

From: katheryn hagen
Sent: 1/6/2022 8:20:52 AM
To: DOH WSBOH
Cc:
Subject: child Covid immunizations

External Email

To Board of Health

I am writing to say you SHOULD NOT require Covid shots for children to participate in any life activity in WA state, including entrance to school. These shots have no long term data and we won't know for 50+ years about long term health consequences. Children are not at risk of Covid, either for hospitalization or death. There is a risk associated with these shots. Myocarditis is NEVER mild and can cause long term heart damage. As an RN of 35 years, I have read the research. I personally know several people who have suffered strokes and blood clots from the famous Covid shot. If the Covid shot protected against infection or the spread of the virus, mandating immunizations might make some sense. I does neither of these functions. The shot is a higher risk to children than the Covid virus. STAND UP FOR THE TRUTH, as the data comes in. Science is an evolving exploration as data comes in. Try to be courageous and fight against those who want power and control.

I believe in personal medical freedom and parental choice as to the medical treatment of children. I and plan to leave the state if the discrimination against medical freedom continues. I have encouraged my kids and grandkids to leave for a state with more freedom and respect for parental rights. They are gone, thankfully. I am concerned about all the other kids who will be harmed by your decisions.

Kathy Hagen RN
Ocean Park, WA

From: Jenny Tsinker

Sent: 1/6/2022 11:54:43 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (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: 1/12/2022 Washington State Board of Health Meeting

External Email

Hello,

My name is Jenny Tsinker, I am a WA state resident and a mom to three kids.

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals.

I also oppose adding a C:19 vaccination to the WAC 246-105 schedule of required vaccines for children to attend schools.

The reason for my concerns is that the rates of Myocarditis in young boys, compared to the risk from COVID-19 do not justify the mandate, unfinished trials, short follow up window for monitoring adverse reactions, lack of evidence the kids need it, doesn't stop transmission... there are a million concerns we all have. And on addition there is evidence that the vaccine causes more risk for side effects to kids who already had Covid-19

Thank you,
Jenny Tsinker

From: Becky Hernandez
Sent: 1/5/2022 7:25:30 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most precious age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

Sent from my iPhone

From: nikki hawks
Sent: 1/4/2022 10:38:10 PM
To: DOH WSBOH
Cc:
Subject: C-19 vaccine for children

External Email

I am AGAINST requiring children to be vaccinated for C-19 to enter school. This is a virus with a 0.1% death rate with the most vulnerable still being elderly and those who are immunocompromised (ie other health considerations such as diabetes, cancer, etc). It is as impractical to require this vaccine as it would be to require the flu shot. All other required vaccines are for diseases/viruses that you don't need to continue to take on a seasonal basis. Also, there is a lack of information on how many boosters everyone should have and how often as they are still learning about the virus on a daily basis. Why would it be necessary to require something we still don't fully understand!? The CDC states effectiveness of the vaccines with 1-2 doses is 35% and an additional booster brings efficacy to 75% but they still estimate that this wanes after 3-6 months. Furthermore, the vaccine does not prevent spread of the virus, it was made to reduce symptoms in those who contract the virus. Please do not require this for children.

Sincerely,

A concerned parent who is capable of making medical choices for my child without the need of intervention from others!

From: Shannan Ramey

Sent: 1/5/2022 2:16:08 PM

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

Cc:

Subject: Covid-19 vaccine requirement for entry into public schools

External Email

Hello,

I am writing to you today as a parent of a child in the public school system in Washington state. I have great concerns over the idea of mandating the Covid-19 vaccine for our children. While studies appear to show this vaccine has benefits in preventing severe infection, hospitalization and death, it fails to provide any studies on long term effects; especially on children. We need to see what happens over the course of the next few years to have any real assurance that this vaccine is 100% safe. And let me be absolutely clear - I am NOT anti-vaccine. Both of my children have been fully vaccinated against all recommended diseases, but this vaccine is nothing like those vaccines. As much as we want to say it's no different, it most certainly is different. Much more testing was done on the other vaccines, not to mention those vaccines actually work to prevent those diseases. I implore you to wait on this kind of a requirement until we can see what kind of long term effects these vaccines might have on our children. It is way too soon to be talking about a requirement for the covid-19 vaccine.

Thank you,

Shannan Ramey
Arlington, WA

From: Melinda Cooper
Sent: 1/4/2022 5:01:47 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Board of Health Meeting January 14, 2022

External Email

One of your agenda items concerns me.

The possibility of making the covid vaccine a requirement for attending public/private school. I want to know why this is even being considered.

Not one official can tell me what the Covid-19 vaccination will or how it will affect my grandchildren during their growing formative years. This is an experimental drug, yes the FDA has approved it but as an emergency. You can't sue them if a child has a terrible reaction to getting the vaccine. These children are our future, let them live and not frighten them. Do you know if this makes them sterile? Females are born with the eggs that will be with them as they mature. They won't produce any more like a male produces sperm. Will this drug help drop the population growth as some people would like.

When will you stop and let nature take its course? Covid-19 virus has mutated into a more contagious BUT LESS SEVERE virus. Which is more important to you, the more contagious part or the less severe part? With this third variant some say it's not as severe and more like the flu and if you should get it, your resistance will build against covid.

I am not against vaccines, I believe it should be your choice.

Thank you

Harriet Cooper

From: Hoff, Christy Curwick (SBOH)
Sent: 1/5/2022 7:23:20 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

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

From: Becky Hernandez <bckybrndn@icloud.com>
Sent: Wednesday, January 5, 2022 7:20 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Covid vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most preschools age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

Sent from my iPhone

From: Amy Jackson
Sent: 1/5/2022 10:23:40 AM
To: DOH WSBOH
Cc:
Subject: Board of health meeting Jan. 12th

External Email

I am Amy Jackson, Certified Health Coach in Kitsap County. I want to plainly state that the covid vaccine is a failure, and everyone should see that by now. There's no lack of quality information and data to support the fact that the covid jab does not prevent anyone from getting sick or spreading the virus. So there is no need to force, mandate or require this shot for any reason.

If your board recommends this jab be required for children, you will be going against the Nuremburg Code, "...should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion". Preventing a child from public education because of denial of an experimental medication is illegal. The covid vaccine is not FDA approved, the approved "Comirnaty" is not available for use in the US. The information put out by FDA is very misleading, but in fact the EUA Pfizer vaccine is still being used.

In closing, any requirements for any population to receive this jab is unconstitutional and illegal and will open you and many others up to severe lawsuits, not to mention public outrage. We are nearing the end of this pandemic, we all know deaths are way down and a majority of the people have natural immunity.

Think logically and critically, do not recommend covid vaccines be required for anything.

--

Amy Jackson
Certified Healthy Life Coach
www.betterpathcoach.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.betterpathcoach.com%2F&da>

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

360-265-5710

<<https://docs.google.com/uc?export=download&id=1LoixqA6HeDrfhQ3851YWQzREyUWoCGMI&revid=0B0>

From: patricia lara

Sent: 1/5/2022 10:17:08 AM

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

Cc:

Subject: Covid Vaccine for schools

External Email

Dear government representatives.

As the time has come to make a decision for vaccine mandates for schools, please consider that parents rights will be violated and our family supports keeping a choice to our Childs health concerns remain intact. My family highly oppose force vaccination in children for Covid.

Hope the light is with you and oppose this horrid mandate.

Martha P Lara Maldonado
Resident of Snohomish County.

From: Laura Garza

Sent: 1/5/2022 11:18:00 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: FREEDOM OF CHOICE

External Email

To whom it may concern,

I have two elementary aged young boys and though they have the recommended vaccines until thus now, it has been MY CHOICE. My husband and I are both fully vaccinated by choice, and I am PLEADING with you to please PLEASE do not require the covid vaccine for children. Leave it up to decide to the parents. This is not okay. This is a violation of rights. Do not do this.

A concerned Mom

From: Patricia Backlund
Sent: 12/30/2021 9:31:06 AM
To: DOH WSBOH
Cc:
Subject: Global Covid Summit

External Email

Dear TAG,
I tuned into your first meeting yesterday regarding considering the covid Vax for school and daycare children in the state of WA.
I have done some research and discovered quite a bit of scientific studies & professional opinions regarding this subject.
I'm sending you a declaration written by a plethora of scientists & physicians on COVID-related Info. There are two MD's from Seattle, (UW School of Med.) who have signed this declaration.

I also have a video from Dr. Malone who presents to politicians in Australia on the dangers & adverse reactions of covid Vax given to children.
Please let me know if you desire to hear this presentation.

Thank you for your service & attention to this vital issue.
Sincerely,
Mrs. Pat Backlund, BSN

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

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

From: Melissa Garver
Sent: 1/4/2022 10:28:51 AM
To: DOH WSBOH
Cc:
Subject: Covid inoculation requirement for public school attendance

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine. The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Melissa Wehunt
Yakima, Washington

From: Brynn K. Wilson
Sent: 1/5/2022 6:51:10 AM
To: DOH WSBOH
Subject: COVID vaccination recommendation for WA students

External Email

Good morning,

As the child of two lifelong WA public school teachers, and the parent of two current WA public school students, I am writing to express my concern over the possibility of imposing a COVID vaccine requirement to attend public school in our state.

Where there is risk, there must be choice.

1. US research from 2021 medical data provides that boys aged 12-15, with no underlying medical conditions, are FOUR to SIX times more likely to be diagnosed with vaccine-related myocarditis than ending up in the hospital with COVID.
2. As of July 2021, the COVID-19 mortality rate for ages 0-19 was 0.0027%, which is a 99.9973% survival rate. Children have the lowest rates of hospitalization and deaths.
3. Why are we debating a vaccine mandate for a "vaccine" that does not stop the spread of a virus? The efficacy of COVID-19 vaccines is less than compelling, and constantly waning.
4. How can the department of health dictate that healthy children take an Emergency Use injection that is not FDA approved? This is unethical government overreach. We are the experiment, and we will not know the true side effects for years to come. The COVID vaccine should not be lumped into the same school-required vaccine list as vaccines that have been clinically tested and FDA approved for decades.
5. Imposing more mandates breeds discrimination and segregation. How will schools handle students with vaccine exemptions? Will they be treated different than those who are vaccinated? We are already seeing this play out with regard to close contact quarantine and testing protocols. This is discriminatory. Parents who rely on public school services will be forced to comply, leaving zero option for discernment. This is coercion.

Experimental vaccine mandates have no place in a free society. Vaccine mandates leave little to no option for personal, philosophical and even religious exemptions. Medical exemptions are often hard to come by depending on the doctor's opinion and influence. Parents should not have to co-parent with the government. This feels criminal and unconstitutional.

I ask you to research vaccine injury data from multiple sources, including VAERS. I ask you to question efficacy and analyze the infection rate of populations that are highly vaccinated, like Israel. The narrative doesn't match up if you're willing to look at all sides. Do the work. Lead without fear, propaganda or media bias. The future of WA public school students (and staff) leans on your decision.

Sincerely,

Brynn Wilson

Spokane, WA
brynnkara@yahoo.com
509.994.5505

From: Nikki Tomka
Sent: 1/4/2022 1:17:16 PM
To: DOH WSBOH
Cc:
Subject: COVID VACCINE MANDATE

External Email

Good afternoon,

I am writing to ask for you to oppose the Covid 19 vaccine requirement for school age children. I understand this is a vaccine that is a possibility to add as a required vaccine to attend school.

This will result in families pulling their students from school if required.

My family is not anti vaccine but we are cautious and would like to see what happens in the upcoming months before injecting our child.

Thank you for your consideration - we hope to continue in school vs a homeschool program.

Nikki Craig

Sent from my iPhone

From: Gabriel Jernberg
Sent: 1/4/2022 5:34:22 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine

External Email

I have 3 children in the WA education system. There is not enough vaccine data and the risk to children of COVID death is minimal. The data does not warrant adding this vaccine to the list of current school required immunizations.

Thank you

Sent from my iPhone

From: Richard Mihelitch
Sent: 1/4/2022 8:47:58 PM
To: DOH WSBOH
Cc:
Subject: 34BF7851-8934-4DF7-9D9A-88A8B5A15CC2

External Email

Kids should not be given vivid shots. They are very low risk of contacting covid. The shot will hurt the children's health. And all force vacations should not happen.

rmihelitch

From: Christine P

Sent: 1/5/2022 3:20:05 PM

To: Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: 37AF176B-E009-451C-9A98-BB8215DE129A

External Email

To the Washington Board of Health Tag Members:

I am a parent to two active and healthy boys ages 10 and 12. I understand your team is working to decide if you should implement a mandatory Covid vaccine as part of school vaccine requirements. I listened in on your meeting on December 29th and thank you for that opportunity. I am writing today to share my thoughts and feelings regarding this.

It is my firm belief that while a Covid vaccine may be a wonderful choice in the healthcare of some individuals, it is not an appropriate option for all children, especially those who are otherwise considered typical and healthy. The overwhelming experience of most children who have tested positive with Covid is a minor cold-like illness and avoiding this is absolutely not worth the risk of the reported adverse reactions. We are currently experiencing a record number of positive Covid cases in both unvaccinated and vaccinated individuals. This vaccine appears to be leaky; not at all the breakthrough in fighting this pandemic that we hoped it would be. In the last few months there has been a campaign to get booster shots as we have learned that the effectiveness may only last 4 to 6 months. Do we really expect our children to endure this for a vaccine that doesn't prevent getting sick but only slows the transmission? It takes three people to hold down my son to get a simple blood draw. My co-workers 5 year old daughter got hives a few days before getting her first Covid vaccine. The stress this puts on children who already have wonderfully functioning immune systems is beyond necessary. We've seen more adverse reactions for this vaccine than any other. Do we really want that risk for every child?

Some in the scientific community argue that this leaky vaccine actually may allow for resistant strains of the virus to infect more people. If children really are the "reservoir of this disease" as Tom said in the meeting, then wouldn't we be unnecessarily accelerating the disease even further by vaccinating a population that almost entirely wouldn't need it? How long should we expect to boost ourselves and in effect prolong the waves of variants?

Mandates make parents feel that the Board does not trust them to make responsible choices in protecting the health and safety of our own children. Furthermore, mandating

a vaccine that some parents do not yet feel safe giving their children further pushes us in a direction of not wanting to give it to them AND making us question our trust in YOU. My husband and I love our school district and it's teachers and we hope to be able to continue our children's education there. Please do not make us choose to educate them at home because of a mandate for a vaccine that does not feel safe to us yet. Can we please continue to offer vaccines to those that feel it is the best solution in their healthcare regimen and not make this a universal requirement? Parents know about this vaccine. It is advocated for on television, the radio, billboards, social media and news outlets. It can be administered at any grocery store pharmacy, doctor office, or mass vaccination clinic. Getting them isn't the obstacle. Finding the time isn't the obstacle. Furthermore, access for families that DO feel comfortable is there. Please allow more time for parents to feel comfortable. Not everyone feels safe at the same rate as others. While a year may seem like plenty of time for some, it isn't for others.

Communicating to you about this is a very big deal to me. I have never before felt a need to write any leadership in our state over an issue. In the case of this mandate, I cannot sit idly by and not say how not only I but others feel as well. As our state's healthcare leaders, I urge you to trust and allow parents to continue to evaluate their own children's need for this vaccine. I appreciate your consideration and feel obligated to say, whatever you decide, this vaccine at this time is not appropriate for my children.

Respectfully,

Christine Packard

From: J W
Sent: 1/4/2022 6:26:18 PM
To: DOH WSBOH
Cc:
Subject: Childhood covid vaccine requirements

External Email

I do not support childhood covid vaccine requirements. I strongly oppose them. Do not add this to the required vaccines for public education.

Jeana Weng
425-737-1987

From: KIM LOHR
Sent: 1/4/2022 11:38:30 AM
To: DOH WSBOH
Cc:
Subject: 1-12-22 hearing for public statement

External Email

To Whom it May Concern:

I have lived in Washington State for the majority of my life, that being 50+ years. As a taxpayer, a citizen, and a registered voter, I believe it is the ultimate choices, of persons such as myself, which should be the deciding factors regarding any actions taken by the Washington State Board of Health.

I stand before you, via my emailed public statement, as a voice that deserves to be heard. I speak on behalf of the citizens of my community, my city and my state, who do not give permission for the State Board of Health to make decisions on our behalf without our consent.

The first Amendment of the United States Constitution states:
"Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances."

This Amendment applies to forms of all governing in the United States of America, including the WA State Board of Health. Any decisions made by yourselves can be seen as an infringement upon the rights of U.S. Citizens, when we have not been allowed to participate in our own exercise of free speech, pertaining to any and all regulations. This includes the opposition of regulations which you are considering.

The Bill of Rights prevents speculation and regulation of Constitutional and Amendment rights, which have been deemed of special importance to this nations citizens. This means that your governing body of the State Board of Health, cannot overstep the bounds of the Bill of Rights, to make decisions which pertain to the nations citizens, without our input and/or our agreement. Public Health Emergency declarations do not overstep the boundaries set forth by the Bill of Rights, or the U.S. Constitution.

Regarding any actions being considered by the State Board of Health, it is imperative that each and every member realize that they will be held personally responsible for attempting to bypass the United States Constitution, the Amendments, and the Bill of Rights. This applies to all regulations applicable to citizens, made by the SBOH, whether related to Covid-19 vaccinations or not.

For the purposes of this email, I am directing you toward the topic, which is the 1-12-22 hearing. I am asking you to refrain from regulations for school age children, college age adults, special needs persons, or residents of the state of WA, which would require the covid-19 vaccine or any vaccination pertaining to covid-19 variants. To speculate about, or regulate any such vaccination, goes against both the Bill of Rights, and the United States Constitution and it's Amendments.

Many citizens of WA state feel that such an action violates our freedom of choice, and our religious freedoms. Freedom of Choice is a big issue in WA state. It is said that every

woman has the right to make any choice pertaining to her body, and that nobody has the right to interfere with that choice. I offer my opinion that young female children are little women, and they too have the choice to decide what goes into their bodies, what remains in their bodies, and who is allowed to make any decisions pertaining to their bodies. I also offer the opinion that males, whether young or old, have this choice as well, based upon the 14th Amendment to the United States Constitution which forbids sexual discrimination, and the robbing of any person of the right to their life choices, liberty, or property. These things cannot be debated and no decision or ruling which violates these principles can take place without due process of law. To deny to any person within its jurisdiction the equal protection of the laws, breaks the 14th Amendment to the United States Constitution.

How an individual citizen feels about a vaccination is important to that person, but perhaps not important to your State Board of Health. Therefore, I'm breaking it down for you in terms of the rights of American Citizens to have Personal Choices pertaining to their own bodies, and how any regulation to remove those choices will break the laws of the United States Constitution and the Bill of Rights. I have already explained to you that each of you on the State Board of Health will be held personally responsible, should you vote in favor of a regulation that robs Washington State Citizens of the rights I've laid out before you. Should you decide to do this, you'll be personally liable for financial restitution, and you should therefore consider that every citizen who opposes your decision to rob them of the "Personal Choice to Govern Their Own Body" may take legal recourse against you.

Thank you for hearing my opinion. As a citizen of WA State, I have worked to support a citizens right to choose, the majority of my work life. I have worked for Planned Parenthood, for State & Non-Profit Organizations as a Case Manager, Counselor, Social Worker, etc., and I can tell you that my opinions are that of a very common, ordinary, citizen of WA state. My opinions are so common that you'll find them among Democrat, Independent, and Republican voters. My opinions regarding the statements within this email are in fact so common that you'll find that they represent the majority of our citizens in Washington State. That's a lot of voices. That's a lot of legal rights to consider.

Thank you for your consideration, your time and attention,
Kim Lohr

From: Michelle Wright
Sent: 1/4/2022 8:50:51 PM
To: DOH WSBOH
Cc:
Subject: 621F45AC-390D-4FE2-91CE-11F3D24ED2EF

External Email

I do not believe that masks should be required for children at all. The damage to them socially, and the unknown complications that could occur from wearing them for long periods could be catastrophic. It is not worth the risk.

Covid shots should absolutely NOT be a requirement for our children. Children are at extremely low risk for Covid.

Sent from my iPhone

From: Jenn DeBoer Edelbrock

Sent: 1/5/2022 1:52:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Children's Vaccine

External Email

Dear Washington State Board of Health,

I urge you to vote NO to any COVID vaccine mandate for our children, and adults alike in our state. Our children are being pulled from public schools at the highest rate ever due to the current COVID requirements and restrictions. A mandate or law requiring all children to be vaccinated to attend schools/daycares will not only create an even higher rate, but also an additional economic disaster in homes of all our Washington State citizens.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccines adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Cheers,
Jenn Edelbrock

From: Becky Hernandez
Sent: 1/5/2022 7:26:28 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most precious age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

Sent from my iPhone

From: Betsie Elliott

Sent: 1/5/2022 11:56:46 AM

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

Cc:

Subject: Adding COVID to list of required vaccines is a very bad idea

External Email

Washington State Board of Health:

I am writing to you as a concerned Washington state resident and parent with regards to the possibility of the Washington State BOH approving adding the COVID vaccine to the list of required vaccines in order for children to attend Washington State schools/daycares.

The very thought of adding this to the list of vaccines required to attend schools/daycares within the state at this point is beyond careless. The safety profile of this particular vaccine is not known and it cannot be equated to the MMR vaccine that is required for students to receive. As Dr. Cody Meisner MD, one of the pediatricians who sits on the VBRPAC panel said, "This is quite different from the MMR vaccine," referring to the measles, mumps, and rubella vaccine given to all children in the U.S. "We know that vaccine is safe. We have tested that vaccine for decades. And we know, we have a very good sense, of what the adverse events are. We do not have that with this particular messenger RNA vaccine." Furthermore the VBRPAC was also hesitant to approve this vaccine for children 5-12 years because they knew exactly what their approvals would bring; mandates to attend school and participate in society. By adding this to the list of required vaccines, you're doing exactly what they were afraid of. How careless would it be to add this vaccine as a requirement only to find out 10 years down the road it had significant impacts on children?

As of late there are many studies out there that talk about the effectiveness of this vaccine and the numbers don't look good - the vaccine isn't effective long term. There are studies out Denmark and Ontario that report negative vaccine effectiveness to specifically Omicron. Parents aren't going to give their children "boosters" every 5-6 months to keep their immunity from waning. That's straight up cruel.

* <https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.12.30.21268565v1>

* <https://covid19danmark.dk/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid19danmark.dk%2F&data=04>

If you want to look at how popular it would be with the public to add this vaccine to the list of required vaccines, you should look no further than rates by which parents are vaccinating their kids. I heard Chris Rykdahl on FoxQ13 talking about the rates and 25% of kids 5-11 have been vaccinated and around 35% of kids 12-15 have been vaccinated. To me that says a vast majority of parents aren't interested in their children being a test

subject and by adding this to the list, you would be telling 65-75% of parents to do something they don't want to do; that my public servants is not public support, that is dictatorship on your part.

All the vaccines that are currently on the requirement list are childhood diseases and impact children greatly. COVID does not.

I implore you to do the right thing, table this discussion 5-10 years down the road when more safety data is available. If/when it is decided that these vaccines are safe long term then continue the conversation then. Doing it right now would be extremely reckless and many children will become injured from the vaccine itself.

Sincerely,

Betsie Elliott

From: Dana Grant
Sent: 1/4/2022 5:15:24 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members re: student vaccine requirement

External Email

No, no and no

Thanks for your time.
Warmly,
Dana Grant (a mother)

From: chere dormier

Sent: 1/5/2022 8:57:59 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), stuart.glashow@sboh.wa.gov, Pskowski, Samantha L (SBOH), kaitlyn.donahow@sboh.wa.gov, lindsay.herendeen@sboh.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathanial.thai@sboh.wa.gov
Cc:

Subject: Covid 19 Vaccine Requirement for Schools!

External Email

Washington State Board of Health:

I am a Parent of 3 children. I am writing to you in protest of these crazy mandates for children you guys are thinking of putting in place. I completely disagree with these mandates and will not allow this to happen to my children or any of the children or parents who chose not to do this. This is our choice to vaccinate our children and can I remind you this is an experimental vaccine under emergency order, which therefore you do not have full approval and can NOT mandate this for Schools. Using an experimental drug against your will is illegal!!!! I beg of you to not do this for our children's sake! There is no evidence that says children need to have this vaccine or are more susceptible to this virus than adults. You need to show us all the data in which you will not. Which then means I will not comply with this tyranny and will be pulling all 3 of my kids out of my small town school!

Thank you,

Chere Dormier

From: Joe Brouwer
Sent: 1/5/2022 8:30:27 AM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Children's Risks

External Email

Here are the WSDOH statistics.

Please review the children's information.

Also you may want to wait for the latest WSDOH breakthrough information from Dec 16th.

I am sure the vaccine is starting to lose its value.

Here is the Washington State Weekly Virus Report.

A virus is all local. State and country statistics are interesting, but you really can't make decisions on them.

This is where Fauci failed! Treating them everywhere like the hotspot of NYC. Each county should have had specific recommendations by the CDC instead of putting it in the hands of the governors.

Washington state, Inslee and the WSDOH have used draconian mandates and the state has fared no better than states that did not have mandates that are thriving and living mask and vaccine mandate free.

You have to download the data from the WSDOH COVID dashboard to get this info.

Epidemiological Curve>Tabular View>Weekly Download

It includes all of the counties' data.

They update it weekly.

<https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard#tables>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>

Cases Week ending 12-18-21

This is in a population of 7.8 Million in 22 months

Weekly total 13,186

Total Tested Cases 808264

An estimated 3,233,056 people have been infected and now are naturally immune

You can see most of the cases are in the groups that are healthy and will easily recover and become naturally immune.

Ages

0-11 1475 Cases 83,139 Total

12-19 2581 Cases 87,951 Total

20-34 3,608 Cases 232,745 Total

35-49 2,927Cases 188,519 Total

50-64 1,748 Cases 134,537Total

65-79 678 Cases 60,367 Total

80+ 167 Cases 20,438 Total

Hospitalizations Week Ending 12-18-21

Weekly total

Total Hospitalizations 44,372

About 1888 a month, 472 a week

This is spread among 39 counties.

Again you can see those under 50 fare very well.

I hope this information reduces the fear many are trying to create about this virus.

Ages

0-11 8 Hospitalizations 526 Total

12-19 2 Hospitalizations 587 Total

20-34 44 Hospitalizations 4,370 Total

35-49 80 Hospitalizations 7,774 Total

50-64 133 Hospitalizations 12,127 Total

65-79 141 Hospitalizations 12,309 Total

80+ 55 Hospitalizations 6,679 Total

Deaths Week Ending 12-18-21

99.7% have survive the virus in Washington State

This is an interesting statistic I have found in most places.

Kitsap County 99.7%

King County 99.7%

United States 99.6%

We need to see the details on these deaths, since the demographics have not changed in 22 months and are virtually all older folks with underlying health conditions. Nationwide 95% have died with underlying health conditions. Which means if you are marginally healthy there is little chance of you dying. If you are under 50 and healthy the chance drops significantly.

As you can see under 20 there are very few deaths, It quadruples at 35-49. It would be interesting to find out the detail that causes this jump. Again 50+ make up 93% of the deaths. Being under 50 and healthy should not be worrying about dying.

Total Deaths 9800

Weekly Total 105

About 417 a month, 104 a week

This is spread among 39 counties.

Ages

0-11 0 Deaths 4 Total

12-19 0 Deaths 13 Total

20-34 2 Hospitalizations 124 Total

35-49 8 Hospitalizations 554 Total

50-64 24 Hospitalizations 1770 Total

65-79 41 Hospitalizations 3465 Total

80+ 30 Hospitalizations 3840 Total

From: Crystal Bergman

Sent: 1/5/2022 6:39:14 AM

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

Cc:

Subject: Covid-19 vaccine

External Email

Dear Washington State Board of Health,

The covid 19 vaccine is not a full FDA approved vaccine. It doesn't prevent illness or transmission of covid 19, nor can it be proven to prevent severe illness that requires hospitalizations. Covid 19 in youth is rarely serious or deadly. The long term effects of the covid 19 shot have yet to be determined fully but heart conditions are documented and increasing at a high rate since the shot was authorized for use in youth. Requiring this shot in any form before it is fully approved is unacceptable. The situation Washington state is in right now due to the mandates surrounding this shot have put health care, road crews, first responders and education severely understaffed and we are now in a crisis of different proportions. Now vaccinated people are getting covid 19 in astronomical numbers and seeking medical help at high rates. Considering the situation means looking at all the facts not just the hand picked numbers that support the opinion that the covid 19 vaccine is working. Chicken pox, measles, mumps, small pox vaccines prevent transmission and illness whereas covid 19 shot does not and for youth has very little benefit. The other very serious thing to consider is that unlike those vaccines I mentioned they don't need a booster every 5 months to continue to be effective. There is no logical way to require a vaccine that needs boosters to remain effective unless you own stock in the pharmaceutical companies.

This covid 19 vaccine should remain optional and not allow discrimination to children to receive the education that is required by law and paid for by taxes collected.

Thank you,
Crystal Bergman

Sent from Yahoo Mail on Android

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

From: Jacqueline Myers

Sent: 1/5/2022 8:59:24 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: AGAINST A VACCINE MANDATE FOR CHILDREN

External Email

Hello,

I am a resident of Clark County Washington with 3 school aged children. I am 100% opposed to the masking of children, and 100% opposed to any vaccine mandate for Covid for school children. I have already pulled my children out of public school for this year and will not return if there is a vaccine mandate. My entire family will be pulling their kids if there is a vaccine mandate.

Sincerely,

Jacqueline Myers

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 8:55:00 AM
To: DOH WSB OH
Cc:
Subject: FW: Covid vaccine schools

From: Becky Sjoblom <beckysjoblom@yahoo.com>
Sent: Wednesday, January 5, 2022 8:53 AM
To: wsvih@sboh.wa.gov; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>;
melanie.hisaw@sboh.wa.gov; Hoff, Christy Curwick (SBOH)
<Christy.Hoff@sboh.wa.gov>; stuart.glascoe@sboh.wa.gov; Pskowski, Samantha L
(SBOH) <samantha.pskowski@sboh.wa.gov>; kaitlyn.donahoe@sboh.wa.gov; Lang,
Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Haag, Hannah R (SBOH)
<Hannah.Haag@sboh.wa.gov>; lindsay.herendeen@sboh.wa.gov; Schreiber, Tracy N
(SBOH) <Tracy.Schreiber@sboh.wa.gov>; Kahler, Kelie (SBOH)
<Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Covid vaccine schools

External Email

Please keep our children safe by not requiring the covid shots for school age children. At this time the vaccine available is still experimental—which means this is against Nuremberg. One cannot even see ingredients of this vaccine and information is “intentionally blank” when you ask a pharmacist to show you the paperwork. VAERS data on the CDC website shows multiple side effects and deaths. Myocarditis is the most known affect for children. Requiring this shot paves the way for lawsuits against the WA state health department and state, and perhaps you personally. Please do not support this requirement until this vaccine has been fully studied, tested, and stood the test of time.

Sent from Yahoo Mail for iPhone

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

From: Catherine Jonasson Fitzgerald

Sent: 1/5/2022 8:43:58 AM

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

Cc:

Subject: Covid Vaccine for Children - Vote NO

External Email

Why on earth would you even consider requiring a vaccine that does not prevent the spread of Covid or keep you from getting Covid? Especially a vaccine that only has the Emergency Use Authorization as the approved vaccine is not available yet. AND with the spike in people experiencing unusual health issues with "no explained cause" or "rare" side effects. The risk of the vaccine severely outweighs the benefits. The known side effect of forcing this vaccine on children will be a mass exodus of kids leaving the public school system.

Do NOT force this on our precious children, it is not like other vaccines....it is not safe nor effective.

Catherine Fitzgerald

From: rutledge@chorus.net
Sent: 1/4/2022 10:17:45 AM
To: DOH WSBOH
Cc:
Subject: covid 19 vaccine requirement

External Email

As an RN with 20 years nursing experience and as a mom, I am asking you to not add the Covid 19 vaccine to the list of required vaccines. There is not enough long term data on these vaccines, especially in children. There are many reported injuries and deaths from this vaccine, many more than from the virus. As children barely even get sick from the Covid virus, they do not need protection from it, as they do with other viral illnesses. The risk versus reward is much higher for children to receive the vaccine than not receive the vaccine.

Thank you,

Andrea Rutledge RN, BSN

From: Bassous, Anna
Sent: 12/10/2021 9:21:13 PM
To: DOH WSBOH
Cc:
Subject: Concerns About School Vaccine Mandate

External Email

0. Dear Members of the State Board of Health,

I am the parent of three children ages 3, 5 and 7. I am concerned that the state will mandate parents vaccinate their children to attend school, and I am writing to ask that you please not support a vaccination mandate.

The emergency nature of the pandemic should focus the government's vaccine mandates on the people for whom the virus is truly an emergency and are most impacted by the disease. Children are not affected by high death or hospitalization rates. The safety of the adult, non-vaccinated community should not rest on the backs of young children who risk unknown short-term and long-term effects from any medicine.

I am concerned about the unknown, long-term effects of the COVID vaccines on small children. Scientists have not studied the vaccine long enough to ensure its safety for young people. While I am grateful there is a vaccine, I want the decision to give my young child this vaccine to be between my doctor and me.

Thank you.

Anna Southworth

From: Teri Johnson (Lake Stevens)

Sent: 1/5/2022 1:46:14 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: AGAINST recommendation for Covid-19 being a requirement for school aged children

External Email

I am against this recommendation. I am absolutely horrified that the health department is talking about making this recommendation for an illness that does less harm to our school aged children than the seasonal Flu has in years past, according to the CDC.

The decisions regarding children and Covid 19 are not putting their safety first. The decision to vaccinate MUST outweigh the risks of the illness. In the case of COVID-19, the risks of illness absolutely are NOT greater than the risk of vaccine.

We need leaders to step up. If not you, then who?

Teri Johnson

Assurance Property Management/John L Scott

8933 Market Place Suite H

Lake Stevens, WA 98258

206-919-7687 Direct

From: Krista Davis

Sent: 1/5/2022 3:06:59 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Do not force vaccinations on our children

External Email

Hi there. I am writing because I have children in elementary school in Clark County and want you all to know that I will pull my children from public schools if you force this vaccination on students. The science is still out on what long-term effects this type of shot has on people especially fertility in girls. Even Dr. Malone sites this as a concern. Please allow my children to stay in the school that they love by not forcing this experimental shot on them.

Also, they have had covid and have the antibodies which studies have shown protects them better for future infections than the "vaccine". Please consider natural immunity as a form of protection alongside the shots. Children are least at risk of getting really sick and dying from Covid. Why would we force a shot on them that has such bad adverse side effects with very little benefit? Follow the science, not the propaganda!

From: Natalie
Sent: 1/4/2022 5:34:08 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandate for school children

External Email

I am against the decision to mandate the vaccine for school children. Our bodies, our choice. Sincerely, Natalie Minnich

From: Jessica Stober
Sent: 1/4/2022 12:03:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for Friday meeting

External Email

I listened to the other call a few weeks back regarding "race groups disproportionately affected by covid". That was interesting. EVERYONE has been affected. From the majority of comments received then hopefully you will understand that a mandate for schools would not be well received by the majority of parents. Here are my main issues:

- Risk vs benefit for under 18
- No long term studies, new technology "vaccine". Heart issues, possible fertility issues
- The "FDA approved" Pfizer product Comirnaty not available in the US still
- Non-sterilizing vaccine still allowing for transmission
- After Omicron most will have natural immunity....vaxxed or not
- No allowance for natural antibodies
- Transmission in schools very low

Although some will cave and inject their kids so they can go to school so parents can work and feed their family, many of us will not. Public schools will lose many more students as more will homeschool or move out of state. This is not about public health as the shot has done nothing to stop transmission as we are now seeing. We beg you to use common sense and not force more children to be part of the experiment.

From: Dena Gregory
Sent: 1/4/2022 10:37:29 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine required

External Email

Do not require the Covid vaccine to be included for children. There is enough scientific study & evidence that. Children & young adults are at minimal risk fro Covid, in fact so low as to not be statistically measurable. Not 1 healthy child died OF covid. The risk / benefit of the vaccine is higher risk than from a Covid infection. The risk of heart issues like myocarditis has exploded in young males especially, according to the VAERS reporting. Why are the thousands of injuries & deaths from the vaccine not allowed in discussions? Pfizer vaccine is NOT FDA approved. It continues to be EUA only. Comirnaty, the approved brand is not available in the US. Media, CDC, FDA & NIH (Fauci) have outright lied & mislead in multiple communications to the American people. If you aren't aware of these things you have no business making important decisions about our children's health. Get families with the Nuremberg Trials & the rules that resulted. " doing your job or what your ordered to do is no defense when harm or death is caused. Please, Do the right thing.
Dena Gregory

Sent from my iPhone

From: Christine Krustangel
Sent: 1/4/2022 10:12:38 PM
To: DOH WSBOH
Cc:
Subject: covid vaccine required for kids to go to school??

External Email

To whom it may concern,

I would like to express my sincere protest against mandating a Covid vaccine for children to be able to go to school.

I am fully vaccinated, as are the other members of my family. I am still sincerely against your forcing people, especially children, who have a right to education.

First of all, this vaccine does not meet the 9 requirements, and will not qualify to meet these requirements for years to come.

mandating this will likely instigate families and further divide our state.

If you do this many children are going to get pulled out of school, and suffer a disadvantaged form of homeschooling.

Washington state schools should be supportive of families no matter where they stand on COVID-19 vaccines. Masks are already required so a vaccine will not improve any outcomes. Additionally, forcing vaccines that have no long term safety data could lead to some significant legal action in the future.

To take away an education of a child because the parents don't want to be forced to give them the vaccine is ridiculous.

Christine

From: aridgely.wrs
Sent: 1/5/2022 12:59:37 PM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: FW: COVID 19 Vaccine Mandate

External Email

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "aridgely.wrs" <aridgely.wrs@gmail.com>
Date: 1/2/22 8:08 PM (GMT-08:00)
To: wsboh@sboh.wa.gov
Subject: COVID 19 Mandate

I strongly believe the decision to mandate this vaccine, especially while approved for emergency purposes for this age group, will hurt all of our schools. I believe strongly in medical freedom as well as the right to a robust public education earned thru our tax dollars. Regardless of if someone or I am pro or anti covid vaccine our schools stand to lose an even larger number of students if this is pushed thru. As of last reported WA schools overall enrollment is down 55k since the beginning of the pandemic and estimated to grow larger not smaller per reports. OSPI has asked for more funding to bridge this gap that has been filled with Covid dollars, which will not last. Each student is estimated to equal 18k in yearly funding. So my question is simple how many more families will pull their children out in search of homeschool, charter or private options and what will be left for the children left in our public system regardless of vaccination status. Even if only a few more % leave there will be districts that will be left behind.
#stopthemandate

I have personally pulled my two children out of public school both last year and this current year. This decision will be the tipping point to going back next year or continuing with homeschool. I have also begun exploring charter and private options. I am not alone I have over a dozen friends in our state that have removed their children as well. Including mine we now have over 8 new homeschool friends, and 8 friends in private or charter options. Recently I have had 5 others reach out to me to ask about homeschool to gear up in case of a mandate. I'm just one Mom who knows 16+ students that have left.

I am currently leaving my children unvaccinated for the reasons of one, they have had covid and recovered fine and two because I of the a growing risk of Myocarditis. This is vaccine that has proven to not stop the spread of this disease. Vaccinated people can still both get covid and spread covid. So in relation to a group that has less than a 1% chance of severe illness and even less of death the decision should be left to the parents. I would never tell anyone what to do with their children nor should anyone tell me what to do with mine.

Thank you for you time,

Alisha Ridgely

Sent from my Verizon, Samsung Galaxy smartphone

From: Shelley Dodd

Sent: 1/5/2022 3:01:39 PM

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

Cc:

Subject: Covid 19 vaccinations for school children

External Email

I strongly oppose requiring Covid 19 vaccinations for school children. I also strongly suggest you get educated on the vaccinations and Covid 19. There is excellent early treatment and kids are at higher risk from vaccine reactions than Covid 19. I am not an anti vaxxer, I am just against this vaccine. There is a lot of information out there regarding what is happening. I suggest you look at other countries and their success with Covid 19 including Uttar Pradesh in India, Japan, Sweden and more. There are thousands of highly educated scientists, attorneys and physicians who are against this and I suggest you look into why. Please question the narrative.

Thank you for your time,

--

Shelley Dodd

sdoddrio@gmail.com <<mailto:sdoddrio@gmail.com>> | 206-819-3637

From: Deidre Melanson

Sent: 1/5/2022 6:15:39 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Do not allow the vaccine mandate for our school kids.

External Email

Hello,

As a mom of two kids I ask you to not pass the vaccine mamdate. These covid19 vaccines are not like other required vaccines, this one is still in the experimental phases and to require this for all students would be criminal and a vast over reach of power.

Covid spread in schools is extremely low, and transmission rate between kids are also low. If a child does get covid, they are most likely to have cold symptoms vs the issues that the elderly with health complications have. The vaccine does not stop the spread either so all arguments pro child vaccine mandate have huge flaws in their requests.

In addition to this, Inslee has majorly breached his limits of power and is treating this state as a 1 ruler state. He has broken the WA state constitution and has lost in court when trying to establish laws through his executive power. Now he is trying to circumvent this court ruling through 3rd party agencies and boards such as yours.

Years down the road the COVID vaccine may be required in schools, but right now the Cdc does not know how it will affect children both in the short and long term so why push this Emergency Use vaccine now? This mandate can cause irreputable damage to our children and even death. Look at the VAERS website, keeping in mind false reporting is a classified felony. More children have reported to die and/or have life long complications from the vaccine than actually be affected by COVID.

Risk vs. Benefits = No vaccine mandate.

Do not experiment on our children. Do the right thing and abolish this irresponsible vaccine mandate.

-Deirdre Melanson

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 3:37:27 PM
To: DOH WSBOH
Cc:
Subject: FW: I oppose mandating the Covid vaccine on school and daycare schedule.

From: Anna Kozlov <annakozlov@ymail.com>
Sent: Wednesday, January 5, 2022 3:36 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: I oppose mandating the Covid vaccine on school and daycare schedule.

External Email

I oppose the Covid vaccine being added to the school and daycare schedule. I think it is extremely irresponsible to even be discussing such a mandate when the science does not come close to suggesting there is any advantage to doing so. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert and yet we are told to take the shots even though many have had severe and others even deadly reactions to it.

Please urge the advisory group to be cautious and not make recommendations for that Covid vaccine to be added to the school and daycare schedule.

I will welcome any reply that might sway my opinion. Please include any data that would show that vaccinated children are less likely to contract or spread Covid than unvaccinated. Also any absolute assurance that there is NO risk whatsoever if children receive this shot.

I look forward to hearing from you.

Thank you,

Anna S. Kozlov

From: Davis, Michelle (SBOH)
Sent: 1/5/2022 7:38:56 AM
To: DOH WSBOH
Cc:
Subject: FW: Childhood vaccines

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

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

From: Becky Hernandez <bckybrndn@icloud.com>
Sent: Wednesday, January 5, 2022 7:19 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Childhood vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most preschools age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

Sent from my iPhone

From: Melissa Peabody
Sent: 1/5/2022 7:30:16 AM
To: DOH WSBOH
Cc:
Subject: DD57FA6A-B2E0-4702-9897-9148225185AC

External Email

Hello,

As a mom of three kids I ask you to not pass the vaccine mandate. These covid19 vaccines are not like other required vaccines, this one is still in the experimental phases and to require this for all students would be criminal and a vast over reach of power.

Covid spread in schools is extremely low, and transmission rate between kids are also low. If a child does get covid, they are most likely to have cold symptoms vs the issues that the elderly with health complications have. The vaccine does not stop the spread either so all arguments pro child vaccine mandate have huge flaws in their requests.

In addition to this, Inslee has majorly breached his limits of power and is treating this state as a 1 ruler state. He has broken the WA state constitution and has lost in court when trying to establish laws through his executive power. Now he is trying to circumvent this court ruling through 3rd party agencies and boards such as yours.

Years down the road the COVID vaccine may be required in schools, but right now the Cdc does not know how it will affect children both in the short and long term so why push this Emergency Use vaccine now? This mandate can cause irreputable damage to our children and even death. Look at the VAERS website, keeping in mind false reporting is a classified felony. More children have reported to die and/or have life long complications from the vaccine than actually be affected by COVID.

Risk vs. Benefits = No vaccine mandate.

Do not experiment on our children. Do the right thing and abolish this irresponsible vaccine mandate.

-melissa peabody

From: Lynne Lane

Sent: 1/4/2022 7:46:22 PM

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

Cc:

Subject: Covid Vaccine Mandates for Children



attachments\C2174909109A47A8_image.png

External Email

I am going to quote Sen. Ron Johnson today in voicing my concern regarding vaccines for children in public schools, as well as a screen shot of the CDC's own data from the VAERS report. As an older adult I made the decision to be vaccinated because 75% of deaths occur in my peer group. Conversely, in children, their risk of death in healthy children is fundamentally ZERO. To inflict this EXPERIMENTAL treatment, to MANDATE it as a condition of getting an education, is WRONG! (we cannot label it a true vaccine because we now know that it does not prevent us from getting the virus) This "vaccine" is NOT without serious side effects, to say nothing of what we do not know about long term effects! For it to benefit children in any way the risk would have to be absolute ZERO, and we cannot say this! There are already reports of young children having heart issues and brain clots as a result of these vaccines. Mandates are tumbling everywhere, and we have done enough damage to our precious children with all the shutdowns and "remote learning".....we KNOW that damage was done to them! Please stop this vaccine mandate insanity when it comes to our kids! Let parents decide! Children cannot make an informed consent, I will speak for them!!

A very concerned citizen,

Lynne Lane

From: emilee cannone

Sent: 1/5/2022 11:07:12 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pskawski@sboh.wa.gov, Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), sboh@sboh.wa.gov

Cc:

Subject: I am a concerned mother of two, asking you PLEASE do not require vaccines.

External Email

Over decades and decades, Health care has come out with incredible vaccines that have stopped disease in its track by eradicating them. This shot is not a conventional vaccine, it is a SHOT. Nonetheless a shot that has not been proven to be effective. In fact, it's been shown to cause more harm than good. I appreciate the fact that in a time of crisis, scientists are working hard to learn as much as they can about this new virus to help everyone. But a good vaccine takes years upon years to perfect. This is nowhere ready. We are forcing this upon people for "the safety of themselves and others", yet abortion is legal? The medical industry is disrespecting our rights for our health for something that isn't even promised yet taking away lives without concern? It feels a little contradictory. I love my children, and I will not take the risk of this vaccine chemically sterilizing my children, or making them immunocompromized for something that isn't safe or effective. Do you not realize that families are risking everything to pay for private school if this is forced? Let this be optional.
Concerned mother.

From: Danielle Morgan

Sent: 1/5/2022 11:30:07 AM

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

Cc:

Subject: Covid vaccine

External Email

To whom it may concern,

I am writing this email to let you know that my children will not be forced to take this vaccine and if it becomes a requirement they will no longer go to public school. We do not agree with the mask mandate and we do not agree with a vaccine mandate.

Thank you,

Danielle Morgan

From: Rebecca Senescall
Sent: 1/3/2022 8:53:15 PM
To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)
Cc:
Subject: Covid-19 Vaccine Opposition -Children

External Email

Good Evening,

My husband and I come to you in opposition of adding the Covid-19 vaccine to the list of required vaccines. As tax payers, our children have the right to a public education. We have grave concerns about this vaccine and should not be in fear of losing our children's right to an education over a medical decision that we are not confident is safe for our children. This is a family decision and parents deserve the right to chose if we will submit our children to an experiment or not. We, along with many other concerned Parents across this State are demanding a choice.

Requiring an mRNA injection that does not stop the spread or prevent infection is not the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for vaccine preventable diseases. This vaccine is neither effective in stopping the spread or preventing illness and should not be added to the list of required vaccines.

Children are not at high risk of death from Covid-19, they have a 99% chance of survival. They are also not causing community spread. The latest variant presents as cold symptoms or nothing at all. People who have been vaccinated are getting it in higher numbers than those with natural immunity.

Children, males in particular, are at a far greater risk of an adverse reaction to the vaccine than serious complications from covid. It is not right or constitutional to threaten to withhold an education from a child if the parents do not comply to your opinion of what is best for our children. There is enough data and research to indicate these vaccines are unnecessary and unsafe for children.

We will not allow our children to be a science experiment to make adults feel safe. Our children will NOT receive the experimental vaccine under any circumstances. We will go to the ends of the earth to protect them. This deserves to be a family choice, they are our children, not yours. We will immediately pull our children from the public school system.

I leave you with this, from a mother to mother or parent to parent. Imagine being forced to give your child something that you are not 100% confident is safe for them but having another adult try to take that option away from you? This is what you are doing to us by trying to take our right to chose away. Where is your compassion?

Rebecca & Paul Senescall

Mead School District. Spokane, Wa

From: eight arrows

Sent: 1/5/2022 12:25:01 PM

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

Cc:

Subject: Covid vaccines for minors

External Email

Dear Washington State Board of Health member,

I strongly oppose recommending these experimental vaccines for children. There is no data that proves that they are without risk. There are MANY FDA approved vaccines and drugs that over time were proved to be detrimental. Swine flu, for example. We simply do not have enough information to deem these as safe, especially in developing children.

Sincerely,
Pauline Salo

From: Jamie Macdonald

Sent: 1/5/2022 2:13:32 PM

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

Cc:

Subject: covid vaccine requirements in school

External Email

To whom it may concern,

I'm a mother of two healthy and happy girls who are currently in district 81 in Spokane Both my children are and always have been up to date on needed vaccines to attend school.

That being said, those vaccines have been out for many years and have been tested on millions.

I do have a concern like millions of others over the new covid -19 vaccine and dont feel we have enough research to make this mandatory on young children. This should be a choice made by the parents/guardians not government, school boards or local health officials. I do understand side effects are rare and data for now is showing it to be mostly safe, my major concern is the long term effects this vaccine could have. I'm asking you to please take in consideration the parents who feel this way and let the vaccine BE A CHOICE AND NOT A REQUIREMENT.

Thank you,

Jamie MacDonald

A concerned mother in Washington.

From: Alissa Miller

Sent: 1/4/2022 11:21:12 PM

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

Cc:

Subject: Covid Vaccines for School Children

External Email

Hello,

My name is Alissa Miller and I am the mother of a third grader, first grader, and preschooler. I implore you all to respect our rights as parents to choose what is best for our children. My children have had all their normal childhood vaccines, but I am extremely hesitant to give them the Covid vaccine, and at this time am unwilling to do so. If Covid vaccines are mandated for schools, I will ultimately end up homeschooling my kids, or moving to a different state if necessary, to avoid the risk to my children and this usurpation of my parental rights. I am not convinced the Covid vaccine is safe or necessary, and like many other parents I've spoken with, will absolutely unenroll my kids if it comes to that. Personal and religious freedom should always be respected. I beg of you not to mandate the Covid vaccine for schools.

Respectfully,
Alissa Miller

From: Brittany Fladager

Sent: 1/5/2022 11:38:02 AM

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

Cc:

Subject: Covid Vaccinations for Children



attachments\5E7FAB3AD2AA4871_1641411008817blob.jpg

External Email

We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19. See VAERS data below.

Leave the personal health choices to the parents. I cannot justify vaccinating my perfectly healthy children with an experimental drug when they are not categorized as high risk.

Thank you,
Brittany Fladager

From: THEA LOUGHERY
Sent: 1/4/2022 10:06:22 PM
To: DOH WSBOH
Cc:
Subject: Covid Vacs

External Email

To whom it may concern

I am raising my voice and my vote in strong opposition to the proposed mandate to vaccinate children of 13 and even much younger .

I am extremely concerned about the health risks that the vaccine may incur and say - "NO! Stop this !" No more. No more children vaccinated against under 13! It's way too risky for children to receive a vaccine that had not been thoroughly tested for adverse reactions!

Thea Loughery
Spokane Valley WA
99206

Sent from my iPhone

From: Arne Christensen
Sent: 1/4/2022 11:30:42 AM
To: DOH WSBOH
Cc:
Subject: comments for January 12 meeting

External Email

I am sending in comments on two of the agenda items for the meeting.

Item 4: Department of Health Novel Coronavirus (COVID-19) and Other Updates:
The state's mask and vaccine requirements need to be lifted. Put simply, neither masking nor vaccination shots provide enough protection against this virus to justify the extraordinary measures of forcing people to mask and vaccinate, especially without approval from the legislative branch.

Item 11: Regarding potentially requiring a Covid vaccine for entry into the public schools:

A Covid vaccination requirement for the state's students does not make sense, and given the evidence we have so far, would be needlessly hasty if adopted for the 2022-23 school year. Let's keep in mind that the Covid vaccines still have not received full regulatory approval for children.

A sensible analogy regarding a requirement is to the flu shot, which seems to be roughly similar to the Covid vaccines in effectiveness, but offers protection against an illness that does more harm to kids than Covid. Furthermore, if twice-annual Covid booster shots become standard, a kindergartner would face the prospect of having to get 20 or more shots in order to one day graduate from high school. That does not strike me as fair, reasonable, or practical.

Arne Christensen

From: Becky Kornell
Sent: 1/5/2022 8:44:41 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Concerns from a teacher

External Email

Please don't make it a requirement for our school aged children to receive the covid-19 vax. State-wide our school districts already have seen a decline in enrollment and state funding. If this covid-19 vax is required, you will lose more students from public schools. Have you surveyed families in our state?

If they are required what does the exemption process look like? What about those with religious beliefs?

Let's give our families a choice!

Thank you,
Becky Kornell
Vancouver Public Schools

From: Dane Sands
Sent: 1/4/2022 8:17:33 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine for school

External Email

Hello, I am writing to express opposition to making vaccines mandatory for school attendance.

Children are very low risk for COVID, and while I am both vaccinated and encourage others to get the vaccine, I am very concerned that poor and minority students will be disproportionately effected by a mandate and will suffer due to an additional barrier to entry for education. Please continue to allow all children access to in person schooling regardless of their vaccination status.

From: Norna Groff

Sent: 1/5/2022 10:22:40 AM

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

Cc:

Subject: covid vaccine for children

External Email

Please don't require the covid vaccine for children to attend school. Just a few days ago Dr. Fauci said that children very seldom get seriously ill or die from covid so please don't mandate the vaccine. Since the protection from the vaccine wears off after a time it does not seem necessary as the children can receive the vaccine when the time comes that it is dangerous for them to get covid. Thank you. Norna Groff, Tonasket, WA

From: Tina Holan

Sent: 1/5/2022 12:57:32 PM

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

Cc:

Subject: Covid Vaccine Mandates for School Age Children

External Email

I understand you will be having a meeting and making a decision regarding Covid vaccine mandates for school age children.

Statistics have shown that children have virtually no risk from Covid 19. While the Covid 19 vaccine is still in the trial phase until 2023, openvaers.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fopenvaers.com%2F&data=04%7C>>
has had thousands of deaths reported (presumed to be a very low number), and many more severe injuries. Myocarditis and heart related complications have been widely reported, and the younger population are at a greater risk of these complications.

As per the CDC, the Covid vaccine does not prevent infection, nor does it prevent the spread of the disease. Given the low risk to children, it seems reckless to make this a mandatory vaccine as a requirement to attend public school. I am concerned also, as I believe mandating this would cause a huge backlash of parents pulling their children from the school, causing a huge financial crisis for districts all over the state.

I urge you to vote NO. Thank you for your time.

Tina Holan

From: ya' enid
Sent: 1/5/2022 10:14:00 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: 39DFF9F4-277E-4A13-9140-4ADDB21734F1

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people .

Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate.

From: Kevin Roberts
Sent: 1/4/2022 3:36:38 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirement for schools.

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Kevin Roberts
Blaine, Wa

From: Terry Larson
Sent: 1/4/2022 1:47:32 PM
To: DOH WSBOH
Cc:
Subject: Covid shots should NOT be a requirement for school.

External Email

Children are at extremely low risk for covid and complications from covid. Covid shots should not be a requirement for our children to attend school. These vaccines are still only EUA and we do not know the long term risks of giving them to our children.

If the covid shot were to become a requirement for attending school there would be more harm than good. Especially at a time where parents are pulling their kids from school faster and faster, this would be another reason for parents to pull their children.

Thank you,
Terry Larson

From: Corina Maser

Sent: 1/5/2022 2:34:51 PM

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

Cc:

Subject: COVID Vaccination Requirement for School aged Children



attachments\9A72A98CA44343D4_image.png

External Email

Good Afternoon -

I am strenuously opposed to the COVID vaccination requirement currently being considered for all schools in the state of Washington for school aged children including college aged children/adults.

This "vaccine" which is better classified as a shot, is still in the trial stage. It's still a EUA and it's illegal to mandate an EUA product.

The state department of health has this information currently on their website regarding the three types of shots currently available:

How can you possibly mandate a "shot" that is still unproven to be effective past 2 months? Boosters are not required but they're out there? It's clear that there is already great concern on the effectiveness of this/these shot/shots that are still in the trial stage. There is no logical rationale behind this possible mandate.

If you mandate this ridiculous shot as a requirement to attend public school in the state of Washington including colleges, universities, trade schools and/or any other educational organization, we will pull our children and home school them.

Regards,

Corina Maser
Hockinson School District Parent

From: Ryan Frank
Sent: 1/3/2022 9:42:13 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

WSBOH,

Please see the questions/comments below pertaining to the subject:

1. I am an engineer by profession and am not a doctor so am unable to provide any professional comments regarding changes to WAC 246-105. Dr. Robert Malone on the other hand, is an internationally recognized scientist/physician, a pioneer of the original mRNA technology used in the COVID-19 vaccine, who has always believed in the development of vaccines to preserve human life. Dr. Malone has serious specific concerns regarding vaccines, particularly for children.

2. Have you consulted with Dr. Malone to properly understand his (and other doctors like him) concerns to be absolutely certain about the overall safety of the children of this great State of Washington?

3. What are the results of consulting Dr. Malone?

4. Dr. Robert Malone website; <https://www.rwmalonemd.com>

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

5. If you have not consulted with experts like Dr. Malone, why not? And then, what evidence do you have that would support the benefit vs the risk of requiring children to receive the COVID-19 shot?

6. If the SBOH were to require a COVID-19 shot to allow admittance, who assumes all the risk from medical complications from creating this requirement? Is it the director? Is it the board?

7. Has the SBOH considered that the COVID-19 shot is evidently not effective?

8. Has the SBOH looked at the low risk of death to children due to infection specifically by Covid-19?

9. When the SBOH looks at the data pertaining to school age children and the risk of death due specifically to infection by COVID-19, how much quantified risk is there to those children? Also, how does that risk of death compare to other childhood death risks?

10. I believe that the parents of the children of this great state deserve the SBOH to do their due diligence to understand the risk versus reward prior to considering requiring a COVID-19 shot for children because number 1, we're talking about protecting the innocent, and number 2 because the long term liability for the SBOH and its actors if this immunization does not stand the test of time would be devastating. This is why I (along with countless other Washington State parents) urge you to consult with Dr. Malone to understand his concerns.

Very Respectfully,

Ryan Frank
Mechanical Engineer
Puget Sound Naval Shipyard
ryan.frank247@gmail.com <<mailto:ryan.frank247@gmail.com>>

From: Michelle van der Merwe
Sent: 1/4/2022 10:16:54 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Shots for school entry

External Email

Dear Board of Health,

Let me start by saying I am not an anti-vaxxer. I am also not someone who believes that the effectiveness of vaccinations I have received depend on my neighbors, my families, or a strangers vaccination status. The decision to be vaccinated or not lies with the individual being vaccinated or their parent or guardian. With regards to Covid 19 shots, or any shot or vaccination, they should not be mandated for anyone, but especially not children. Children are at a very low risk from any adverse effects from a Sars Covid 2 infection, so the benefit of the Covid 19 shot does not outweigh the risk of an adverse reaction to the shot itself for almost all children and most healthy adults. The shot maybe giving high risk individuals some protection against severe disease, but even individuals in high risk categories should have the right to receive the shot or not. Furthermore, people who have received the Covid 19 shot/s are still contracting and spreading the disease, the shot/s are not terminating the virus. Instead of mandating the Covid 19 shot, focus should be placed on early treatment and overall healthy lifestyle practices. We should all have the right to decide whether or not we want our children or ourselves to receive the Covid 19 shot and all of the subsequent boosters required. or any other shot or vaccination. Those mandating any shot or vaccination should be prepared to assume the liability from any adverse reaction or death caused by the shot or vaccination. When you take the informed choice away from individuals you assume the responsibility of that choice.

Sincerely,
Michelle van der Merwe

From: Monkey Mama3
Sent: 1/5/2022 12:30:30 PM
To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)
Cc:
Subject: Covid Vaccine Approval for school

External Email

Dear DOH,

I do not believe this should be on the table, The reason being is that there is NO approved covid vaccine available in the USA for one, the one they say is approved is also on the EUA and is not available until 2023 after the trials are over. You can not have both, it can not be approved and be on the EUA list.

Two, we do not know the long term side effects that it will have but we do know that there are already issues with teenagers coming down with heart issues, blood clots, death, and many more problems after getting these shots. We have athletes dying on the field after receiving the shot.

The states that have a high vaccination rate are also the one with high hospitalization. This can not be a coincidence!

They have manipulated the deaths, saying you are not considered to be fully vaccinated unless you have taken both shots and it is two weeks after the second shot. They are also saying someone died a couple days after the vaccine they were unvaccinated, If you were to have a side effect this would be the time frame you would have it, but it is being brushed under the table.

There is a CEO from a major Life Insurance company that has come out saying that there is a 40% increase in deaths since the vaccine came out. These are all things that show you should not even be thinking about giving this to our children.

This is not safe or effective. All this is, is propaganda. It is effective until you get the two shots then it is no longer effective and needs a third shot. This is not how immunity works.

Finally, this is an overreach of authority. You have no right to poison or sterilize our children.

Please remember that when this is done and the deaths from this are counted everyone that helped or was complicit will be held accountable. There is no such thing as I was just doing my job, and there will be new Nuremberg trials here in America.

PS: you might want to rethink the decision on the Covid PCR test for athletes. Parents know that there is Eo on this and it is considered a cancer causing agent and the state will be held responsible. Also the CDC took it off the EUA because it was unreliable.

Thank you for reading. If you have any questions don't hesitate to email or call.
--

Michelle Longoria

E-mail: michellelongoria44@gmail.com <<mailto:michellelongoria44@gmail.com>>

Cell:509-770-1229

From: Droolrules
Sent: 1/4/2022 10:04:01 PM
To: DOH WSBOH
Cc:
Subject: I'm against school Covid vaccine mandate

External Email

I'm against children forced to take the Covid vaccine to attend school. My coworker a few weeks ago was in a Spokane Costco, a mother was screaming , she just had the vaccine, referring to covid, as her teen daughter lay dying of a heart attack at our local Costco, while getting cpr.

No way in HELL is my child getting a vaccine even if it's mandatory for school. I will homeschool my child before she gets this vaccine. There are NO LONG TERM studies and it's still emergency approved by FDA. Our children are being used as guinea pigs and I'm supposed to vaccinated my child for the greater good? The CDC's own data show kids are far more likely to die from cancer, drowning, the flu, homicide, suicide, etc. than covid 19.

So, no i don't approved of a covid vaccine mandate for children to attend school. I'll pull my child out of school before she's forced to get a vaccine just to attended public school. Many of my friends agree with me, we are prepared to homeschool. I wonder how that'll effect funding if more parents pulled their kids from the public school system? I know 20,000 more families chose to homeschool in the state of WA this year because of the mandates.

Concerned parent,
Carolee Spradley

Sent from my iPhone

From: Angela G
Sent: 1/4/2022 10:37:17 PM
To: Angela G.
Cc:
Subject: Do Not Mandate the Covid Shot for Children.

External Email

Knowing firsthand an 8 year old boy who was hospitalized with an enlarged heart after receiving the covid shot, shows me there is great risk with this shot. Children have an extremely small risk of serious infection, let alone death from the illness. Fauci himself has said the vast majority of kids coming to the hospitals with covid are just that- they test positive when they've gone to the hospital for another reason, they are there WITH covid, not because of it.

I recorded the hearing on whether or not to approve the shot for 5 to 12 year olds. The ratio was FAR higher of doctors saying it is unneeded, unnecessary, and premature. Did you watch any part of it? I'd like to know that the people making these life or death decisions have gathered all the info they possibly can. Here is one small screen shot from those who spoke out against approving it...

Several members of the FDA's advisory panel pushed back on the agency's rush to clear Pfizer's vaccine for 5- to 11-year-olds.

"I'm just worried that if we say yes, that the states are going to mandate administration of this vaccine to children in order to go to school, and I do not agree with that," committee member Dr. Cody Meissner said. "I think that would be an error at this time until we get more information about the safety."

Temporary committee member Dr. James Hildreth said some estimates indicate that over 40% of all children nationwide have some form of immunity against Covid.

"It just seemed to me that in some ways we're vaccinating children to protect the adults when it should be the other way around," Hildreth said, adding that he supports vaccines for high-risk children. "If 30 million children already have some form of immunity, they've made their contribution to herd immunity already and our focus should be to get the adults vaccinated to protect the children."

—Robert Towey

Again, do NOT mandate this shot for anyone, let alone children who do not need it and it has proven to have much more serious risks than the illness itself.

From: Carrie Lyman
Sent: 1/4/2022 4:43:06 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine Requirements For School

External Email

To whom it may concern,

I wanted to reach out to let you know that I do not support adding these vaccines as requirements for school whatsoever. Nor does anyone in my family or anyone I know. It would be negligent to do so considering they have not been proven safe nor effective and are using a new form of vaccination that was created in too short of a time to possibly even pretend all side effects could be known, just as is the issue with all vaccines as their history and public record proves, but especially RNA vaccines which have had a horrible track record in the past hence why they were not introduced before. Our children deserve better and deserve to be given a choice as to whether or not they alter their immune systems with vaccines or let their immune systems do what they are meant to do naturally.

To act as though the immune system requires toxic injections, yes filled with registered toxins as you should know, is immoral and negligent especially when forced upon anyone let alone our children! They are humanities future and they need to be left alone, especially from these vaccines. Although the media tries to hype them up as safe and effective, as do our politicians and often health boards, when being honest with oneself we see many people dying and being injured from these vaccines, like the others, and we see many studies connecting them with horrific side effects and death. We aren't all falling for the media, the pharmaceutical and politicians mass psychological warfare here. Please do the right thing and say hell no to mandating them on anyone for any reason, especially our children. Schools are losing students left and right because of the already ridiculous COVID-19 mandates. Please just put a stop to this for humanities sake. Thank you so very much. Think of your kids, grandkids everyone else's kids and their rights to medical freedom!

Sincerely,
Carrie Lyman

From: Stacey Miller
Sent: 1/4/2022 8:41:20 PM
To: DOH WSBOH
Cc:
Subject: Feedback on Covid 19 vax requirement

External Email

To whom it may concern,

I am writing to provide feedback on the potential requirement for Covid vaccine to be added to the requirement list for school and believe me if this is a requirement you will get a pushback from parents and drop in enrollment in kids throughout Washington State. The Covid 19 vax does not even meet the criteria you go by. Do not make this a requirement, and also drop the mask wearing for kids in school. It's abuse and no proven science that it's working. END MASKS and the push for vaccine! Let the parents decide what is best for their own kids and not the State of Washington!

Thank you for your time,
Stacey

From: Keaton, Dr. David A.
Sent: 1/4/2022 6:22:27 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandate

External Email

I am 100% opposed to a vaccine mandate for kids to attend schools. I say this as a physician and as someone who got vaccinated early on during the pandemic. Covid is not a health threat to the young, and while side effects from the vaccines are rare, they do occur. Why should children be forced to be vaccinated against an illness that poses almost zero threat to them using a vaccine that has known risks in the same young population.

Health care is supposed to be a personal choice that no one else is entitled to know out especially to mandate what you do regarding your own healthcare. Keep it that way!

David Keaton, MD

This electronic transmission and any documents accompanying this electronic transmission may contain information that is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on or regarding the contents of this electronically transmitted information is strictly prohibited. If you have received this e-mail in error, please notify the sender and delete this message immediately.

From: Becky Hernandez
Sent: 1/5/2022 7:18:25 AM
To: DOH WSBOH
Cc:
Subject: Childhood vaccines

External Email

I strongly oppose these shots being mandated for our children. These shots are proving to have severe adverse reactions and to risk our most preschools age group and force this on them when data shows they are least at risk is unbelievable to me. I sincerely request that you vote against this mandate.

Becky Hernandez

Sent from my iPhone

From: Trisha Howarth
Sent: 1/5/2022 1:40:05 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Against Vaccine Requirements

External Email

I am writing to share that my family and I are firmly against vaccine requirements in order to be enrolled in our public school system. That is a breach of our freedom.

Please strongly consider what you are allowing for our children and future generations.

Trisha Howarth
Masters In Teaching
NBCT-EC GEN

From: April Burris

Sent: 1/5/2022 8:46:34 AM

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

Cc:

Subject: Covid Requirements for students

External Email

Good Morning,

I am writing to let you know I vehemently oppose any school requiring Covid vaccinations for children. There should be no penalty for personal choice in medical health. Please vote to NOT require the jab for kids to attend.

Blessings,

April

From: joyousmama
Sent: 1/4/2022 6:27:16 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandates for kids - just say no

External Email

There is no science behind mandating Covid vaccines for kids. More kids die from the flu every year than die from Covid. You have never mandated flu vaccines. Covid is spreading like wild fire among vaccinated people, so if it doesn't stop the spread of the virus and the kids aren't getting very sick from it, the mandate doesn't make sense. It is anti-science. Furthermore, mandating the vaccine and not leaving it up to the parents will cause a red wave in the next election. Think about ALL of the consequences of a mandate.

Sent from ProtonMail mobile

From: Ang

Sent: 1/5/2022 11:22:21 AM

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

Cc:

Subject: Covid-19 school vaccination

External Email

I am a parent of three and have two school age kids in school. It has been proven in our area that kids are not the spreaders of covid. They have been in school for over the past year without having huge outbreaks, our school district has facts to back it up. White River school district 416 has led the way to keep our children in school without having this requirement. Vaccination in children for covid is completely irresponsible. We have no long term data on how this will affect children/people long term. All other vaccinations that are required for school have gone through testing for years. I, along with many other parents (per a petition started by another parent we have over 250 kids in our district alone) will be pulling our kids from school if this is going to be made a requirement.

It 1000% should be the parents disgression to choose to vaccinate or not. Please listen to parents and DO NOT move forward.

Thank you!

Angela Miller

From: Sarah VanSlyke
Sent: 1/4/2022 8:39:04 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for children

External Email

Please consider that children are very low risk. These shots are not preventing people from getting covid and natural immunity is proving effective. Our children deserve a choice and at this time their parents advocate for them. Support families, free choice and good job keeping schools open.

Respectfully yours,
Sarah VanSlyke

From: Michelle Cruz

Sent: 1/5/2022 3:50:40 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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), LEG Support

Cc:

Subject: Against school requiring COVID vaccine - a parent

External Email

I am a parent. I am a mom. I am a wife. I am a employee. I am a friend. I am a daughter. I am a niece. I am many many more things than these things. I am my own person. I believe in the United States of America. I believe in our rights as an America. I also believe it is my decision on what I get to put into my child's body.

I got the COVID vaccination because I wanted to see my parents who I had not seen since the start of COVID. I missed out on so much throughout the pandemic, and yet this vaccine was suppose to be the end to having to wear mask. At least that is what Governor Inslee said. Get the vaccine and you can quit wearing a mask. Well, that was shortly lived. I am vaccinated and yet, I still have to wear a mask when I go into places. I still have to show my vaccination card to eat anywhere in King County.

I have heard so many different things about the vaccines and kids. These things are about the myocarditis that kids are getting. Not all of them, not half of them, but some of them. As a parent, I do not want to do anything that could cause any heart condition in my child. Her dad has heart issues and this vaccine has me on edge for her. She is 13. I have heard things from people who work at Valley Multicare. People who have seen teenagers come in with side effects from the vaccine, that they didn't have before. Healthy kids. I have heard stories from nurses who refuse to get the vaccine for their kids as well. Because of the people they have seen come into the ER/hospital with problems from the vaccination. I have also read once about not knowing if this will cause fertility issues in our kids. I know that was a long time ago that I read that, but you can't honestly tell me that you know for a fact that this vaccine WILL NOT cause any issues in my kids fertilization when she decide to have kids. I am 41 years old. I am done having kids. If it messed with my fertility, so be it. But I refuse to get a vaccine for my kid who the long term side effects are not know.

I do not believe that this should be a requirement for children to be able to attend schools. What baffles me is this:

You get COVID you can spread COVID.

You get the vaccine, you can STILL spread COVID.

So, why should YOU choose for my kid a vaccination that us parents are not comfortable with? Especially since they can spread COVID with or without the vaccine. Let us parents deal with our decision to vaccinate or not to vaccinate. When my child turns 18, I will

definitely let her make her own decisions about her body, but until then, I feel like it is my and her father's decisions on what goes in her body and what doesn't. We have talked to her about the vaccine as well and right now she does not want to get it.

I really hope you listen to US parents. We know what is best for our kids, even if you think our decision is not the best. I grew this child in my body. I delivered her and together with her father we have raised an incredible young lady. I do not want to put something into her body that doesn't have enough studies showing what long term side effects will be.

Below are just some articles I found and some research that I have found about some of my concerns. Yes, these numbers have limited number of students, but with her father's history with heart conditions, this scares me to death!

Thank you for listening and please do what is right and DO NOT require the vaccination for COVID to be a requirement at school.

Thank you!
Michelle Cruz

A very Concerned Parent

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-vaccine-what-parents-need-to-know>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hopkinsmedicine.org%2Fhealth-conditions-and-diseases%2Fcoronavirus%2Fcovid19-vaccine-what-parents-need-to-know&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C>

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html?s_cid=11372:covid%20vaccine%20side%20effects%20kids:sem.ga:p:RG:GM:gen:PTN:FY21

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Frecommendations%2Fchildren-teens.html%3Fs_cid%3D11372%3Acovid%2520vaccine%2520side%2520effects%2520kids%3Asem.ga%3

<https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1.full.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.12.23.21268276v1.full.pdf>

<https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94892>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medpagetoday.com%2Finfectiousdisease/covid19vaccine/94892>

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccines adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Michelle Cruz - Federal Way Washington

Sources/links for above claims:

* <https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386/download>

* Doctor analyzes death rates in Pfizer's trial:
https://m.youtube.com/watch?v=crAyJvyDyGM&feature=youtu.be
<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%

* Pfizer's 6-month data shows they do more harm than good:
<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>
 <[http://%20https/rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html](https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html)>

* <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Fthings-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d1>

* <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F25%2Fvaers-summary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156>

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb-3&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156%7C11d>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmailchi.mp%2F118bc0066125%2sXMkDIINyqTJFLGpgDFIT6uU5P1WF6->

x_8_U4Diyw9cDcAWY&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608

*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedg>

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedg20200630.htm&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156>

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C9c7c151b591847c4e48608d9d0a5d156>

From: Venita Benitez

Sent: 1/5/2022 7:29:43 AM

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

Cc:

Subject: halt covid vaccine requirement

External Email

Good morning,

I will be short and sweet, I humbly ask you ALL to deny having this particular "vaccine" required for all children to attend school, I request that real science, not political leanings would dictate your decision. If you do your homework you will find that this is not actually a vaccination, I also ask that you do some research of the Nuremburg Code and how it is illegal to force people to take anything into their body that they do not consent to. I would like to also mention that this "vaccine" is not only killing our youth and young adults but it is only still experimental. I recommend reading up on the laws surrounding this because us parents are not going to be caving to political demands that do not suite our families. I will be pulling my children from Washington schools if this passes and you and I all know that I am not the only family that would be lost to the public schools.

Sincerely,

Venita Davis

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 1:02:19 PM
To: DOH WSBOH
Cc:
Subject: FW: COVID vaccine mandate for children

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

From: Alina Stakhova <stakhova23@yahoo.com>
Sent: Friday, December 31, 2021 12:13 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: COVID vaccine mandate for children

External Email

Hello,

I strongly oppose COVID vaccine for any human being. There have been zero safety studies. This is unethical to push a highly dangerous product on our very vulnerable children. VAERS numbers from the COVID vaccine have increased tremendously since the rollout of this vaccine. Side effects such as blood clots, paralysis and death are very common with this vaccine, how is this okay to mandate for children. Take a minute to look at this issue as a parent who does not want their kids lives to be toyed with in the name of making an extra dollar for the pharmaceutical industry.

Thank you.

From: kirndog94
Sent: 1/4/2022 8:01:38 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 mandate for children

External Email

To whom it may concern,

I emphatically request that you do NOT mandate a Covid shot. It's been proven that having the shot doesn't stop the spread and doesn't make children any safer.

Stop perpetuating fear and government over reach into the lives of our children. This must be a personal choice and not a government "mandate."

Thank you for your consideration.

Chris Kirn

Sent from my Verizon, Samsung Galaxy smartphone

From: Mallory Brumfield
Sent: 1/4/2022 11:52:21 AM
To:
Cc:
Subject: Covid vaccine in schools

External Email

To Whom it may concern at Washington State Board of Health-

It is my understanding that that discussion for requiring children to be vaccinated against Covid 19 in order to attend public school is on the table. I would like to voice my opinion, which is shared by many other families in our state. I think this it would be a terrible decision to require the vaccine for children. I know many people who would pull their children out of public schools if this were the case (including myself). Some of these families would be able to give their children a wonderful homeschool environment, while others wouldn't. The divide that exists between children now would only get greater. Some children who's only safe place away from an abusive or neglectful home, would no longer have that safe place as an option. My children would be fine, but many would not be. I only see families in the Seattle area being fine with this. The rest of the state would not sit well with this decision. Do not let Seattle be the voice for the whole state. Our children have lost out on a great many "normal" things over the last year and a half.... don't force families to make a decision they were not ready to make and remove them from something that feels mostly normal. Families and communities will be divided (more that they already are). People are undecided about the vaccine for a great many reasons.... they should be allowed to have whatever feelings about it that they have. Validate our families in Washington state, they are thoughtful, caring people, who are not making this decision lightly. Do not bully them into making a decision they do not want to make. The vaccine has not kept people from being covid, nor has it stopped people from giving it to others. That alone should be food for thought. If it prevented covid and ceased transmission, this would be a different conversation.

Please consider the people of Washington state and do not make this mandatory... you will lose families, and many children will lose out on high quality educational opportunities.

I hope you all have a wonderful day and will make decisions not based in fear fed by the media.

- Mallory Brumfield

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 1:02:11 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine opposition

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

From: OlenaTalko <olena94@mail.ru>
Sent: Sunday, January 2, 2022 11:51 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid Vaccine opposition

External Email

Hello,

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Clark County Resident

Olena Talko

--

Sent from Mail.ru app for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C0>

The fact that there have been so many cases entered into VAERS in such a short time is especially troubling.

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

cdc_4163066.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49

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

cdc_4163066.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49

While most of the reports were of mild reactions like pain at the injection site or headaches and fatigue, roughly 10 percent of the reports indicated that the experimental jab had left them “unable to attend school” and about 5 percent said that they were incapacitated to the point that they were “unable to perform daily activities.”

That is A LOT of young, otherwise healthy children suffering in order to stave off a virus that is effectively no risk to them – not to even mention the fact that the experimental vaccine does not provide immunity from catching the virus.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2>

video%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49%7C11d0

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

cdc 4163066.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49

deaths in children who received the vaccine – a 5-year-old girl who had a “complicated

medical history” but was given the experimental jab anyway, and a 6-year-old girl who also had medical issues.

Both deaths are currently under review by health officials.

The full video of the CDC Advisory Panel’s meeting can be watched here.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=OrMgJ1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49%7C11d0e2>

This new VAERS data is just the latest evidence that these experimental mRNA vaccines may pose more of a risk than the virus for a large number of people, particularly children and young people who have a 99.995% recovery rate

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2021/01/study-reveals-99-995-children-young-people-survive-covid-19-two-million-chance-fatal-much-lower-risks-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49%7C11d0e2>

– The fact that CDC and other health officials continue to downplay or ignore

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2021/01/must-watch-leading-cardiologist-says-researchers-refusing-publish-supporting-study-results-show-covid-vaccines-link-massive-increase-heart-attacks-afraid%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3cfa247b1c57427bcd6f08d9cb1bed49%7C11d0e2>

Pfizer’s OWN DATA from the beginning of the vaccine rollout in early 2020 even showed that there were over 1,200 deaths after taking the vaccine within the first 90 days of it being available.

Nevertheless, the FDA went ahead and extended the EUA for their vaccine anyway.

From: Chelsea Rogers
Sent: 1/4/2022 12:17:23 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccines for school children

External Email

Good afternoon,

I'm writing to voice my concern over requiring our k-12 students to receive a Covid vaccine in order to attend school.

The need for covid vaccinations is dropping. The new variant, omicron, is proving itself to not cause serious harmful symptoms but rather resembles more of a cold.

The covid vaccine isn't designed to prevent catching Covid, but rather to reduce severe illness. If the risk of severe illness has dropped dramatically because over 80% of eligible Washingtonians have been vaccinated or have natural immunity, and given that the new variants are less harmful - there is no emergency and no need to require the least vulnerable sector or the population - our kids - to receive this vaccine.

Parents should have the final decision on what medical intervention their kids should receive. Taking away this right over a vaccine that is absolutely not necessary for our kids will only create more of a distrust of our education/health system. And right now more than ever we need unity.

Sincerely,
C Rogers

From: Desiree Sigette
Sent: 1/5/2022 11:25:31 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Fwd:

External Email

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

From: Desiree Sigette <jdcsj8412@comcast.net>
To: "Melanie.hisaw@sboh.wa.gov" <Melanie.hisaw@sboh.wa.gov>
Date: 01/05/2022 11:11 AM
Subject: Fwd:

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

From: Desiree Sigette <jdcsj8412@comcast.net>
To: "Michelle.davis@sboh.wa.gov" <Michelle.davis@sboh.wa.gov>
Date: 01/05/2022 11:08 AM
Subject:

You do not have the right to force us or our children to get a vaccine that is not fully approved by the fda we all know corminaty is the only one approved and it's not available for us if you approve this proposal you will be in direct violation of the constitution and can be sued on a personal level

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 1:21:28 AM
To: DOH WSBOH
Cc:
Subject: FW: I oppose Covid vaccine for children!

From: Valentina Khrestsov <valentinakhrestsov21@gmail.com>
Sent: Tuesday, January 4, 2022 7:01 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: I oppose Covid vaccine for children!

External Email

Dear Kelie Kahler (Kelie.kahler@sboh.wa.gov <mailto:Kelie.kahler@sboh.wa.gov>)

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Valentina Khrestsov

From: Krystal Dahl

Sent: 1/5/2022 12:03:14 AM

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

Cc:

Subject: RE: covid vax as a school requirement

External Email

Ladies and Gentlemen,

I would like to add a voice of STRONG dissent on the issue of making the Covid Vaccine required for school attendance.

While I could expound ad nauseam in long paragraphs of objection, for the sake of time and attention span, I'll address this issue in bullet points:

- * The vaccine does NOT prevent catching Covid, example all the break through cases. Even a 100% vaccine rates, would NOT eliminate this virus.
- * The vaccine does NOT prevent spread.
- * The vaccine is inconclusive at mitigating the extremes in symptoms. Following the "scientific method" of ALL things being equal EXCEPT with or without the vaccine is impossible, therefore to say it reduces symptoms is merely speculation.
- * The vaccine (all of them) DO contain cell lines of aborted fetal tissues which is objectionable to be used and injected into the body for those individuals with RELIGIOUS BELIEFS that guides them into a Pro-Life stance. Requiring a vaccine of this nature FORCES A VIOLATION OF RELIGIOUS FREEDOM.
- * The vaccine is NOT FDA APPROVED for regular use, only EMERGENCY.... WHEN NO OTHER COURSE IS AVAILABLE. There are other courses available.
- * Several other countries, if observed, have pulled vaccines from use in general, or by age specific because of the side effects tracked in their countries.
- * Per the BROAD spread and SEVERE side effects tracked in VAERS, if it was any other vaccine, it would have already been pulled from the market.
- * Children at the LEAST AFFECTED demographic of all those who get Covid. It is illogical to mandate a vaccine onto a demographic of people that is minimally effected by a virus.... yet THE RECORDED SIDE EFFECTS of the VACCINE are FAR MORE HARMFUL.
- * PARENTS HAVE THE RIGHT TO RETAIN DECISION MAKING OVER THEIR OWN CHILDREN!!! You can't possibly know each child's needs/beliefs to accommodate, nor bear the responsibility of the liability that a mandate would bring.

I sincerely hope that you heed the voices which say NO to a MANDATE, that you err on the side of maintaining the freedom of CHOICE, to include maintaining sovereignty over our own personal beliefs, and subsequently our bodies. This country has written in the founding documents and is known for FREEDOM; people flock to the country for this treasured characteristic, so don't chisel away at liberty one chip at a time, one issue at a time.

Should this vaccine become a requirement, I WILL pull the rest of my children from the public education system.

Krystal Dahl

kdahl99@hotmail.com

17592 149th St SE

Monroe, WA 98272

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: Becky Sjoblom

Sent: 1/5/2022 8:53:18 AM

To: wsvih@sboh.wa.gov, Davis, Michelle (SBOH), melanie.hisaw@sbi.h.wa.gov, Hoff, Christy Curwick (SBOH), stuart.glascoe@sboh.wa.gov, Pskowski, Samantha L (SBOH), kaitlyn.donahoe@sboh.wa.gov, Lang, Caitlin M (SBOH), Haag, Hannah R (SBOH), lindsay.herendeen@sboh.wa.gov, Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid vaccine schools

External Email

Please keep our children safe by not requiring the covid shots for school age children. At this time the vaccine available is still experimental—which means this is against Nuremberg. One cannot even see ingredients of this vaccine and information is “intentionally blank” when you ask a pharmacist to show you the paperwork. VAERS data on the CDC website shows multiple side effects and deaths. Myocarditis is the most known affect for children. Requiring this shot paves the way for lawsuits against the WA state health department and state, and perhaps you personally. Please do not support this requirement until this vaccine has been fully studied, tested, and stood the test of time.

Sent from Yahoo Mail for iPhone

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

From: C-yahoo

Sent: 1/5/2022 10:05:49 AM

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

Cc:

Subject: Covid Vaccine Mandates

External Email

Dear Washington Board of Health,

I am writing because I am very concerned about the vaccine mandate that is being proposed in order for children to attend school.

Children are NOT at high risk for Covid-19. There ARE risks associated with vaccination. Where there is risk there must be choice. Are you truly considering segregating and denying a public education to those practicing bodily autonomy?

If you choose to mandate this liability free experimental shot, you & schools would be in violation of 21 US Code, 360bbb-3 which states "No EMERGENCY AUTHORIZED MEDICAL PRODUCT CAN BE MANDATED." Section e 1 A ii III gives me and my family "the option to accept or refuse administration of the product." This includes masks, the PCR test and the Covid vaccine for children which are all Emergency Authorized.

Regardless of authorization:

Help me understand how we can teach children that their "No" should be respected when we force medical products on them?

Help me understand how it is not discrimination to refuse a public education to a child based on the fact that they are choosing not to inject an experimental medical product?

Help me understand how an institution like the Washington Board of Health that dedicates itself to diversity, inclusion and belonging regardless of creed (as implied in your nondiscrimination policy) would turn a child away from school?

You are overstepping your bounds when you step in to tell families that they are not able to make these decisions for themselves. Coercing children to be jabbed for an education is criminal.

Sincerely,

Celina Green

A WA state citizen who WILL fight when you come after my children & a mother who has a child injured by childhood vaccines.

From: Bernadette Pajer
Sent: 12/29/2021 8:53:13 AM
To: DOH WSBOH
Cc:
Subject: Fwd: "We're never going to learn about how safe this vaccine is unless we start giving it. "

External Email

Dear BOH Members,

Please read today's post by mRNA scientist and pioneer Dr. Robert Malone.

Public Health is suffering from a structure that lacks checks and balances and alternative viewpoints. This is remedied at the local level, with individuals such as yourselves taking the time to listen to the doctors and scientists outside of the public health system.

I also encourage you to read: Over 200 Scientists & Doctors Call For Increased Vitamin D Use To Combat COVID-19 at <https://vitamindforall.org/letter.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvitamindforall.org%2Fletter.html&>

. As many have been reporting to the BOH for nearly 2 years now, Vitamin D is critical for protection and recovery. It is necessary for both vaccinated and non-vaccinated to avoid severe disease. The federal level agencies are doing nothing to tell the public about Vitamin D and the many early treatment protocols. In fact, the federal agencies are doing all they can to suppress such information. While some nations are distributing Vitamins C & D and Ivermectin to their citizens (see all the studies at <https://c19early.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fc19early.com%2F&data=04%7C0>), our FDA is threatening doctors and pharmacists who prescribe or fill prescriptions. We need action at the local level to put health over Pharma profits.

Why, in all this time, has the BOH not issued a single recommendation for Vitamin D, nutritional and nutraceutical support, and early treatments?

Sincerely,
Bernadette Pajer

Begin forwarded message:

From: "Robert W Malone MD, MS from Who is Robert Malone"
<rwmalonemd@substack.com <<mailto:rwmalonemd@substack.com>> >

Subject: "We're never going to learn about how safe this vaccine is unless we start giving it. "

Date: December 29, 2021 at 9:21:37 AM EST

BMLboxsgriEWwhukZUXyc3nF7zS_y83Vd493-
8FmsRk6f0jvbpP3HKO9369O9WNOp2B903rUNs1ixP_kWC3d3Or7afPK-
u9sanG6P_GV_CiIt7PharXOdiH048j3Px9UaDN0O7Y3MKfvRnHPLqzZsOa_3t7aiPH1t3c3CjE3varhF-
br7TZIdd-XKTKih6mfyUCxwPpiu1HBQF-
_q_k_iDd8D40M2_mnVxeIZ9jBDGKQoxCpYe9iCCCJHEjyGuQsISj1VR2186vgj9rsb_jdZRWU8uoLSN2Ssl2ngC
eihuXVJGAf-
EqPIsX2ZtCyR_dp5F0Me5DY&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1b03f22ab7459f1d6808d9

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FwfsMii1dJcAzmJi6IbEiYJXVNz-gnFaiTLX9nP8rOHinPKL7unUrtTTfW1o434LCvWirk7CuZpCZYao6SkpAtWBGqk6ZYy3TPiBstqaz6w2w-3Lh7qkuLZIQ1nhHQPk4nkWjAGKPidA-VK-zE4LYkSSqK_gOEIC0aPFn8wv1LEbrWPWvdy4x839quJD3EohysV_Pfg09ZSywYzNnvH6h-nbWNqurHP35fDP-aUQovv67TnNGcsZfnBli8VcW8dFwSTJ4g8YZpyh__GVs89EumcN6J3ALwXXGM_Smp6CI4zh1qPRgyFD7DB3x79e23ATZZvbfkbpds_jCXFqthR5KHSLWk6ypxdsRI_qaMIJbMVw81usd3sxOM0bM7U3CBNVSJYg2WhMjCb1oa0brA2DrfWd30rxgQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1b03f22ab7459f1d6808d9caeb8f1c%3F

Dr. Eric Rubin, FDA advisory panel member, Harvard professor Editor-in-chief of the New England Journal of Medicine

spend the last two days gathering up my documentation. There is so much of it, that trying to organize it is problematic. Of course, once I have my full response – I will post it here also as well as sending it off to Reuters.

Therefore, this Substack is not going to be an essay but instead a synthesis of some of what I have discovered.

In this discovery process, I have uncovered this amazing video made by the Canadian COVID Care Alliance

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FQjeQvM5vRxSj4IxshupHkqwu7NsZk6JcbqPK0g1Tnx08yrXTzCczmOyaPAXyzMnJMHsrR31Nn7dxL9-rusaLCRWHpLNv95ZKAghvCQOuWz9TcTepQVrPovF2ittR3qs_j8W6lO2Z3h_sNI1F_qeQvmidxlyQ7lAibTskuuXsJLdAM3yemNJKMS0Z_0DrmKd5ZEpwSXquy92VTlkIE4wuj8daKRV&data=04%7C01%7Cwsboh%40sbob.wa. This video goes through the Pfizer 6-month data shows that Pfizer's COVID-19 inoculations cause more illness than they prevent. Plus, an overview of the Pfizer trial flaws in both design and execution.

Please take the time to watch it and pass it on to your friends.

They also have a power point presentation called "More Harm than Good

> <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2IX5niKSYG61ruV0fjqJl2b7vncWIjgP0aYv7yxkhBAOiV3K16NnpTbFirE2sa0hgSstE0zwFrho7u2G9Mff99dnyi_0MkzWsoVPR7pVjcTb46UC3HhveDnoRMDSpQcNFOo5h6c7twsw_qx-FPPlqvoyjaVCvazs2kh2azwgbm0WpMWSu0i1oPf2PSyRV_vI0aYAroH2vq40Dfs8YoRc7ucG6Earno26GFgWjL-INnY9-rMBsElaxtdalPR5H2B0LAU7j-aTKei&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C8c1b03f22ab7459f1d6808d9caeb8f1c%7C11d0e21
". This presentation is extremely detailed and shockingly direct - it is basically the video
above in power point form.

Finally, for those that haven't seen it the primary document that the Canadian COVID Care Alliance used – one might wish to read the actual Pfizer Adverse Events report. This is a FOIA document of the first 2.5 months after the vaccine roll-out.

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FBE40-nth7QSMn6ynp_02VmELdeXKbkOcuMrwImwbPtgAiVHA3qHLzhWispOSPejJ5rqUlo81oBog27wXoAKceyB2cxRulkHrVY5qkmIQoJi_gVY3Li2TyjmHpsH28AGSAwO_UF85AdnNHbG0y_B1Ed_9IXssSHPdev8sV5cTQsIujrJn61wDauuzLp1tSBPgCWLuOh4p4GuGZJcd_IcRfIC_qc0bJKj9BH62aLga2aSnWnJ-AdJhzizqqU2CS9Jzfe6uZOoz2r3zif4fV_GVKA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1b03f22ab7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FfkJxGsnyKvtZfnamwpLyS--
p1O5UU33toCM8yqw1Qu6OAnkKXmOlBOcYdV4zjxVXXSjtTnAE2E1Zd8wHdfgtg1OFNDimcHV5Qg1D00SGcdmZ
gM3hA0QHGN4hv1KEbtWPWvdyo_cb-
WzifBzKYUs17ntwaWupsJkFmp2husdp25iabUjTj53LofUnJt3hepz2nJUmp4RdavISA vXVcEISfIPyEacoe7htaPfeA
MIVjwZBUUiLFEB5oa0QzQZEkmHcN16fWFXV-bmZtHG7-
H1Fexkw&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C8c1b03f22ab7459f1d6808d9caeb8f1c%7C11d0e

I have had about 70 direct reports of young athletes dying after vaccination from around the world. I am still trying to verify and correlate that data. Not to mention other deaths of young men, such as Ernesto Ramirez, Jr. Then there are the reports of the deaths from the British database. There are also the deaths of children listed in the VAERS database that the USG has yet to investigate and report on, but others have. This is all to be shared later.

I also have been compiling my references. I have 140 references so far that related to harms done by the vaccines. For those that are interested, the list can be found by clicking here.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2F5rliIBAqg8ceulvIB6TXbaERDBpL8vaQ6VRiPNWLZIB4fwX0tptrUhuZbFcwNT4GgZEKGSvUG1KRqu9agUZyQaCg9yIH5rhKd_uBSK6mDDH6-jd0eE5QABn6gnmsBks0LcWuP4fMhvvocx0HrsbjcwSXSsC79WWGGevEaSUYwwbkQXVzwYaKCggLFnWYjjLNO

Like

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FwMP2UTJEhWqViRp9gUZeyAm3IRNCfn6mrar1UrWjMbjMxefw6iCshvmsO-kMhaTqbmHsIVJ1qAUDMYoYcgED7Hvu46DkcFDm2Pf8Q0hs2IAaKioQzWMYPRjXgtGlejaBeH4FkHIuIaeG_iU-y4EvhvgAjxkkzwh8LUHj-PvxntkAloGIXzAMHctGHV4VaqXK2u9Ijt9hqmhtU403JRjLhVIN5N1jc7QXmj7gbVZamn3NdbTAJQt46ysnepuoP0KKP2UF_OCAlnYNQYYffkFolJ0PMOLTWS6nVKHqWVPNb28-bQMysWL-Iw8XOKkrR8xNV6Wt4z6yQWPGtO14v11ufEFsWr-euZFXt179SbR6N3CKQtT49p1XzFKdbcJMjyu6H30dJ0Iq4o2oy2Y0DA73N33_4uW-Ai7FZtlzWN0RIEMGYkADbBFueSUxwwMHURy64ha1JMXnh1H3ViJWNmpl897HGEpa0gkHqnA4ZlcpS08ZzpBKGu5BU&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1b03f22ab7459f1d6808d9caeb8f1c%7C11d0

Comment

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FCBhzZpLlyPnK5K0su9IMdewAnYyDbhyK-vaVpVIWxLnt3ZtXeGEgO1VFPWS22c-SjN1EMmYNQtGAPKGTsokrMMJUkcRch3WBYYIESJw3VZKYCO8DYzagCnH84tp8RwKWZGIATY950mi3F0DIUJNycA4CAoZ3EBNUoDTZo0xvV4EXxZ4Y5caO9LaQM8PZy1IfTqUdnZSG_3CApcMZPdWnJRu0a6LRAIXHKWg3EBMLboxsgriEWwhukZUXyc3nF7zS_y83Vd493-8FmsRk6f0jvbpP3HKO9369O9WNOp2B903rUNs1ixP_kWC3d3Or7afPK-u9sanG6P_GV_CIt7PharXOdih048j3Px9UaDN007Y3MKfvRnHPLqzZsOa_3t7aiPH1t3c3CjE3varhF-br7TZIdd-XKTKih6mfyUCxwPpiu1HBQF-_q_k_iDd8D40M2_mnVxeIZ9jBDGKQoxCpYe9iCCCJHEjyGuQsISj1VR2186vgj9rsb_jdZRWU8uoLSN2Ssl2ngCeiHuXVJGAf-EqPiSx2ZtCyR_dp5F0Me5DY&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1b03f22ab7459f1d6808d9

Share

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2F-VNyiLcAhMHdemMGhxMJJ6anslbHe_DV26qGUMJoOrAXtDQZ0w1mJ8jxNEhR6rIwZypPc46Y5agBBefdaPYDXDPgnQuIFhghoOxhF4CqoSL9M5G0ODLudg_KS5PvIV-B0RLnxzUYp1WjYtoNVjRGDVoCoto-afLAqezLoDxQTj9c6fflIXSgrRzdkS00JXQecN_BKsuMPswPSKKd9Mr7i7VWX08L094vdl-1Hcjp_ffla2K_u2uStfl_bVe0qnebE0lupY5rd7sQ6fF6ysdn10-eV1fXQ9OH3b8abON62s11neVqeQa7XmVVvLrO41eLBW7dh_96A845seXYNouzbeXndm9PfirrZ_s2f3DEuHH99KR3Wv8p_K4yUOMUIYFyJGKMoCHEACCSJ5mEJ6jAnLA3ZMuv4s-CIOxQn_d3ZPlz05gzYu5lxKjA0k2JkCdZqHbsnt1IAkhW7YDRB74-zzvM0JJGjHH2uILVEah1meZWGehOjGgyMoTqMwwyx3FymXJUs_zLwC2Mf7mY&data=04%7C01%7Cwsboh

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FVHPgExVe3q_Hbg8RigCD31CPTQBJ5om4tdv4ceOffeo7u9SNHIA2zw2d_xr8mrtDouGUM8b5nQnORjXwASRI5j5...>
 . For the full experience, become a paid subscriber.
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FoAAFOePyKCo8uIaBW2COefAgphMXIBkQeIdh7iSYDbkp1Y-GEExt4p99wb2mjCy23xqkYFWW1xbpWV9aUDaIAw9mprgzPoAnMB8Tw23zBTb2vuo8sKXH6_cfHcXsX9LyzVy9fJg4VfXmrKI4Q3x4ia0NP3qv3NI8vz7ssfomemtP1vO3uN_Uqa7T5dUF3mmZP73FdG9ifVJuP3TQWPXvyd61PvnzmQnlYwjLqmU0ZHUIQq52arG0nKdScg6RFA_zhtHoczJ-x8hIkDPqQE4VQB5rB2EQ2KFno4ex-hRc37EDjDxT8_JOd0nyz8zfYuDaoA&data=04%7C01%7Cwsboh%40soh.wa.gov%7C8c1b03f22ab7459f1d...>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2F0AAFOePyKCo8uIaBW2COefAgphMXIBkQeIdh7iSYDbkp1Y-GEExt4p99wb2mjCy23xqkYFWW1xbpVW9aUDaIAw9mprgZpOAnMB8Tw23zBTb2vuo8sKXH6_cfHcXsX9LyzVyy9FJg4VfXmrKI4Q3x4ia0NP3qv3Nl8vz7ssfomemtp1vO3uN_Uqa7T5dUF3mmZP73FdG9ifVJuP3TQWPXvyd61PvnzmQnlYwjLqmU0ZHUIQq52arG0nKdScg6RFA_zhtHoczJ-x8hIkDPqQeE4VQB5rB2EQ2KFno4ex-hRc37EDjDxT8_JOd0nyz8zfYuDaoA&data=04%7C01%7Cwsboh%40soh.wa.gov%7C8c1b03f22ab7459f1d

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FDDyyINqtNum2BApfI2AOYfK7tbBp-fU05rFayRp55nnnWeyO4hXOnJ9Z3xnr3UNqpB9bCaGqwFrQ3GNClkgwnSUQpRp5kocQJTTxlypMGaLiqmdUDE_2oWrGxXQTsLljD9xIJspx2pq-zafb4sz6RYbz7zxajEU3qTq7Q_LlKoWO5v-VJM-Xpjsqa-SFFl13vkamFxE-OLe893xc3NUOJ5q36tN2F-y8Z8kZmsLfBeZVHWvPWCrNTxaXs6fOAL_xjV6dUvyLJYyG11XR3LtSyARM0Ozd9ImI2q9-H1_bfOfxyq7fX5z9xTjCCCMSEpDomTzyc-UKCYJyiC6BRymfjyROv-2qhZiJoz-U8RT7OeX0Ebh7lUcGP9FuzdoNLlzdAqO5XQ3qWSD-_sYwW-dSvP0IJ2qyFLbhmOQhQncYwSivDDKmduGAUoJph6jld2rqtI_-z5Aox7ygs&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1b03f22ab7459f1d6808d9caeb8f1c%7C11d

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2
luxX0c44IGWi6z79xw4dT92Bd8VV_J_wVTQwIAau6xniesxSnnDHOJ9Zz1o0tb0GAYFrSAYa111a2dhXB_vSu6a
Qcp3V1uiMbQA8UVQv70tweMwQ9LKBvsjhbFudar5DgFQ_wc4aFRt6OspxpFJQdkGpGPuhoyNnglRfG-
tWUOnI9VYJefsDfiaYtw&data=04%7C01%7CWsboh%40sbob.wa.gov%7C8c1b03f22ab7459f1d6808d9caeb8

<https://email.mg2.substack.com/o/eJwIUetyhSAQPE1YWoCAZMFZqBFGw4ugBeN75e2Dcdk9n_4EIFz3erljbqfi_76ieyI5z3IIASnvxKTptR8k5-3GwLKICUUbDaEDzkU9qCVFykLPFWbJb2MMZE5aAdt9Yr73gQ_dHyvQLKTRLTnIphJTfQkkxToMcUKMWYLIBsyK51UO7ZwbQfgdwp5ZdQe8sLY-6zBAo6Eg3b59x_ksiS6PBeYN4xOJnILOhvV2Iqw1Wgv-WKPrQFfw0zYkwsq6Vtx7HcXVT4atR8jxD4Yvdgk>

From: Jay McAfee
Sent: 1/5/2022 12:45:56 PM
To:
Cc:
Subject: Covid 19 Vaccine Consideration for 5-12 yo

External Email

Dear Unelected Person assigned by the WA B of H to Evaluate this Vaccine:

As you consider the Covid Vaxx mandate for school age children in WA this Friday, please consider:

Mandating an Experimental vaccine goes against the Nuremberg Code, Federal and State Statutes.

There IS NO APPROVED vaccine AVAILABLE within the US. Mandating this vaccine is therefore breaking laws at all levels, including international. This can then qualify as crime against humanity. Individuals are therefore liable for their own decisions within this matter; legally, "just doing my job" is not a defense.

Have you ever heard of Thalidomide? It may be before your time. Look it up. THAT WAS AN APPROVED medication. There are people still alive living with the detrimental results of that approved medication. This experimental gene modification therapy is not.

More Children have ALREADY died from this vaccine than EVER died since the first lockdown, per VAERS--which is notorious for drastically suffering under-reported adverse events.

The PCR test, per Kary Mullis (the inventor of the PCR test); was never to have been used to diagnose ANYTHING. Flu and colds virtually disappeared the past 2 years. WHY? The CDC no longer recommends the PCR test and admits it gave far too many false positives, which have been the justification for all of this medical tyranny. Using these numbers to REQUIRE an EXPERIMENTAL 'vaccine' is ethically wrong on all levels.

I implore you to DO THE RIGHT THING. STAND for LAW. STAND for FREEDOM and our liberty--while there is still some left. DO YOUR JOBS.

Jay McAfee
Bellingham, WA

--

Jay McAfee

From: Michelle Wagner

Sent: 1/5/2022 1:51:33 PM

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

Subject: 12 Jan 2022 Board of Health Meeting/ Regarding K-12 Vaccinations/ Item 11 @ 2:30 pm

External Email

Dear Board Members,

I implore you not to mandate Covid-19 vaccinations in order for students to attend K-12 School. Please familiarize yourself with CDC, WHO & NCBI studies concerning increased incidences of myocarditis and pericarditis after Covid -19 inoculations in children, before making this decision. Having experienced chest pains for several months after receiving my Pfizer Covid vaccinations, I can not in good conscience inoculate my children with these vaccines until legitimate vaccination trials occur, and they are not under the Emergency Use Authorization (EUA) Authority. By mandating this vaccine you will be driving a significant amount of students and families out of the Washington State education system; families that have happily complied with childhood vaccination protocols up until this point.

Please do not compound the psychological damage that has already been done to Washington State students with past school closures, and further prevent students from attending school. Please do not discriminate against students and dictate student health outcomes that should be left between Doctors and patients.

Your current K-12 Covid-19 Flowchart already discriminates against unvaccinated students that test NEGATIVE for Covid-19, but are contact-traced. It keeps unvaccinated students out of school for 7 to 10 days, despite having a NEGATIVE test, while their vaccinated peers are allowed to return to school with a NEGATIVE test. Please update your policies and flowchart with new CDC guidance, to prevent this discrimination. Equitable educational outcomes can not be achieved when students are denied school access based on their vaccination status. Please encourage all Washington State School Districts to offer the Washington State recommend "Test to Stay" program, which allows students that test Negative for Covid-19 to attend school. This program is not offered in our District.

Thank you for your time and careful consideration on this monumental decision.

Sincerely,

Michelle Wagner

From: Jordan Brown
Sent: 1/4/2022 4:46:43 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccination requirement for children

External Email

I do not support this recommendation for school children to be required to be COVID vaxxed.

The data is overwhelming that this is a MILD disease for children and that the potential HARM from vaccines is very real. So real that the risk of hospitalization from the vaccine is HIGHER, especially in young males, than the rate of hospitalization from COVID.

Additionally, if you can show me the long term data sets regarding the efficacy of the vaccine in the children cohorts, maybe this discussion could continue. If you can show me the long term data regarding side effects of the vaccine in children, maybe the discussion should take place. But this cannot happen, because it has NOT been studied.

There is no "informed" consent when it comes to the vaccine because there are no long term data to be able to compare and analyze risk/benefit for children.

Do not DO HARM to our children. Do not do POTENTIAL HARM to our children. If the risk outweighs the benefit, and it does, you cannot and SHOULD NOT force this on children.

Jordan Brown
CRNA

Sent from my iPhone

From: Paul Nix
Sent: 1/4/2022 9:35:08 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Washington State Board of Health

I was sent an email and survey, regarding the WA Board of Health, discussing the potential requirements for all WA State School Districts to require Covid-19 vaccinations for children of 5-11 years old. There are tremendous different views regarding Covid, vaccines, information our elected leaders are spreading, use of therapeutics, mask mandates and on and on and on. I am not only a small business owner, here in the state, I have a Bachelors degree in Science from WSU, father of twin boys in the Mead School District, husband and a General Contractor, helping home owners.

I was speechless to hear, mandating Covid-19 vaccination for children 5+ years old in our public schools. The SCIENCE has shown, there is a much larger risk for the kids to get the Covid-19 vaccine, than to not receive the vaccine. Here is the SCIENCE, not POLITICAL reasons.

1. Children and young people have a mostly asymptomatic presentation when infected with SARS-CoV-2. They are at near zero risk of death from COVID-19.
2. There is an unusually high rate of reported adverse events and deaths following the COVID-19 vaccines compared to other vaccines. Some adverse effects are more common in the young, especially myocarditis. Where potential harm exists from an innovation and little is known about it, the precautionary principle dictates to first do no harm. Better safe than sorry.
3. Medium and long-term safety data about the COVID-19 vaccines are still lacking. Children and young people have a remaining life expectancy of 55 to 80 years. Unknown harmful long-term effects are far more consequential for the young than for the elderly.
4. Vaccination policies rely on expected benefits clearly outweighing the risk of adverse events from the vaccination. The risk- benefit analysis for the COVID-19 vaccines points to a high potential risk versus no benefit for children and young people.
5. Transmission of SARS-CoV-2 from children to adults is minimal and adults in contact with children do not have higher COVID-19 mortality.
6. It is unethical to put children and young people at risk to protect adults. Altruistic behaviors such as organ and blood donation are all voluntary.
7. Several prophylactic treatments as well as the COVID-19 vaccines are available to high-risk individuals so they can protect themselves.
8. Natural immunity from infection with SARS-CoV-2 is broad and robust and more

effective than vaccine immunity, especially in combating variants. Children and young people are safer with natural immunity.

9. There are several prophylactic (preventive) protocols and effective treatments available to children and young people with comorbidities.

10. Vaccinating children and young people is not necessary for herd immunity. After a year and a half of the pandemic, most people either have pre-existing immunity from other coronaviruses, have recovered from COVID-19 or have been vaccinated.

I hope this can find its way into the hands of the board members and their advisers, so a decision will be made, to allow the parents to make this decision on what is in the best interests of their children. Its may be in the best interest for some children to be vaccinated, but not all. This is the same for teens and adults. People should speak with their doctor, who actually knows the background of each and every INDIVIDUAL. Elected or appointed politicians do not know me or my family. I do not think this gives them the right to mandate what I do to myself or family. Unfortunately, this has become a political movement and not SCIENCE based issue.

Thanks

Paul Nix

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: John n Ruth Perkins

Sent: 1/4/2022 11:39:41 PM

To: Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Comments for 1/12/22 meeting...

External Email

Dear Board of Health Members,

I am providing comment on agenda item #11 - Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry.

I am an educator in Central Kitsap School District and as an educator I am fully vaccinated and I have survived the actual COVID-19 virus, so please do not toss aside my remarks as those of an extremist. I work with an average of 25 students each day ranging from Kindergarten to 5th grade. The students in my school have been amazing at complying with the restrictions and mandates in order to attend in person school again. Some of these mandates (like mask wearing) interfere with teaching and learning by reducing voice transmissions and blocking facial expressions while others (like hand washing and sanitizing) reduce germs and increase personal cleanliness habits. As we have acted on each of the requirements we have had the opportunity to see which ones make a positive difference and which ones do not.

I recognize that the public concern over transmission of the COVID-19 virus, and it's varieties, has caused public officials and law makers to create restrictions and mandates to show the public that their government leaders are working for the health and safety of the public. While I appreciate those efforts I do not appreciate having my choice removed when it pertains to my health and the health of my family.

Please do not create a mandate requiring a COVID-19 vaccine for school or childcare entry. Viruses change all the time, as we know from the annual flu virus. Requiring a vaccine for a virus will increase costs in many areas for example: new vaccines will have to be created and purchased annually to administer to the entire student and childcare populations to keep everyone updated. I believe that the COVID-19 vaccine should be made a yearly option, like the flu vaccine, to decrease a person's likelihood of catching the virus or suffering from extreme effects of it. As public officials you can continue to educate the population about good health and sanitation and keep them informed about their options without taking away their freedom of choice. People should not blame the government for their personal choices and the government should not cater to fixing everyone's personal problems.

Thank you for taking the time to read and consider my comments on not creating a mandate for or requiring a COVID-19 vaccine for school or childcare entry.

Sincerely,
Ruth Perkins

From: Jenn Walker
Sent: 1/4/2022 6:20:40 PM
To: DOH WSBOH
Cc:
Subject: FB0D2656-A85B-4DCE-AE68-CB6990C51299

External Email

I am opposed to school age children being forced to get a Covid vaccine!!

From: Michele Wainwright
Sent: 1/5/2022 3:38:51 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose wac 246-100 rule making that would expand any authority to involuntarily quarantine individuals. I also oppose adding a COVID van to the wac 246-105 schedule of required vaccines for children to attend schools.

Thank you,
Michele wainwright
Port orchard, Washington

Sent from my iPad

From: A Diep
Sent: 1/5/2022 4:38:58 PM
To:
Cc:
Subject: Do NOT mandate covid vaccines for Wa public schools- it is a PARENTS decision

External Email

Each family should decide for themselves if they want their own children to get a vaccine or not.

It is not the role of the Wa public schools to mandate what people decide to do with their own children's health.

Vaccines are a decision that each child's parents should decide based on their individual child's health - not the government.

From: Xfinity
Sent: 1/5/2022 2:07:01 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Vote no on Covid-19 shots!

External Email

Dear Sirs and Ms;
I have grandchildren, nieces and nephews that attend Washington public schools. Please DO NOT force these innocent children to get the Covid shot.
Not one single human being knows what the long term effects will be! I would hate to think that any of you would want to be responsible for medically injuring otherwise healthy kids.
Please think, look at the harm these shots have already done to thousands! The information is out there. VAERS (Vaccine Adverse Event Reporting System) is a good place to start.

Sent from my iPad

From: Vivian Cadematori

Sent: 1/5/2022 1:44:56 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Opposition to COVID vaccine mandate for schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeallen-winsor-pfizer-eua-comirnaty-vaccines-interchangeable%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C5793de46824f426913af08d9>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. There are well documented risks associated with myocarditis in young males associated with these shots. Myocarditis is not a mild illness. Statistics show that 2 in 10 people with myocarditis will die within 2 years and 5 in 10 die within 5 years. Dead heart tissue does not regenerate itself.

4. The spike proteins associated with these shots have been shown to settle in female's reproductive organs, potentially affecting future fertility. In fact, there is currently a study focusing on changes in women's menstrual periods associated with the shots. COVID-19 Vaccines and the Menstrual Cycle | NIH COVID-19 Research <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F covid19.nih.gov%2Fnews->

From: Cadence Jenkins
Sent: 1/5/2022 12:32:55 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom it May Concern,

As the mother, and step mother, of 5 school aged children in this state, I STRONGLY oppose any measures to require Covid-19 vaccinations for our children. I am not opposed to vaccines in their nature, but do absolutely believe there needs to be more time to see what the long-term effects this specific set of vaccinations will hold before our children should be required to receive them.

That simply cannot happen yet with vaccinations just being released for school aged children, and boosters already being pushed.

I believe our children are our most important treasure, and pushing them into forced medical trials, for lack of any better terminology, will absolutely be detrimental to an entire generation entrusted to our care.

Please stand with parents when it comes to our ability to make the best decisions for our children in the middle of unprecedented times.

Cadence Medlock

Social Marketer

I teach women how to redefine what they believed was normal, and turn their social media scroll into money.

(253)380-5546

<https://msha.ke/redefinedlifestyleco>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmsha.ke%2Fredefinedlifestyleco&>

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 2:43:59 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:29 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Kelie Kahler,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Jen Edington

Sent: 1/5/2022 11:26:24 AM

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

Cc:

Subject: Parent comment about public schools vaccine requirement

External Email

Dear Washington State Board of Health members,

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

I am a former elementary school teacher and a huge proponent for the public school system, however, I feel this is a slippery slope that our school systems will be falling into as to the future of vaccine/shot requirements and parent's freedoms to choose what is right for their children.

Thank you,
Jennifer Edington

Sent from my iPhone

From: Dionne Miller
Sent: 1/5/2022 3:34:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello Members of the Board of Health,

This email is in regards to the proposal to add the vaccine for SARS-CoV-2 to the 2022-2023 school vaccine schedule.

At this time, I vehemently oppose any and all efforts to mass vaccinate the younger members of our society to a virus. The current vaccines have not had nearly enough time to undergo high-quality random control studies to truly determine the long-term safety and effectiveness of these vaccines in our children. (As you are all aware, vaccine development is generally a decade plus, not mere months.) The concerns of myocarditis in children (particularly male children) has not been alleviated. There is still plenty of legitimate concern about the currently available vaccines and their potential long-term effects on fertility, the immune system, and autoimmune disorders. The sample size used during testing was abysmal to anyone with even the slightest bit of knowledge about research methodology. The lack of data and transparency from the vaccine manufacturer is appalling (and should be a red flag to anyone).

This virus is not deadly to healthy children. The CDC's own data shows less than 1000 deaths to children from 0-19 since the beginning of this pandemic. While those deaths are absolutely tragic it must not be forgotten that the vast majority of those children had other comorbidities and were medically fragile. The CDC also fails to differentiate between those deaths from Covid and those with Covid.

Mass vaccinations fail to take into account immunity stemming from prior infection. While there is some debate amongst scientists how long natural immunity lasts, most support a minimum of 6 months strong immune response following infection. I will remind you that natural immunity provides the person who has survived infection with T cells, B cells, NK cells, and immune cells in the mucosal tissue (to stop reinfection and to prevent further spread during reinfection). As much as we would like to say that the vaccine also provides this protection, we can't because it does not give the recipient the entire virus. At this time the vaccines available are focused solely on the spike protein.

I realize that during the case counts are currently skyrocketing. If the current variant of the month was one of the earlier variants, I, too, would be very concerned for everyone, but we are talking about Omicron. This variant is for most of its sufferers a common cold in severity. It is not deadly. Hospitalizations are not surging, not even among Children according to today's report from Seattle Children's Hospital. The only thing surging is the fear driven narrative. My point in mentioning this is what happens if Omicron is a gift, and through all this suffering we actually achieve herd immunity (isn't that what you've been trying to sell us on the last 22 months?). Please, just wait and see.

Finally, let me remind you that covid cases in children are generally very mild and go away without any medical intervention. So, while Covid can be life threatening to the older members of society, our children should not incur risks that are not their own without the very best, sound scientific evidence (that is free from politicization or greed). And that evidence is going to take years, not months.

In summation, please consider the absolute risk and benefit of this vaccine and our kids.

This is a decision that cannot be made lightly, but at this time there is just not the evidence to support a mass vaccination requirement for any human, not to mention children. Please oppose any efforts to add this to the school vaccine schedule.

Thank you for your time and consideration.

Kindly,

Dionne Miller

References:

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisiCOVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-juj3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C527b52a4b1ac4552421d08d9d0a3b6c7%7C11d0e21>

https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab884/6381561#.YWGHcytQ_Hc.twitter

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Fcid%2Fadvarticle%2Fdoi%2F10.1093%2Fcid%2Fciab884%2F6381561%23.YWGHcytQ_Hc.twitter&data=04%7C01%7

<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3>

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

<https://www.nature.com/articles/s41586-021-03647-4>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41586-021-03647-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C527b52a4b1ac4552421d08d9d0a3b6c7%7C11d0e2172>

From: Hoff, Christy Curwick (SBOH)

Sent: 1/5/2022 12:34:06 PM

To: Davis, Michelle (SBOH),Donahoe, Kaitlyn N (SBOH),Glasoe, Stuart D (SBOH),Haag, Hannah R (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Kahler, Kelie (SBOH),Lang, Caitlin M (SBOH),Ogle, Crystal (SBOH),Pskowski, Samantha L (SBOH),Schreiber, Tracy N (SBOH),Slaughter, Anzhane (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: My New Position

Hello all,

I just wanted to let you know that today I received my appointment letter for my new position. I'll be moving to PCH where I'll be working with Colleen Thompson in their policy shop. As I understand the position, I'll be providing policy support to the other analysts on the team with their various projects (i.e., not in charge of any projects myself ☐☐). I think my position description lists my title as Legislative Assistant, but I will certainly be changing that, as I don't want to be referred to as an LA! If you have any thoughts on a good working title, please let me know, as I can't think of any!

It's now official and I will be starting my new position on January 16.

Thanks again for such a beautiful send off yesterday. ☐

Christy Curwick Hoff, MPH (she/her)

Manager, Governor's Interagency Council on Health Disparities

Washington State Board of Health

Christy.Hoff@sboh.wa.gov <mailto:Christy.Hoff@sboh.wa.gov>

360-688-4699

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthequity.wa.gov%2F&data=0>>
, Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWAHealthEquity&>>
, Twitter

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

From: Lynnetta Ellis

Sent: 1/5/2022 11:52:03 AM

To: Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), stuart.glasoe@sb8oh.wa.gov, Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), DOH WSBOH, Thai, Nathaniel J (SBOH)

Cc:

Subject: No Covid vaccine mandates, please

External Email

Good morning. I am writing to voice my opposition to mandatory covid vaccinations for all public school children. Please don't further harm children and families by forcing us to choose between public education (which our taxes pay for) and potentially harmful substances injected into their bodies. You were hired or elected to represent the citizens of Washington State. Please honor your constituents by refusing to mandate covid vaccinations.

Thank you,

Lynnetta Ellis

Spokane, WA

From: Jenna Starr

Sent: 1/5/2022 11:25:15 AM

To: wsboh@sboh.wa.gov, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine Mandate for Washington Students

External Email

To Whom It May Concern,

I write this letter in effort to make known my strong stance AGAINST mandating Covid19 vaccinations for our public school children. Over the holidays, my family had Covid run rampant through our gathering. Of the 10 people (8 adults and 2 children) who contracted the virus, only one of them was not vaccinated. He/she is the only one who experienced anything other than a mild cold. The one who chose not to get vaccinated is surely experiencing more severe symptoms, however is doing well. I realize this is only one example of thousands. I feel very thankful that our family had these mild symptoms and do not take that lightly. All that to say... the vaccine seems to be helpful. Obviously not Covid19-proof, but we all knew that would be the case. And your job is now done. Thank you for the initial vaccine push and for surely being in support of the FDA emergency release. Now it is up to individuals. Enough control. The spread of Covid 19 CLEARLY cannot be stopped. It is now part of our culture. We will get it. You. Me. Everyone. Please stop trying to stop the spread... it is a dead end. That being said, if families CHOOSE to vaccinate their children, GREAT! If not, they will get it. Maybe not today or tomorrow, but absolutely they will get it. And that's ok! As you surely are aware, after reading ANY study that has been done, children are truly not severely affected by Covid 19. Citing all the sources to prove that fact is pointless as the evidence is so obvious. Without acknowledging that fact and adopting this perspective, this disaster we have allowed our country to endure will never end. Please know that my entire family, which includes many public school students along with teachers will ALL pull directly out of the public school system and seek private education going forward if the Covid 19 mandate goes into effect for our youth. I beg you to reconsider and let American families have choice.

Thank you,
Jenna Starr

From: Sara Bedient

Sent: 1/5/2022 12:25:35 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine mandate

External Email

Dear Sir/Ma'am,

As a parent of school age children, I strongly oppose the mandate for the Covid-19 vaccine. This vaccine is still in the experimental phases and my children will not be part of the experiment.

Please do not approve this recommendation.

Thank you,

Sara Bedient

From: Testify Online Survey
Sent: 1/5/2022 2:37:21 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Child immunization for schools

3.

Your Name:

Svetlana Nikishina

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

sv3ta.n@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

Covid-19 vaccine for kids to attend school

11.

Are you Pro or Con on the proposal?

2. Con

I hope this email finds you and your family well. A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents. I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and even deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule. Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply. Douglas County Resident

From: Lang, Caitlin M (SBOH)
Sent: 1/5/2022 3:30:41 PM
To: DOH WSBOH
Cc:
Subject: FW: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

From: S J <ewdnbbd@yahoo.com>
Sent: Wednesday, January 5, 2022 5:27 PM
To: monroe.artist114@yahoo.com
Subject: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

External Email

To Whom it May Concern;

I am submitting this email in regards to the upcoming January 12, 2022 decision recommending the Covid-19 Vaccine for school age children.

Public education is funded by taxpayers and should not be withheld from ANY child in Washington State based on their personal or religious beliefs and preferences. Our children deserve equal access to education without discrimination. Segregating our children by forcing parents to make decisions to un-enroll their children in Public Education and find alternate means of education or in many cases, leaving the state completely, will not cure Covid-19. It will only increase childhood depression and anxiety and, as you all should know, even increase suicidal tendencies in Washington State Youth.

Washington State, in my opinion and that of numerous fellow parents I have spoken with in regards to the subject, has operated at an extremely poor level during this pandemic. It has promoted division and supported the isolation of our children by implementing online learning as opposed to in-person learning, and the requirements that have been imposed on our children when they were allowed to return to in person learning are proving to be detrimental to their mental health and well-being even now. I implore you to talk to students at all grade levels and actually see what they are thinking and how they feel being in the situations they are in with the restrictions in place. Given that Washington State has seen a withdrawal of students from their Public Education program over the past two years in excess of 55,000 students, this should be a blatantly obvious indication that the decisions being made that effect the students of Washington are not "Popular". If this becomes a requirement, the number of students pulled from Public will grow exponentially. Washington State is already disregarded across the country with the poor handling of the pandemic and the excessive restrictions that leadership has put in place, don't add any 'Fuel to the fire' by adding yet another layer to this already

disgraceful situation.

The Covid-19 virus and its continued variants are something that we are ALL going to have to live with going forward. It is abundantly clear at this point that vaccines and masking have not solved the issue. It is being reported that upwards of 70% of Omicron infected patients are all vaccinated. I personally know of several Breakthrough cases of Covid-19 in family and friends, and some of them were severe enough to end up in ICU BEING FULLY VACCINATED! The rules for masking, types of masks, etc. change so often a person could get whiplash attempting to keep up with current protocols. My family and I have all had, and recovered, from Covid-19 even with the protocols in place.

I am firmly against the requirement of the Covid-19 Vaccine for our children to attend public school. This is not something that was put forth by a vote of the People of Washington State, nor is it accommodating for all of our children. As a parent of 3 children in Public Education, I am imploring you oppose making the Covid-19 Vaccine a requirement to attend Public School in Washington State.

I thank you for your time.

Shiriah Jelenek

17526 20th St. SE

Snohomish, WA 98290

425-329-5132

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

I want a world that values truth, honesty, and justice

From: Beverly Winsor
Sent: 1/5/2022 12:12:43 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine mandates

External Email

To all state health board members:

If the past few weeks have taught us anything, it's that the vaccinated population is still catching and spreading COVID-19. Please DO NOT propose any more mandates, especially for our children. Since the beginning of this pandemic, studies have shown children are the least affected by the virus, and to require vaccines for them that have been proven to cause adverse symptoms, such as myocarditis, is RECKLESS. We do NOT have long term data on what this will do to these children 10, 15, or even 30 years from now. The risk versus the benefit is not at all worth it. All vaccine mandates should be stopped.

Thank you,
Beverly Winsor

Sent from my iPhone

From: KOgle
Sent: 1/5/2022 2:19:21 PM
To: DOH WSBOH, Davis, Michelle
(SBOH), melanie.hisaw@boh.wa.gov, christy.hogg@sboh.wa.gov, Glasoe, Stuart D
(SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N
(SBOH), lindsay.herendeen@sboh.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R
(SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: No Covid Vaccine Mandate

External Email

To whom it may concern,

Let me start off by saying I am NOT anti-vax, never have never will be. This one is different for me. With the vaccine in its current state of not stopping contracting or spreading of Covid, I do not see how you can mandate THIS vaccine! We ALL have to admit that this vaccine is not doing its intended purpose. The narrative keeps changing as we go along. First we were told you WOULD NOT get Covid if you were vaccinated, then it was you cannot spread it but you may get it. Science shows that the viral load is the same, vaccinated or not. Now, months down the line, we are at the point where it is doing nothing but "possibly" preventing some serious illness. Those that feel they need to be vaccinated to help alleviate some symptoms, let that be their choice. But to mandate something that is neither preventing, nor stopping Covid is insanity. If thousands and thousands of people were getting chicken pox after being fully vaccinated we would ALL be questioning the efficacy of the vaccine. The fact that we are not questioning this one, but instead trying to move forward with making it mandatory is just asinine. My two healthy teenage boys will not be getting this vaccine. If this becomes a mandate, my 4.0 GPA 3 sport students will be pulled from public school. After working on our local school bond committee, I am well aware of the cost effect that will have on the school district and state. I also know hundreds of families that will follow suit. This will shut down these smaller 2AA schools and therefore subsequently destroy towns across this State. Parents are TIRED of being told how to raise our children by someone who has never even met them. Let this vaccine be a personal family choice and leave it at that.

Thank You,
Katie Ogle

From: Kristin Eggleston
Sent: 1/5/2022 2:26:57 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: NO to additional COVID mandates

External Email

Dear WSBH members,

I am a parent and am urging you to vote NO to any Covid mandates for our school children.

I am gravely concerned about the health effects on my children from ANY mandates, let alone NEW mandates, regarding their vaccination status, masks, or testing. It is known that children are at extremely low risk of catching or passing on Covid and there is a higher risk of morbidity or mortality to any child from a Covid shot.

See the actual Pfizer data explained here:

<https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf?fbclid=IwAR1O1PmNu3-TE0A-PYpPz1nFdNzmvJwW77a7I3hJiI7K-7j3KDnfl-nZzww>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf%3Ffbclid%3DIwAR1O1PmNu3-TE0A-PYpPz1nFdNzmvJwW77a7I3hJiI7K-7j3KDnfl-nZzww&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ae71da291c9469b19fa08d9d09a3b24%7>

Or the documentation sent to the FDA here:

<https://www.fda.gov/media/153447/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153447/download>

See page 17 where is it shown that LESS THAN 4700 children were studied prior to the authorization of shot for children. And they were followed for only 2 months after receiving the shot. Did you know this? How can you base a mandate for all WA children on 4700 kids?

And a new study coming out shows that the shot actually damages the immune system:

<https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.12.20.21267966v3>

Read an explanation about it here (<https://jessicar.substack.com/p/the-bnt162b2-mrna-vaccine-against>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjessicar.substack.com%2Fp%2Fthe-bnt162b2-mrna-vaccine-against&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ae71da291c9469b19fa08d9d09a3b24%7>

) and here (<https://stevekirsch.substack.com/p/new-study-shows-vaccines-must-be>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnew-study-shows-vaccines-must-be&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ae71da291c9469b19fa08d9d09a3b24%7C11>

).
>

Yet there is discussion about requiring a Covid shot for children to attend school in WA!
This is absurd and endangers children. It endangers MY KIDS.

Do not be complicit in this damage to children or the overreach of your position.

Thank you for reading my email,

Kristin Eggleston
keggleston20@gmail.com <<mailto:keggleston20@gmail.com>>
509-780-3330

From: JASON ZAHARRIS

Sent: 1/5/2022 4:37:44 PM

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

Cc:

Subject: COVID-19 Vaccine Mandate Proposal for Schools

External Email

To the Washington State Board of Health,

As a parent and 12-year resident of Anacortes, I wanted to take the opportunity to express my concern regarding the discussion/decision to mandate COVID-19 vaccinations for students in order for them to attend in-person learning and participate in school-sponsored extracurricular activities.

Before voting to recommend implementation of such a drastic measure, I would encourage each of you to consider the following:

It is well known and documented, as reported by the CDC, FDA and vaccine producers, that the COVID-19 vaccine does NOT prevent a person from contracting COVID-19.

It is well documented that a person who is vaccinated is still able to spread COVID-19 after having contracted the virus.

It is well documented that the vaccination ONLY protects the person who is vaccinated by decreasing (not eliminating) the likelihood of experiencing more severe symptoms from COVID-19.

It is well documented and reported that ANY person who has previously been infected by, and recovered from, COVID-19 possesses a higher level of immunity than a person who has not had COVID-19 and is vaccinated.

According to the Washington State Department of Health, since March 2020, in Skagit County there have been ZERO deaths from COVID-19 among kids aged 0-19. There have been only 12 hospitalizations for COVID-19 in the same age group.

It is well documented that the Flu virus is significantly more harmful to kids than COVID-19, yet Flu shots have never been mandatory to attend school.

Vaccinated individuals are able to transmit COVID-19 to others who are vaccinated.

Current K-12 COVID-19 protocol allows vaccinated individuals who have been exposed to COVID-19 and are asymptomatic to remain in contact with others. Even though it is known that a vaccinated individual is still able to contract and transmit COVID-19 while asymptomatic as mentioned above. With this practice in place, you could argue that an asymptomatic vaccinated individual could be more likely to infect others.

Considering the above points of fact (not opinions), it is reasonable to conclude the following when analyzing the risk with respect to COVID-19:

The only person assuming increased risk with respect to COVID-19 is the individual who is NOT vaccinated.

The un-vaccinated individual poses NO INCREASED risk to ANYONE else who is vaccinated.

Given the incredibly low rate of death (ZERO) and hospitalization among kids aged 0-19 in Skagit County since March of 2020, COVID-19 poses a VERY LOW risk to students.

The overall risk of COVID-19 to students is negligible and ONLY assumed by the UNVACCINATED. Therefore, it makes no sense to implement and enforce a Vaccine Mandate for COVID-19 under the threat of denying students the opportunity of in-person learning and school-sponsored extracurricular activities should they (and their parents) choose to not get vaccinated.

Regarding the concern about the risk to teachers and staff - again, the only risk is assumed by the unvaccinated. Those who are vaccinated are protected. And vaccinated people can transmit COVID-19 among other vaccinated people.

This is a very different scenario than the Mumps, Measles, and Rubella vaccine requirements in that symptoms and complications for anyone exposed to MMR can result in pneumonia, seizures, encephalitis, immunosuppression, hearing loss, blindness and death if contracted. Again, to date, we have NOT seen anything to this level among children aged 0-19 with respect to COVID-19.

In conclusion, given the points of fact laid out above, I implore you - as our duly elected officials - to honor and defend our rights to Privacy and Medical Freedom as laid out by both the US and Washington State Constitutions by NOT implementing such a mandate. If such a mandate is implemented, you are setting the State up for legal action for something that is of negligible risk.

It is incumbent upon you all to do your due diligence and research on this subject prior to levying such an unconstitutional mandate on your community. This is about choice. Do the RIGHT thing, not the EASY thing, and DO NOT RECOMMEND A COVID-19 VACCINE MANDATE FOR OUR CHILDREN TO ATTEND SCHOOLS.

Thank you for your time and consideration on this very important matter.

Sincerely,
Jason Zaharris

Parent, Anacortes School District

From: Don Frazier
Sent: 1/5/2022 3:01:55 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Mandates

External Email

I oppose all mandates! Especially for children!

Vicki Frazier

Get Outlook for iOS

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

From: Dana Walker

Sent: 1/5/2022 12:32:28 PM

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

Cc:

Subject: Mandating Vaccines for school age children

External Email

Please consider voting against mandating the COVID-19 vaccine for children at this time. The studies that have been conducted have very few participants and the long-term effects have not been considered. There also seems to be a rather large percentage of young men who are developing heart conditions, until it is determined why this is, the vaccine should not be mandated for anyone. There are too many adverse effects being reported and ignored.

Thank you,
Dana Walker

From: Valentina Koszorus
Sent: 1/5/2022 12:50:25 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Opposing vaccine mandates on children

External Email

Washington State Board of Health

Please please do not mandate vaccine on all of our children! This vaccine has not been studied long enough and we do not know the side effects! Not all children are the same, my children have had Covid and recovered very very well and quickly from it and now it's been over a year of natural immunity, and we've never done better. Children are at such low risk, taking the vaccine has a higher risk than just getting Covid! Please let parents make the best decision for their kids, the government should never ever implement any type of vaccine on children or adults for that matter. Please know I am not anti-VAX, my kids have every other deadly disease vaccine, this is just not one of them, we would ever consider for our children!

We are begging you please leave the children alone!!!!

Kindest regards, Valentina Koszorus

Washington State Board of Health:
wsboh@sboh.wa.gov
michelle.davis@sboh.wa.gov
melanie.hisaw@sboh.wa.gov
christy.hoff@sboh.wa.gov
stuart.glasoe@sboh.wa.gov
samantha.pskowski@sboh.wa.gov
kaitlyn.donahoe@sboh.wa.gov
caitlin.lang@sboh.wa.gov
lindsay.herendeen@sboh.wa.gov
tracy.schreiber@sboh.wa.gov
hannah.haag@sboh.wa.gov
kelie.kahler@sboh.wa.gov
Nathaniel.Thai@sboh.wa.gov

From: Susan Keller
Sent: 1/5/2022 2:34:41 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vax for kids

External Email

I am opposed to mandating the Covid vaccine for children in schools. Let parents make their own decision but do not make this be a requirement.

Susan Keller RN
253-539-3725

Sent from my iPhone

From: Elizabeth Wilson

Sent: 1/5/2022 2:20:45 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: We as parents should be able to decide

External Email

Please do not take our rights to decide what is best for our children away from us parents. This is a slippery slope to start taking away that right. Requiring our children to get the covid vaccination to go to school is not right - you do not have any rights to decide what is best for our children as we don't have any rights to tell you how to care for your children.

Thank you Elizabeth Wilson

Get Outlook for iOS

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

From: Marisa Stephens

Sent: 1/5/2022 3:31:02 PM

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

Cc:

Subject: January 12th Decision

External Email

Hello Washington State Board of Health Members,

I am writing to you on this day regarding your decision to recommend the vaccine requirement for school aged children on January 12.

My name is Marisa Stephens and I am a teacher, a mom of a 4 year old and expecting my second baby. I am writing to express my concerns about making this shot, which many think will "stop this pandemic", a requirement for school aged children.

Over the last 2 years, we have been living in an extremely hard time as a nation, as COVID has continued to mutate and spread despite the rise in vaccinations and boosters. I have many family members and friends who have received the shot and have still gotten sick with COVID and have also spread it to others. To think that requiring the shot for more people is the right answer is mind boggling to me. The narrative is, "get the shot to protect yourself and others", but as we can see by the rapid rise in cases, this is not true.

There are many natural ways to prevent getting COVID, and honestly, most people who get COVID recover from it. I am in no way saying that COVID is not serious. My dad was hospitalized in August with COVID, but we were able to send him to the hospital with Hydroxychloroquine, Vitamin D, Zinc, Vitamin C, and they put him on high flow oxygen. He was in the hospital for 10 days, and a few times they thought they were going to move him to the ICU. He recovered in a couple of months. It is January and he is back up teaching PE. He is shot free, and has done a lot of research on other ways to combat COVID.

There are so many ways to fight COVID once you get it. A shot that does not prevent you from spreading the virus or prevent you from getting it, is not the answer. If the shot truly worked, we would not have to wear masks anymore and if the masks truly worked, then we would not be in this position. But we are still at square one. Making a requirement for a shot that does not stop the spread to adults and children alike, is beyond crazy.

COVID is real, yes. I know many people who have had it very severely, but there are many proven therapeutics used to combat this virus. I have many friends and family members who have used therapeutics along with preventative care such as exercise, vitamin D, vitamin C, Quercetin, Zinc, and eating a balanced diet. I have had family and friends who have taken Hydroxychloroquine, Ivermectin, and went to medical facilities to get the Monoclonal Antibody Treatment. These have all worked very well. Treating their

symptoms with cold medicines, Tylenol, ibuprofen, and staying hydrated, resting, getting fresh air, and making sure to get up and move, are things that ACTUALLY help with COVID recovery.

As a mom of a young child, a teacher, and a citizen of Washington State, I am asking that you really consider this decision you are about to make. Requiring our most vulnerable community to put an experimental substance in their body when we do not know how it will affect them in the future is irresponsible. Every person is unique with an amazing immune system. Anything you do to or put into your body affects each individual person differently. Health decisions should always be a personal decision, not a requirement.

So once again, as a concerned WA state citizen, I believe you should reject this requirement and let parents make the best choice for each individual child. If a parent believes the shot is best for their child, then by all means, that is their prerogative. If a parent believes that the shot is not the best health decision for their child, then that should be respected, as well. Choice is important, and we are living in the land of the free, right?

I will be praying for all who are part of the health board as you make this major decision for our state. I know that God is in control, and He has all of you wrapped up in His hands. With the grace of God, I pray you will be able to make the best decision for our state.

Thank you for reading my email. I hope you really listen to the public on this very important decision.

Sincerely,

Marisa Stephens

From: Hoff, Christy Curwick (SBOH)
Sent: 1/5/2022 1:23:33 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:23 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Christy Hoff,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Bob Griggs
Sent: 1/5/2022 3:00:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Requiring school children to be vaccinated should be considered criminal. I'm very strongly opposed to this requirement.

Regards
Bob Griggs

Sent from my iPhone

From: Jon Borcharding
Sent: 1/5/2022 1:27:13 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Re: TAG zoom meeting 12/29/21

External Email

FDA recently approved Emergency Use Authorization of COVID-19 booster vaccination for children aged 12-15.
Urgent review of these unpublicized facts should be of utmost concern to the healthcare community, particularly anyone recommending or administering genetic vaccines to children.

Children are at negligible risk of death from COVID-19
Risk of death from COVID-19 among all causes is 1% for younger than 18 years, lower than death from car crash or suicide.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#AgeAndSex

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fvsrr/covid_weekly/index.htm#AgeAndSex>

Children are NOT drivers of SARS-CoV-2 transmission

<http://doi.org/10.1056/NEJMSr1804754> <https://doi.org/10.1093/cid/ciaa1825>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fdoi.org%2F10.1056%2FNEJMSr1804754>>

Children who recovered from infection do not need the genetic vaccine

Like adults, children develop robust and long-lasting immunity following infection.

<https://www.nature.com/articles/s41590-021-01089-8>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41590-021-01089-8>>

8&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C599f2fd146d24247643d08d9d091e350%7C11d

Risks associated with genetic vaccination are higher than the risk of disease from COVID-19 for children. Of the many risks, boys aged 12-17 have the highest incidence of myocarditis among all ages following vaccination.

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1.full-text>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.30.21262866v1.full-text&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C599f2fd146d24247643d08d9d091e350%7C11d>>

Risk of myocarditis increases after each dose of genetic vaccine.

<https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1>

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

Efficacy of the 2-dose genetic vaccination in children aged 5-11 could not be determined

Not one participant including in the control group got severe COVID-19. The extremely preliminary clinical trials included only 3,100 participants in total. There are two follow-on studies to monitor myocarditis.

<https://www.nejm.org/doi/10.1056/NEJMoa2116298>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2F10.1056/NEJMoa2116298>

COVID-19 genetic vaccines are very different from traditional vaccines
COVID-19 genetic vaccines distribute widely throughout the body and force expression of the cell damaging viral spike antigen in many tissues (manufacturer regulatory filings).
Adverse events are much more prevalent following COVID-19 genetic vaccines as compared to traditional vaccines.

<http://openvaers.com/covid-data>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C599f2fd146d24247643d08d9d091e350%7C1>

mRNA vaccines have not undergone the traditional path for safety testing, are still experimental and have NO long-term safety data.

<https://www.bmj.com/content/375/bmj-2021-067570>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F375/bmj-2021-067570&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C599f2fd146d24247643d08d9d091e350%7C1>

Genetic vaccines are ZERO percent effective against the Omicron variant just 6 months after 2 doses

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/104444/Briefing-31-Dec-2021-Omicron_severity_update.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fassets/publishing/service/gov/uk/government/uploads/system/uploads/attachment_data/file/104444/Briefing-31-Dec-2021-Omicron_severity_update.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C599f2fd146d24247643d08d9d091e350%7C1

Are you fulfilling the legal requirement to provide Informed Consent to those receiving genetic vaccines under Emergency Use Authorization?

On Mon, Jan 3, 2022 at 8:52 PM Jon Borcharding <jonreadsitall@gmail.com> <<mailto:jonreadsitall@gmail.com>> > wrote:

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase, "vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borcharding

On Wed, Dec 29, 2021 at 5:32 PM Jon Borcharding <jonreadsitall@gmail.com
<mailto:jonreadsitall@gmail.com> > wrote:

I just finished viewing the zoom meeting of the Technical Advisory Group assigned to the task of advising the Washington Board of Health on the question of including the covid vaccine to the list of required vaccines for children in educational and childcare settings. Thank you for the opportunity to witness the meeting through zoom. I look forward to following the process of the TAG as you work toward a recommendation.

During a brief presentation of the "nine criteria" by Samantha Pskowski, I was struck by the fact that many of the criteria appear entirely inappropriate to the consideration at hand. I am referring to the numerous instances in which the phrase,

"vaccine containing this antigen" is used.

The "vaccine" in question is not actually a vaccine. It does not contain weakened or dead viral material like other vaccines. It contains no antigens. It is a medical/genetic protocol containing strands of synthetically produced mRNA. When injected into human tissue these strands program human cells to produce the spike protein associated with the disease, Covid 19. The body then produces antigens against those spike proteins.

This new technology has never been used on humans outside of a brief flurry of testing prior to the issuance of an Emergency Use Authorization. Is it not then reasonable to expect that new, accurate and appropriate criteria be employed in the assessment of the mRNA treatments prior to considering the requirement that practically all Washington children be injected with those treatments?

I find the inaccurate criteria particularly troubling in light of the fact that the mRNA treatments are still being administered under an EUA. The manufacturers have secured for themselves complete immunity from civil liability under the EUA. With these facts in mind, it appears the TAG could be the last line of defense against what may in the future prove to be a terrible medical error involving a segment of the population with no power to influence the decision.

I strongly suggest that another criterion be added. That is: How will we as a society address the harm in the form of injury and death to children?

There are several studies showing the VAERS system has a history of vastly underreporting adverse events. Current statistics from VAERS show over 20,000 people killed by the mRNA protocol. The number of adverse reactions associated with the mRNA protocol are unprecedented in the history of vaccines. Will the TAG suggest a tolerable limit on the amount of injury or death of our children?

The alternative is to ignore the injury and death currently being documented in our adult population and hope that our children won't be equally affected.

Respectfully,

Jon M. Borcharding

From: Sherri Martin

Sent: 1/5/2022 1:10:47 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (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: Opposing school covid vaccinations

External Email

Hello, I am writing to let you know, I totally oppose any covid vaccination requirements for school children. This is government over reach. Thank you. From a concerned Wa. citizen, Sherri Martin

From: Susan Keller
Sent: 1/5/2022 2:29:48 PM
To: DOH WSBOH
Cc:
Subject: Vax for kids

External Email

I am opposed to mandating the Covid vaccine for children in schools. Let parents make their own decision but do not make this be a requirement.

Susan Keller RN
253-539-3725

Sent from my iPhone

From: Summer Pruitt
Sent: 1/5/2022 2:53:17 PM
To: DOH WSBOH
Cc:
Subject: Public School mandates

External Email

To Whom it May Concern,

My name is Summer Pruitt and I am a wife, a mother, and a life long resident of Washington State. I am completely OPPOSED to any mandate of the Covid vaccine for public school children. This is unconstitutional and would be of great detriment to the Washington State public school system. With enrollment already down by nearly 60,000 this would cause an even greater nose dive as I fully believe a majority of parents would pull their kids from public schools immediately. I want my voice to be heard! The parents of Washington State will not sit by and let this happen. We will stand our ground for our freedoms and the freedoms of our children!

Sincerely,
Summer Pruitt
Okanogan County

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 3:31:32 PM
To: DOH WSBOH
Cc:
Subject: FW: Mandates

From: Don Frazier <frazid277@gmail.com>
Sent: Wednesday, January 5, 2022 3:01 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Mandates

External Email

I oppose all mandates! Especially for children!

Vicki Frazier

Get Outlook for iOS

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

From: Rick and Kari Pompeo
Sent: 1/5/2022 12:52:48 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: vaccine mandates

External Email

I've heard that vaccine mandates are coming for our children. This is wrong. So wrong. I am writing to ask you to put the health and wellbeing of our children ahead of yourselves and not move forward with these unconstitutional, worthless mandates.

Please do the right thing.

Sincerely,
Kari Pompeo

From: MICHAEL ERISMAN

Sent: 1/5/2022 1:13:35 PM

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

Subject: Violations of moral and ethical treatment of children

External Email

Regarding the discussion of covid-19 vaccination requirements for children. The fact that you as individuals would even consider such a heinous, evil and morally bankrupt approach is beyond a lack of moral character, it borders on a level of evil that is unprecedented.

This goes beyond any political decision, it is a decision point for you all as individuals that will follow you for the rest of your lives.

Simply put (all of this data is well researched and available – and you all know this):

- * The data is empirically proven that these vaccines do NOT prevent anyone from getting or transmitting covid to others.
- * The data is empirically proven that these vaccines do NOT create ANY safety for anyone else, beyond the undetermined and temporary reduction of individual symptoms.
- * The data is empirically proven that children have an almost zero statistical risk of covid symptoms.
- * The data is empirically proven that children do not have high transmission rates to pass on covid to adults, in fact the transmission rates are far lower than the flu.
- * There is ZERO long term testing on the impacts of these vaccines on children. By definition, we have no longitudinal studies on side effects or long term health impacts.

In addition, what we see across the world, are that those places with lockdowns and vaccines mandates show no measurable difference in covid rates at all.

So, what we have are three factors:

1. The vaccines do not prevent transmission.
2. The vaccines have no long term testing for side effects and health impacts.
3. Children have almost no risk from covid in any rate.

So, to risk long term consequences for no appreciable benefit is beyond idiotic and misguided, it is evil. Our role as adults and parents is to protect our children, not use

them as political pawns in misguided and ill conceived political stances.

If you are to put these requirements in place then our response will be to immediately withdraw from the school system and move out of this State.

I hope you think long and hard about this, and do the right thing.

Michael

From: PNW yota
Sent: 1/5/2022 2:15:18 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools.

You all should be ashamed of yourselves for taking this as far as you have!

From: jcb Bruun@rainierconnect.com

Sent: 1/5/2022 12:35:12 PM

To: 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: vaccine requirement for Washington students

External Email

Hello all-

We are sending this email in strong opposition to any potential mandate calling for the required vaccination of Washington students. This needs to remain a family decision and should have no bearing on whether or not a child can attend school. We feel that the risk of vaccine injury is greater than the benefit of vaccination at this point.

We appreciate your time and consideration,
Jill & Curtis Bruun

From: justin honcoop
Sent: 1/5/2022 4:19:10 PM
To: Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),DOH WSBOH
Cc:
Subject: Vaccine mandate for K-12

External Email

Good afternoon,

I am writing in regards to the potential requirement of a forced experimental "vaccine" on our children to attend public schools. Enforcing such a requirement would wreck our small communities especially. Our family as well as many others in our small community and surrounding communities have already stated that we will not send our children to any school if there is a requirement for an experimental vaccine such as the Covid-19 vaccine for our children to attend school. Enforcing this requirement with no options for parents to their rights of choice, will result in the loss of children in our schools and the potential collapses of the schools and communities. I imagine this would be a domino effect in bigger cities as well. If they haven't already, parents will quit their jobs to homeschool and we will see an even greater economic downfall. This would be a detrimental decision on so many levels. Please think about if you are ready to be held personally responsible for enforcing a requirement on children when you have no idea of the immediate and/or long terms effects these shots will have on children. Children that will be subjected to the potential risks of a shot because their parent(s) feel that they have no other option.

God entrusted each of us with our children not the government to decide what is best for our children. It needs to be the parents choice.

Thank you for your time and consideration.

Justin Honcoop

From: Amy Molen
Sent: 1/5/2022 1:20:10 PM
To: DOH WSOH
Cc:
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are effective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Amy Ayers
Sent: 1/5/2022 3:44:05 PM
To: DOH WSBOH
Cc:
Subject: Public School Mandates

External Email

To Whom It May Concern:

My name is Amy Ayers.
I am a mother of 2 & a lifelong resident of Washington State.

My family & myself are completely OPPOSED to enforcing the covid vaccine for K-12 students.

We are already homeschooling our youngest & should this pass, we will 100% pull our oldest out of public school as well.

There has not been nearly enough time to see what potential risks could occur from these vaccines on children. Please don't roll the dice with our children's future.

Sincerely,
Amy Ayers
King County

From: Xfinity

Sent: 1/5/2022 2:10:14 PM

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

Cc:

Subject: Vote no on Covid-19 shots!

External Email

Sorry I forgot to identify myself on the first email. This is the corrected email.

☐Dear Sirs and Ms;

I have grandchildren, nieces and nephews that attend Washington public schools. Please DO NOT force these innocent children to get the Covid shot.

Not one single human being knows what the long term effects will be! I would hate to think that any of you would want to be responsible for medically injuring otherwise healthy kids.

Please think, look at the harm these shots have already done to thousands! The information is out there. VAERS (Vaccine Adverse Event Reporting System) is a good place to start.

Kathrin A Fowler

144 N Vista Way

Kelso, Washington 98626

Sent from my iPad

From: Pamela Johnson

Sent: 1/5/2022 1:45:19 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vax mandate for kids

External Email

Please consider the science. Children are at little risk for side affects from this virus and it appears vaccinated are still getting it. Hospitals that are honest admit over 50% of children admitted to hospital are for other reasons than Covid.

This is not necessary. No mandates for children.

Pamela Johnson

pamela.irishgro@gmail.com <<mailto:pamela.irishgro@gmail.com>>

174 Tilton Drive

Morton, WA 98356

From: Testify Online Survey
Sent: 1/5/2022 11:26:40 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 7

2.

Agenda Item or Issue:

Covid vaccine mandate for children

3.

Your Name:

Devorah Nelson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

103 Parkhill St Cashmere WA 98815

7.

Email:

dgnjunk@hotmail.com

8.

Phone Number (Include Area Code):

509.470.7363

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a parent

10.

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

1. Yes

The covid vaccine mandate for children

11.

Are you Pro or Con on the proposal?

2. Con

WSBOH Members, I oppose the mandate to have our children vaccinated with the experimental COVID vaccine. Even the scientist who invented the MRNA breakthrough said publicly that the covid vaccine is dangerous to children. Follow the science. As it happens no one can PROVE based on any studies that the covid vaccine is safe for children. As a parent, my children's immediate and long-term health is my top priority. With my own personal research, I know that the risk for cardiomyopathy as well as many other long-term health problems is a potential outcome. I do not accept this risk by giving this experimental vaccine to my children, nor should other parents be forced to. Along with our healthcare providers, we say NO to this mandate for our children. Respectfully, Devorah Nelson

From: Bryan Grey

Sent: 1/5/2022 11:52:22 AM

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

Cc:

Subject: Requiring Covid Vaccination in Kids

External Email

Hello,

I am writing to let you all know that our family is 100% against requiring kids to be vaccinated for Covid-19. The vaccines ARE NOT FDA approved for children and the experimentation on children with potential lifelong effects is pure evil. Furthermore, children are not affected by the virus and less than 500 nationally have died WITH the virus.

Do not harm our children.

I am requesting a response to this email.

Bryan Grey, WA State Citizen

From: Cassie Hare

Sent: 1/5/2022 12:01:25 PM

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

Cc:

Subject: Upcoming policy topic (involuntary detainment etc)

External Email

This is in regard to the following proposed policy-

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

I'm writing to remind you to be on the right side of history, and not even consider that anyone should be involuntarily (forcefully) detained and placed in a quarantine facility, and even force vaccinated.

This is an appalling proposition, and you should be ashamed. If you are not noticing the parallels to concentration camps in the past, then you aren't paying attention, and you have been highly deluded to think it is for "the greater good." Eroding our basic human rights to refuse any treatment is flat out WRONG. The people will not stand for it and you can bet it will get very ugly for you before it is made right again.

Now is your chance to stand up for what are basic human rights. If our human rights are taken away, it's not about health anymore. Some day will you be explaining to your grandchildren (1) How you demolished the basic human rights of your constituents, or (2) How you stood up for them despite the current lying, false mainstream narrative?

Think hard before you decide. Be on the right side of history. Listen to your conscience.

Choose wisely.

Sincerely,

Cassandra Hare

Colville, WA

From: Nikki Brummond

Sent: 1/5/2022 3:51:33 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Public Comment

External Email

Hello -

This is my public comment for the upcoming meeting on adding the Covid Vaccine to the line of up required vaccines for K-12 education.

According to the Board of Health's own criteria, a vaccine must be fully FDA approved in order to make it mandatory for school attendance. The current Pfizer vaccine in use for children in this country is still an Emergency Use Authorization only vaccine, so I do not see how this meets the Board of Health requirements. I recommend against mandating for school until the vaccine proves immunity to stop transmission like other common vaccines do, which was the requirement under consideration in the 1905 Jacobson vs. Massachusetts SCOTUS case in which it stated mandates could only be considered which "prevent the spread of contagious disease." So far, it is evident that this vaccine does not stop transmission and, therefore, should NOT be added to the list of vaccines needed.

More and more parents are pulling their children from public school due to the mandates and vaccine requirements. I know I'm just one person but what goes in my body and my children's body is my choice. I'm sure you wouldn't like being forced to take Heroin or Meth even if just once. Please consider our children and that they determine our future. Vaccine mandates will lead to unhealthy children who don't make it out of high school.

Thank you for your time.

Nikki Brummond

From: Yahoo

Sent: 1/5/2022 2:38:27 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: VACCINATION ISSUE..... STOP THIS

External Email

To Whom It May Concern:

I absolutely am against ANY vaccination that is mandated for my children or grandchildren when there is no evidence of it helping.

I see more reports of this vaccine SHOT causing issues than the NATURAL immunity of a person to fight it.

I adamantly oppose ANY requirements or mandates for my children and grandchildren.

CITIZEN AGAINST THE VACCINE REQUIREMENTS

Johnetta Huntley

From: Erika Shupe

Sent: 1/5/2022 2:26:17 PM

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

Cc:

Subject: NO for poisoning our children!

External Email

Ladies and gentlemen,

I need to implore you as a parent of nine children do not require, unconstitutionally, that our children receive a vaccine that is unproven, in completely tested, and has caused countless cases of life debilitating sickness and disablement, even death.

Everyone in the United States of America has the right to choose for themselves what they will put in their body. It is not governments privilege or responsibility to force us to do anything like this. Not to adults, and certainly not children. I implore you to leave it up to the intelligent, responsible, and loving decision making powers of each parent for each family. Please, do not take this power away from us.

The results of this vaccine have already been devastating and fatal; do not add to that pool of damage by forcing this again **unconstitutionally** against peoples well-being and health. Just for the sake of power and money. It is wrong. You would be completely wrong in forcing it no matter what you believe about the vaccine.

Leave the choice with the people.

Thank you for your time,
Erika

Sent from my iPhone

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 2:38:53 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:23 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Stuart Glasoe,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They

should just be able to freely teach their students.

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. 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: Deborah Nesper
Sent: 1/5/2022 1:29:56 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Support you in NOT passing

External Email

I am opposing covid 19 vaccines for school age children. This vaccine is not tried and true; not even close. Adults getting the vaccine and still contracting covid shows we the people this isn't working. Why would we subject our children to this? There are still so many unknowns regarding the vaccine again why subject our children and grandchildren to this?

This country has been overtaken by lies, fear and untrue facts it has to stop and subjecting children is a line that should never be crossed.

Thank you

Deb Nesper
Sent from my iPhone

From: Jennifer Ingraham

Sent: 1/5/2022 11:21:35 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Vaccine Mandates

External Email

Hello,

I am writing this against mandating vaccines on our children! My kids have already had covid and they came out of it just fine. They had mild symptoms like a cold. They don't need this vaccine! You are trying to take away our rights as parents! Your vaccines have already caused so much division and segregation! If this is mandated I will pull my kids from the school district!

DO THE RIGHT THING.

From: thompson84

Sent: 1/5/2022 2:48:19 PM

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

External Email

To all of whom it may concern,

Hello,

My name is Brandon Thompson, and I am a parent of 2 school age children, soon to be 3 kids going to school. We are located in Colville, WA. I have worked in law enforcement for 13 years, and am well aware of our constitutional freedoms, and the dangers of losing them.

I heard that there was a quiet meeting coming up regarding the implementation of experimental-genetic-therapy-treatments, that are mistakenly called a vaccine (due to the CDC recently altering their definition of the terms "Vaccine", and "Immunity").

Children are statistically in more danger from the "vaccine". The age groups of children are NOT what covid targets.... so why the mandate of genetic therapy? This is about something more sinister than you are willing to comprehend, and you need to wake up.

A free country needs to remain free, and it escapes all conceivable logic that anyone would want to lose complete control of their own health decisions.

To make a long story short, I will pull my kids out of school if you implement forced experimental-drugs on my kids. There is no long-term data. NONE. Kids are dying world wide from heart problems, so honestly WTF? You are all doing this due to 'Financial Incentives' (am I wrong?). You are being paid by the devil himself to kill children.

You will have the blood of children on your hands by forcing this, statistically speaking, and it will never wash off. You all will face your creator someday and own your decisions. You will not throw my kids into the sacrificial mass grave.

All of this.. this cult.. is in complete violation of the Nuremberg Code, and it is completely against Traditional American Values. There are countless laws, that this would violate, but it's not about laws, or voting anymore is it? If I pay taxes for my kid to go to school, I want my money's worth. You literally owe me that.

No doctor has the authority to force anything on my children, so what is your authority/credentials... honestly who do you think you are? You have no authority, and to have audacity to claim such authority will simply show the devil inside of you. My children will remain out of the state's grasp, and it is so sad that I have to remain vigilant against this ultra-liberal, fallen, soulless indoctrination system that is referred to as a school. What an abomination it has become.

Thanks for your time. Make the right choice for those that would be fooled into poisoning their own children.

Sincerely,

Brandon Thompson
509-690-1843

Sent from my Verizon, Samsung Galaxy smartphone

From: Talas Rivers
Sent: 1/5/2022 2:05:20 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No jab

External Email

I would rather pull my kids out of school than have them get the covid shot.

Sent from Yahoo Mail on Android

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

From: Bret & Rozana Knutson

Sent: 1/5/2022 3:13:29 PM

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

Subject: Please No Shot Mandates for kids

External Email

All,

I worked everyday as a substitute bus driver for the last 4 years and all thru Covid. Not once was there an issue with a massive amounts of sickness. Kids playing with masks off and on, crammed on a bus, you would think there would be more cases.

2 years of Covid, without kids getting it, why would we now need to give them a shot for it? Ludicrous.

Even the districts' stats showed less then 0.1% cases. Survival rate is over 99%.

The public schools have already bred 3 generations of kids that can't think and are just cookie cutters and too many weak male characters. Some teenage girls told me they like the mask so they can hide behind them. There is some real self-confidence!

I actually homeschooled my kids for 20 years because I grew up in the system that is flawed.

Please provide data that proves all this masking, jabbing is necessary.

Thank you,

Rozana Knutson
Concerned Citizen & Taxpayer
425-445-6995

From: Lang, Caitlin M (SBOH)
Sent: 1/5/2022 3:04:22 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 3:26 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Caitlin Lang,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: khoffice13@gmail.com

Sent: 1/5/2022 2:18:34 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Public Comments for WSBOH Members from March EH Committee Special Meeting-Regarding Covid 19 Vaccines for children.

External Email

☒ Covid 19 vaccines should not be mandated for children to attend any type of schooling or childcare.

Children are not at risk for Covid-19 and that these "vaccines" are not yet FDA approved, only EUA and has not been properly tested.

Regarding the question of vaccinating children against Covid to attend school and daycare, I say the following:

1. The current vaccines do not cover the Omicron variant which is now the dominant strain.
2. Children have very mild symptoms when they have any form of Covid. This isn't smallpox, folks.
3. This vaccine is still for emergency use only and is considered experimental. Mild cold symptoms are not an emergency use situation.
4. Omicron is more mild (I've had it) than the common cold even for adults. We don't require vaccines for the common cold so requiring it for a variant that's mild AND that the vaccine doesn't address, is ridiculous and unnecessary.
5. You will see an army of parents pulling their children out of public school if you choose the path of mandatory vaccines to attend school. So consider how your school levies will look going forward in the years to come. It won't go well for school funding because everyone will be using online schooling at home. Except the low income people who don't have the same resources, that is. So you will end up with a public school system largely comprised of low-income families which makes this whole idea ultimately discriminatory against low income children who will be left with a shell of the current public education system.

-Heidi von Olnhausen.

Sent from my iPhone

From: Amy Ayers
Sent: 1/5/2022 3:59:11 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public School Mandate

External Email

To Whom It May Concern:

My name is Amy Ayers.
I am a mother of 2 & a lifelong resident of Washington State.

My family & myself are completely OPPOSED to enforcing the covid vaccine for K-12 students.

We are already homeschooling our youngest & should this pass, we will 100% pull our oldest out of public school as well.

There has not been nearly enough time to see what potential risks could occur from these vaccines on children. Please don't roll the dice with our children's future.

Sincerely,
Amy Ayers
King County

From: april parker
Sent: 1/5/2022 1:01:10 PM
To: DOH WSBOH,Davis, Michelle (SBOH)
Subject: Voting on Covid 19 vaccines

External Email

As a parent of school age children, I am highly concerned about how you all will vote on January 12, 2022 as to requiring the C19 gene therapy shot for school attendance next year.

All you have to do is look at the data to see this experimental shot is not working. It is abundantly clear that this shot does not stop infection or transmission as there have been well over 100,000 breakthrough cases. I have heard so many people I personally know share that they have still contracted covid post vaccination. What I have also witnessed in my line of profession, is a great number of adverse reactions to this EXPERIMENTAL SHOT. High fevers, Neurological issues, development of heart conditions, extreme sickness, strokes and even death after the shot.

As a parent of both a boy and a girl, I have great concerns, women of all ages experiencing significant problems with reproductive health. And young healthy athletic men dropping on the field and developing myocarditis, which is PERMANENT SCARRING of the heart, leading to a LIFETIME of heart medications and physical limitations. The death count found on VAERS for this gene therapy is now over 19,000 dead because of severe bad reactions to the shot. In years past, vaccine injury has been grossly under-reported for several reasons. The report is long, the system is not user friendly with no way to save progress so that when a medical provider is pulled away to care for another person, they have to start all over again, and in the emergency room, how many physicians or nurses are going to take the time to file the report? Any other medical treatment would have been pulled from the market before half that many people died from it.

As we watch more mutations of this virus come on, it is clear that our current vaccine IS NOT effective at preventing infection with this new strain, in fact, data suggests that the vaccinated are seeing infection higher than the unvaccinated, and this strain so far presents milder than the common cold. Young people have a much greater risk of having significant long term health problems from the shot than the virus itself. It is time to stop the madness, stop the crazy mandates that are pushing people over the edge and allow people to make the best medical decisions for themselves. You on the board are NOT DOCTORS, you are ignoring common sense and science, especially when you will not acknowledge natural immunity from recovery. A vote to make this shot mandatory steps all over medical freedom, religious and philosophical freedoms. When a person cant reject this shot based on medical history, big fat alarms should be going off. Big Fat Alarms should be going off right now!!!! You owe it to every tax payer to vote to reject mandating this vaccine.

Please know that if you vote to make this EXPERIMENTAL and not fully studied and approved for ANY LONG TERM SAFETY, shot mandatory for attendance for school next year, I will pull my children out of the public school and will hold each and everyone of you responsible for the any injury or death that happens to our youth because of this shot. Stop playing God, you are not good at it.

VOTE NO! VOTE NO! VOTE NO! Take time to research the numbers, it does more harm than good! VOTE NO!

From: MICHAEL DOYLE
Sent: 1/5/2022 11:57:28 AM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: School required vaccine schedule

External Email

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

From: MICHAEL DOYLE <wmrra84@comcast.net>
To: "wsboh@sboh.wa.gov" <wsboh@sboh.wa.gov>
Cc: MICHAEL DOYLE <wmrra84@comcast.net>
Date: 01/03/2022 11:59 AM
Subject: School required vaccine schedule

To whom it may concern,

I am writing to you as a concerned mother of school-aged children. I want to be clear that I am writing to express my opinion against the idea of possibly adding a covid vaccine requirement for school. White River School District has done an amazing job at collecting data on our students in regards to their rate of infection and transmitting of covid to their classmates, teammates, and adult staff. The evidence is clear- our children are not the risk/liability when it comes to this virus. To mandate this vaccine for school attendance is absurd. First of all, it is still in experimental stages and it has been proven highly ineffective with nasty side effects and unknown long term consequences. So many vaccinated are still contracting the virus and spreading it. My biggest point of contention though has to do with natural immunity. So many studies prove that natural immunity is more effective than a manufactured vaccine could ever be YET, it is not even looked at as a counter to a vaccine. For all the other required school vaccines, blood titers were an option to prove immunity in lieu of getting unnecessary vaccines. Why is this not an option for covid??? Also, you don't mandate flu vaccines for our school children. How could you possibly mandate a vaccine requirement for this virus? It is constantly changing with new variants, constant changes with how many of which vaccines are needed to reach some level of immunity (which I again, is nowhere near the protection offered from natural immunity). Do you realize how many families are willing to pull their kids out of school over this possible mandate? Does that not say something to you...Vaccines are available for those that want it, please don't try to force it on our kids.

Sincerely,
Janell Doyle

From: Testify Online Survey
Sent: 1/5/2022 12:07:50 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Covid 19 vaccine requirement for school entrance

3.

Your Name:

Rebecca Gallagher

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4205 165th Ave SE Snohomish, WA 98290

7.

Email:

beckyherko@hotmail.com

8.

Phone Number (Include Area Code):

2069413287

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

Hello, I am writing this email in regards to our children and their rights to be able to attend public school. This education is funded by tax payers and should not be withheld from ANY child of WA state based on their religious beliefs or personal preferences. We have always had exemptions for vaccines and a covid vaccine should be no different. All of our children deserve access to equal education and without discrimination. I am beyond appalled by how heartless this state has operated during the pandemic by way of promoting division and supporting isolation of our children by encouraging learning online as opposed to in person. Covid is something we have to live with and OBVIOUSLY masks and vaccines have not solved the issue. I am firmly against requiring vaccines for children to attend schools as this was not voted on by the public nor is it accommodating for all of our children. Segregation will not cure covid but only increase childhood depression and anxiety and eventually suicidal tendencies. This entire state has been a laughing stock across the country and this is just one more example of how you've failed us. Do not fail our children again.

From: Treva Mahar
Sent: 1/5/2022 11:17:44 AM
To: DOH WSBOH
Subject: No Mandate to Vaccinate School Children against Covid-19 and variants

External Email

Dear Washington State Board of Health members,

I am deeply opposed to any recommendation for a vaccine requirement for school aged children and ask that you not adopt any such requirement.

I am not convinced that this would be in the best interest of our children based on the lack of evidence for long term effects of the vaccine.

I ask that you leave the decision to the parents whether they vaccinate their children against Covid.

I would ask that you encourage everyone to eat healthy, get plenty of exercise, and build their immune systems with necessary Vitamin D, Vitamin C, Zinc, etc to help their bodies function at the best disease fighting capacity possible. This is good science!

Thanks for considering my plea to Not Mandate Vaccines for school aged children.

Sincerely,
Treva Mahar

Sent from my iPad

From: Erika Simpson

Sent: 1/5/2022 3:16:35 PM

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

Cc:

Subject: VOTE NO ON VACCINE MANDATES

External Email

Hello all,

I just read that the Washington State Board of Health is voting on Friday on a mandate to make OUR children take the Covid-19 vaccine in order to attend school.

Have you seen that the LA County school district pulled their mandates because so many families decided to pull their kids from school? How many families currently have pulled their children in 2020 and 2021??? I know many families that have either 1) moved out of state, 2) put their kids in private school, or 3) have enrolled their kids in an on-line school.

I guarantee you, I WILL pull my three kids out of the Washington state school district if this happens. They WILL NOT be taking weekly Covid tests either if that's your solution.

NOPE

Vote no!!!

Erika Simpson

From: Becky Tolf
Sent: 1/5/2022 4:28:20 PM
To:
Subject: Do NOT REQUIRE the C-19 vax for school children

External Email

To Whom It May Concern,

I am very concerned about requiring the Covid-19 shots for children and adding this "vaccine" to the required vaccinations for school aged children. This "vaccine" is absolutely too new to be required for children. There are absolutely NO long term studies done on these vaccines and they are still only approved under EUA. This alone makes it so you cannot and should not require or mandate these "vaccines" for children. Further, children do not have a high risk of dying from COVID-19. They just don't! So why would you push an untested vaccine, that has known side effects of causing heart problems on children who have a very small chance of actually dying from the illness?? This is not right. If parents want to make an informed decision and get their child vaccinated for covid-19 then that is one thing, but it is not right for you to require or mandate that children have this vaccine. I hope that you will look at all the studies that are being done, adverse reactions that are happening because of the vaccine, and realize that it is not your place to require or mandate this vaccine for anyone but especially for children.

Thank you for your time and honest consideration!

A concerned mother of 4 daughters,

Becky Tolf

From: Alissa
Sent: 1/5/2022 12:46:20 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO to vaccine mandates

External Email

As a parent to three school aged children I'm writing because I am vehemently opposed to mandating the Covid vaccine for school aged children. There are three main reasons why.

First, the current vaccine does not have any long term safety studies done yet, they are simply too new. The studies and evidence currently available show that receiving the vaccine poses far greater health risk to children than Covid does. VAERS data as well as many other studies prove this. Children have a 99.998% survival rate with Covid, a vaccine with possible side effects is not necessary nor a smart risk assessment.

Secondly, the vaccines do not stop the transmission of Covid. There is no argument that vaccinating someone helps protect anyone other than themselves. If children have basically no risk of harm from the disease, a vaccine is not necessary. Teachers and staff are already vaccinated so they should be protected if their vaccine works to lessen symptoms. Our hospitals are not overwhelmed with Covid patients, if they are struggling it is because of the firing of unvaccinated workers, delayed/improper care for other issues, and/or extreme quarantine and safety precautions unnecessarily being taken because of Covid.

The third reason I am opposed to mandating this vaccine for school entry is that while the FDA did approve the Comirnaty version of the Pfizer vaccine, it is currently unavailable anywhere in the US. Public schools may not require an experimental vaccine that is under EUA. The only vaccine currently available to our children is NOT the FDA approved version.

Thank you for your time,
Alissa H

From: S J
Sent: 1/5/2022 3:26:39 PM
To: monroe.artist114@yahoo.com
Cc:
Subject: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

External Email

To Whom it May Concern;

I am submitting this email in regards to the upcoming January 12, 2022 decision recommending the Covid-19 Vaccine for school age children.

Public education is funded by taxpayers and should not be withheld from ANY child in Washington State based on their personal or religious beliefs and preferences. Our children deserve equal access to education without discrimination. Segregating our children by forcing parents to make decisions to un-enroll their children in Public Education and find alternate means of education or in many cases, leaving the state completely, will not cure Covid-19. It will only increase childhood depression and anxiety and, as you all should know, even increase suicidal tendencies in Washington State Youth.

Washington State, in my opinion and that of numerous fellow parents I have spoken with in regards to the subject, has operated at an extremely poor level during this pandemic. It has promoted division and supported the isolation of our children by implementing online learning as opposed to in-person learning, and the requirements that have been imposed on our children when they were allowed to return to in person learning are proving to be detrimental to their mental health and well-being even now. I implore you to talk to students at all grade levels and actually see what they are thinking and how they feel being in the situations they are in with the restrictions in place. Given that Washington State has seen a withdrawal of students from their Public Education program over the past two years in excess of 55,000 students, this should be a blatantly obvious indication that the decisions being made that effect the students of Washington are not "Popular". If this becomes a requirement, the number of students pulled from Public will grow exponentially. Washington State is already disregarded across the country with the poor handling of the pandemic and the excessive restrictions that leadership has put in place, don't add any 'Fuel to the fire' by adding yet another layer to this already disgraceful situation.

The Covid-19 virus and it's continued variants are something that we are ALL going to have to live with going forward. It is abundantly clear at this point that vaccines and masking have not solved the issue. It is being reported that upwards of 70% of Omicron infected patients are all vaccinated. I personally know of several Breakthrough cases of Covid-19 in family and friends, and some of them were severe enough to end up in ICU BEING FULLY VACCINATED! The rules for masking, types of masks, etc. change so often a person could get whiplash attempting to keep up with current protocols. My family and I have all had, and recovered, from Covid-19 even with the protocols in place.

I am firmly against the requirement of the Covid-19 Vaccine for our children to attend public school. This is not something that was put forth by a vote of the People of Washington State, nor is it accommodating for all of our children. As a parent of 3 children in Public Education, I am imploring you oppose making the Covid-19 Vaccine a requirement to attend Public School in Washington State.

I thank you for your time.

Shiriah Jelenek
17526 20th St. SE
Snohomish, WA 98290
425-329-5132
ewdnbbd@yahoo.com

From: candice hussain

Sent: 1/5/2022 4:04:09 PM

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

Cc:

Subject: VOTE NO on VACCINE mandates for School Aged Children

External Email

Attn: WA State Board Health Representatives

I am a beleaguered WA resident and a parent of school-aged children, just one of many, living through non-sensical mandates and forced medical tyrannies. I've already chosen to remove my children from school to avoid having them be traumatized by the policies that have been adopted since this pandemic began, but if our state chooses to make an experimental drug that is proving to maim and kill thousands of people mandatory for children to be enrolled in school, I am certain many, many more will be removing their kids by the droves. Let's stop destroying this beautiful state with bad policy.

Please support freedom of medical choice for children and their parents!

Sincerely,
Candice Cheadle

From: J Billadeau
Sent: 1/5/2022 4:27:06 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),hannah.hag@sboh.wa.gov,Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: 497A3E22-6799-416D-9865-9126126CC625

External Email

To whom it may concern,

I am a very concerned mother about the Covid 19 Vaccine. I do not think this should be made mandatory to attend public school. This shot is NOT one size fits all. The vaers report speaks for itself.

DO NOT MAKE THIS MANDATORY FOR CHILDREN TO ATTEND SCHOOL.

Thank you,

Jaimee Billadeau

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 3:33:06 PM
To: DOH WSBOH
Cc:
Subject: FW: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

From: S J <ewdnbbd@yahoo.com>
Sent: Wednesday, January 5, 2022 3:27 PM
To: monroe.artist114@yahoo.com
Subject: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

External Email

To Whom it May Concern;

I am submitting this email in regards to the upcoming January 12, 2022 decision recommending the Covid-19 Vaccine for school age children.

Public education is funded by taxpayers and should not be withheld from ANY child in Washington State based on their personal or religious beliefs and preferences. Our children deserve equal access to education without discrimination. Segregating our children by forcing parents to make decisions to un-enroll their children in Public Education and find alternate means of education or in many cases, leaving the state completely, will not cure Covid-19. It will only increase childhood depression and anxiety and, as you all should know, even increase suicidal tendencies in Washington State Youth.

Washington State, in my opinion and that of numerous fellow parents I have spoken with in regards to the subject, has operated at an extremely poor level during this pandemic. It has promoted division and supported the isolation of our children by implementing online learning as opposed to in-person learning, and the requirements that have been imposed on our children when they were allowed to return to in person learning are proving to be detrimental to their mental health and well-being even now. I implore you to talk to students at all grade levels and actually see what they are thinking and how they feel being in the situations they are in with the restrictions in place. Given that Washington State has seen a withdrawal of students from their Public Education program over the past two years in excess of 55,000 students, this should be a blatantly obvious indication that the decisions being made that effect the students of Washington are not "Popular". If this becomes a requirement, the number of students pulled from Public will grow exponentially. Washington State is already disregarded across the country with the poor handling of the pandemic and the excessive restrictions that leadership has put in place, don't add any 'Fuel to the fire' by adding yet another layer to this already

disgraceful situation.

The Covid-19 virus and its continued variants are something that we are ALL going to have to live with going forward. It is abundantly clear at this point that vaccines and masking have not solved the issue. It is being reported that upwards of 70% of Omicron infected patients are all vaccinated. I personally know of several Breakthrough cases of Covid-19 in family and friends, and some of them were severe enough to end up in ICU BEING FULLY VACCINATED! The rules for masking, types of masks, etc. change so often a person could get whiplash attempting to keep up with current protocols. My family and I have all had, and recovered, from Covid-19 even with the protocols in place.

I am firmly against the requirement of the Covid-19 Vaccine for our children to attend public school. This is not something that was put forth by a vote of the People of Washington State, nor is it accommodating for all of our children. As a parent of 3 children in Public Education, I am imploring you oppose making the Covid-19 Vaccine a requirement to attend Public School in Washington State.

I thank you for your time.

Shiriah Jelenek

17526 20th St. SE

Snohomish, WA 98290

425-329-5132

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

From: Lynette Borcharding
Sent: 1/5/2022 3:00:11 PM
To:
Cc:
Subject: Upcoming Jan 12th meeting

External Email

Attention board of health members:

I am vehemently opposed to any type of forced isolation or quarantine! Please strike this option down.

RE: "Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100."

Lyn Borcharding

From: Katie Moran

Sent: 1/5/2022 3:15:43 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccination Mandate in Schools

External Email

Good Afternoon,

I am writing to you today to ask that you vote against implementing the Covid vaccine for school aged students.

Children are at an extremely low risk from being seriously ill from Covid. Additionally there are zero long term studies on the negative side affects of these injections.

If this vaccine becomes mandatory for students I will immediately remove mine from the public school system.

Thank You,

Katie Moran

From: Rachael and JC Smith

Sent: 1/5/2022 2:54:17 PM

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

Subject: Opinion re Mandate on Vaccine for school aged children

External Email

To Washington State Board of Health members,

Hope this email reaches you well. As a parent of a child (soon to be 2 children) attending an elementary school in Stevens County, I am writing to make it known that myself, among many others, are strongly against the covid vaccine being mandated for school aged children. I believe that this is a decision that should be made at local level, or, in fact, made specifically by the parents or guardians. Although I understand that covid-19 can be serious for adults, I just do not believe that it is harmful enough to children to justify a mandate. This vaccine does not stop them from getting covid or stop them from spreading it. I am personally not comfortable giving the vaccine to my children, at this time, and would have to pull them out of public school to homeschool, which is not ideal for any of us. Please think of the children's future and make the right choice. Please just let this be a choice.

Thank you for your consideration and taking the time to read this email.

Sincerely,

Rachael Smith

Get Outlook for Android

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

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 3:31:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Upcoming Jan 12th meeting

From: Lynette Borcharding <lyn23@hush.com>
Sent: Wednesday, January 5, 2022 3:00 PM
Subject: Upcoming Jan 12th meeting

External Email

Attention board of health members:

I am vehemently opposed to any type of forced isolation or quarantine! Please strike this option down.

RE: "Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100."

Lyn Borcharding

From: Summer Pruitt

Sent: 1/5/2022 2:59:12 PM

To: Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlin.donahoe@sboh.wa.gov, Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public school mandates

External Email

>

> ☐ To Whom it May Concern,

>

> My name is Summer Pruitt and I am a wife, a mother, and a life long resident of Washington State. I am completely OPPOSED to any mandate of the Covid vaccine for public school children. This is unconstitutional and would be of great detriment to the Washington State public school system. With enrollment already down by nearly 60,000 this would cause an even greater nose dive as I fully believe a majority of parents would pull their kids from public schools immediately. I want my voice to be heard! The parents of Washington State will not sit by and let this happen. We will stand our ground for our freedoms and the freedoms of our children!

>

> Sincerely,

> Summer Pruitt

> Okanogan County

>

From: Katy Braucher
Sent: 1/5/2022 12:01:32 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Opinion on vax for school children

External Email

Good afternoon,

As a parent I am very concerned about the state trying to force a vaccine on our children that has not had sufficient testing and is not safe. When the last SARS vax came out it killed 5 people and it was pulled. The Covid shots have killed 20,000 thus far, causing young people extreme heart issues, including smaller children. It is not normal for children to have a heart attack or severe issues. I have seen firsthand amongst my acquaintance and friends, not only the side effects but how incredibly ill they become after they have the shot; whether it be the initial 1 or 2 or the booster. Each comes from different walks of life and are of a wide age range as well. Each and every one of them have had issues. This is simply not safe and should NOT be forced on our children.

We still live in a free country and we are the parents. We should decide what is right for our children's health! Not the state or anyone else, it is NOT the school's job to police the health care choices of our children. We have the freedom to choose. If someone feels that it is safe and they choose to vax their children, that is their choice and I will not stand in their way or get in their face about it. They have that right! But we also have a right to say NO!

I also want to point out the fact that if this vax works, then why are people so scared of us? If it works, then they shouldn't have anything to fear from me or my child. It's no different if a kid can't be vaxed for MMR. I'm not worried because my kid has had those shots. I'm not knocking them all, I'm saying this particular one is not safe and should not be forced. public-school, in-home learning or home school. Should NOT be a forced thing. I pulled my child from school after last year because I saw the hand writing on the wall.

These shots have not been properly tested and we as parents should have the final say! If we don't want our kids to have it then we should be able to at least fill out an exemption form. Forcing people to get something injected into their body they don't want there is not any different that the sexual abuse I suffered. It was something I did NOT want in my body and it was forced. Not any different. Without long term testing on the side effects (heart problems, blood clots, sudden death, again to name a few that HAVE happened) these things should not be forced! Everyone is entitled to choose. Freedom of choice! My body my choice remember. We are the parents, we created our children and we should decide what is best for our kids. Not the State! This is NOT Russia, China, North Korea or Nazi Germany. We decide, not the state

Katy Braucher ☐

From: Jeremy Hines

Sent: 1/5/2022 3:03:17 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine Mandates

External Email

I don't think it is a good idea to include the Covid Vaccine as a required vaccine for K-12 school kids. I have the luxury of getting time off to take my children to their pediatrician so he and I can discuss vaccination for my kids (they carry a rare genetic disease that I have). There are a lot of small groups of people that don't have the luxuries that I do (indigenous people, people of color, etc). I can't see this as being a good move to help include those that are farthest from equity.

--

Jeremy Hines

<mailto:jeremy@hinesplace.net>

"When you tear out a man's tongue, you are not proving him a liar; you are proving to the world you fear what he has to say." - George R.R. Martin

From: The Demirjians
Sent: 1/5/2022 1:43:59 PM
To: DOH WSBOH
Cc:
Subject: RE: Vaccine Mandate for Children

External Email

Washington State Board of Health:

We are opposed to a COVID-19 child vaccine mandate in the state of Washington.

There is no reason to vaccinate a healthy child with no pre-existing conditions or comorbidities, as they are not at risk for COVID-19. To date, there have been zero deaths among healthy children in the United States from COVID-19. Yet there have been numerous side effects that have been documented from the vaccine in children including myocarditis.

I know the argument is forming that children can be spreading the virus and therefore we should vaccinate. Data has shown that kids are not the super spreaders of the disease. And, the vaccine is proving insufficient against the omicron, which has quickly become the newest variant spreading through our state.

I know we are searching far and wide to put an end to covid. But mandating this vaccine just does not make sense. Our children have suffered the greatest the last two years from COVID-19; Not from the physical disease itself, but from schools shutting, sports being canceled, and all other extracurricular activities put on hold. These kids are our future leaders, doctors, nurses, educators, farmers, politicians, etc. When will we start putting the future of our beautiful state and country first? When will they get our first and best? We don't need them to protect us. WE need to protect THEM.

Please leave the decision to vaccinate children in the hands of the parents who can make a decision best for their children and their family. Please trust parents to do their own research, communicate with one another and their children's health provider to make their choice for their own children.

Thank you,

Robyn Demirjian

From: Herendeen, Lindsay (SBOH)
Sent: 1/5/2022 2:10:12 PM
To: DOH WSOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <mailto:lindsay.herendeen@sboh.wa.gov>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>
, 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: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:27 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Lindsay Heredeen,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Kirsten Nordstrom

Sent: 1/5/2022 2:22:44 PM

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

Cc:

Subject: No Covid Vaccine Mandate for Children

External Email

To the committee discussing Covid Vaccine Mandates for schoolchildren:

Kids are not susceptible to Covid-19. They have a 99.995% survival rate. In testing they could not even find a child to have a severe reaction to Covid-19. The vaccine does not prevent transmission or replication. The kids being vaccinated do not protect grandma. The kids can spread asymptomatic covid easier when they are vaccinated.

I am extremely upset that the FDA is letting our nations' children become lab rats in the name of collecting data about the Covid-19 vaccine's effects on children. "We're never gonna learn about how safe the vaccine is until we start giving it. That's the way it goes"-Dr. Ruben on the FDA panel. Test subjects in actual drug trials get paid, get free medical care if they have issues with side effects. We American citizens can't even get emergency medical care that we have to pay good money for because of Vaccine Mandates and the tremendous understaffing/overworking of current medical staff. What happens when my child develops cardiac issues from the vaccine? Who is going to treat him? Who is going to pay for treatment? We have to sign away our rights to sue the drug maker when we get the Covid vaccine. If my child dies, no one is going to be held responsible. This is EVIL!

It took decades to get a safe polio vaccine for children. Many children had severe side effects, they ended up in iron lungs. This Covid vaccine has been studied in children for a couple of months. The long-term effects and severe side effects of this vaccine need to be studied for YEARS before forcing the nation's children to have it injected into their bodies.

Pediatricians say the mental health crisis among kids has become a national emergency. "Between February and March of 2021, emergency room visits for suspected suicide attempts were up 51% compared to the same period in 2019, according to the Centers for Disease Control and Prevention," according to data from the Centers for Disease Control and Prevention. The impact of this ongoing use of children as political pawns while politicians continue to ignore the science of Covid-19 cannot be understated. We need to support this generation's mental health, let them have normalcy at school, get these kids off the fear train (children in the 0-18 age group have a covid survival rate at 99.995% with very little ongoing covid symptoms). Denying children who do not need a vaccine life, liberty, education, and a future is immoral and illegal and you freakin' know it.

Truly, it is looking like there will be a forced Vaccine Mandate to attend public school (and most likely, private too) in at least Washington State. You have the opportunity to stop this evil preying on of our children--our future. Say NO to approving the use of Covid-19 vaccines on children. Give the children a voice! Protect their rights!

Do not mandate covid vaccines for children! Parents, not government bureaucrats, have the right to make sound medical decisions for their children. Also, it is completely

IMMORAL and ILLEGAL to deny a child a quality education based on personal philosophical and medical decisions. Access to education for ALL CHILDREN! Protect the medical liberties of all citizens!

Signed by a VERY concerned citizen,
Kirsten Nordstrom
Port Orchard, WA

From: Sabin Hogue

Sent: 1/5/2022 4:32:58 PM

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

Cc:

Subject: Covid concerns

External Email

Sirs and madams, I am writing as a very concerned parent and American.

I am writing in regards to the upcoming January 12, 2022 meeting.

It is time to stop the hysteria. From masks, to forced vaccines (threatening people with job loss is not a choice, it's extortion.). and now the covid camps.

WAC 246-100-070 is a gross overstepping of the government and breaks civil rights.

We are only 80 years post WWII and the hoocaust. Have we learned nothing? How can the voices of millions of people be silenced when the data shows Covid is not the mass death threat it was toted as.

Ignoring natural immunity, and suppressing side effect data is irresponsible.

Omicron is 40% less dangerous than the original strand and yet the hysteria by the media and government is still being spilled out.

Please vote AGAINST mandatory covid vaccines for school, jobs, and absolutely against the covid camps.

Sabin Hogue

From: Pskowski, Samantha L (SBOH)
Sent: 1/5/2022 2:49:57 PM
To: DOH WSB OH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:24 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Samantha Pskowski,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go

and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Marty Young
Sent: 1/5/2022 12:21:52 PM
To: Thai, Nathaniel J (SBOH),DOH WSB0H,Kahler, Kelie (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Lang, Caitlin M (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),stuart.glascoe@sboh.wa.gov,Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),lindey.herendeen@sboh.wa.gov
Cc:
Subject: Vaccination mandate for children

External Email

I'll keep this simple. If children are required to get the COVID vaccination. Our kids will be withdrawn from public school to home school.

We homeschooled 6 of our oldest children previously and they are very successful adults.

Www.hslda.org

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

is very helpful and we will encourage all parents to take kids out of school.

Sincerely,
Marty Young
5844 Mountain Lane Rd
Peshastin WA 98847
509-630-1473 cell/text
509-548-4043 home

From: Ron Crawford

Sent: 1/5/2022 3:38:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Potential vaccine requirement for children

External Email

I am writing in opposition to any mandate for children in the state. Data shows that the health risk to children is de minimis. Also, the current dominant variant is much less virulent than the prior ones as evidenced by a recent NY Times morning briefing discussing the less severe nature of Omnicron, both in terms of hospitalization and death.

Furthermore, there are risks from taking the treatment. Families should be the judge of what to do to promote their children's health.

Please do the right thing and not mandate this vaccine for our state's children.

Sincerely,
Ron Crawford

Sent from my iPhone

From: Young, David
Sent: 1/5/2022 2:29:07 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I vehemently oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend school. We do not have enough data to determine the effects of this vaccine on children.

David□

Young

Senior Managing Director

JLL Capital Markets

601 Union Street
Suite 3525

Seattle,

WA

98101

T

+1 206 607 1719

David.Young@am.jll.com <mailto:David.Young@am.jll.com>

us.jll.com/capitalmarkets
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.us.jll.com%2Fen%2Finvest-in-real-estate%2Fcapital-markets&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42c2cf98f1f4d1eab5a08d9d09abeaa%7C11d0e2>>

Jones Lang LaSalle Americas, Inc.
a licensed real estate brokerage company.

*&

<<https://apps.jll.com/public/images/messaging/eSign-320px.jpg>>

One of the 2021 World's Most Ethical Companies®

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.jll.com%2FWME2021&data=0>>

Jones Lang LaSalle

For more information about how JLL processes your personal data, please click here

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.jll.com%2Fprivacy-statement&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf42c2cf98f1f4d1eab5a08d9d09abeaa%7C11d0>>

This email is for the use of the intended recipient(s) only. If you have received this email in error, please notify the sender immediately and then delete it. If you are not the intended recipient, you must not keep, use, disclose, copy or distribute this email without the author's prior permission. We have taken precautions to minimize the risk of transmitting software viruses, but we advise you to carry out your own virus checks on any attachment to this message. We cannot accept liability for any loss or damage caused by software viruses. The information contained in this communication may be confidential and may be subject to the attorney-client privilege. If you are the intended recipient and you do not wish to receive similar electronic messages from us in the future then please respond to the sender to this effect.

From: Mary Austin

Sent: 1/5/2022 4:38:31 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Pandemic response or Panic response?

External Email

□

Thank you for hearing my input regarding the rules and regulations you are considering for mandatory covid-19 vaccinations for school age children. These actions look like panic responses, not rational, reasoned responses.

I am vaccinated, but that is my own voluntary decision. The vaccine is too new, and the lethality of the disease in youth too low for us to even be considering mandatory vaccinations of our youth. Please be calm and rational as you look into this issue, and DO NOT increase the panic with draconian forced vaccines on an unwilling public.

As is common in viruses, the mutations are becoming less lethal. The death rate for the Omicron variant is nearly non-existent. Omicron may be a blessing in disguise, providing natural immunity that may be much more robust than the vaccines, while hardly causing more than a mild, cold-like experience.

I know we WANT to help solve the problems, but be aware of the higher omicron infection rate in the vaccinated, be aware of the serious incidence of heart complications in vaccinated young athletes, and be aware, there are always unintended consequences of every action. Yes, there can also be consequences of inaction, but weighing the information available to us at this time makes it clear; it is WRONG to be considering vaccine mandates and forced compliance.

Mary Austin
Leavenworth, WA
Mothramay@gmail.com

From: Corinna Hilderbrand
Sent: 1/5/2022 1:52:57 PM
To: DOH WSBOH
Cc:
Subject: Vac requirements for children

External Email

I strongly oppose any Covid shot Mandate or requirement for children. This is unnecessary and cruel. its bad enough there is a mask mandate. The experimental shot has not been out long enough to require this. There is proof of heart problems arising and you are fully aware. If you are for this you are a not a kind person and deserve to be jailed for crimes against humanity!
Stop this now!
Corinna Hilderbrand

From: Liz Berrigan

Sent: 1/5/2022 1:44:29 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Fw: Oppose Mandating Covid-19 shot

External Email

Washington State Board of Health,

I am writing today because I understand that you will soon be making a decision on whether to add the Covid-19 shot to the school age vaccination schedule in order to attend K-12 school.

I oppose mandating the Covid-19 shot in all forms including for employment, accessing services, travel, restaurants, entertainment, sports, and in order to attend K-12 school. This shot is NOT necessary and is causing more damage than it is causing good. Children are the least affected by the Covid virus and Washington State has not seen one child death from Covid. 42 other states are successfully operating their schools without mandating masks or the Covid-19 shot. It is ridiculous and morally reprehensible to force anyone to take this shot. Our children have been hurt enough in the past 2 years with lockdowns, virtual learning, masks, etc. Please stop the madness and don't continue to make it worse by mandating the Covid-19 shot in order to attend school. Please also note that the Los Angeles Unified School District tried to mandate the Covid-19 shot and failed miserably.

In addition, I oppose the mandatory masking of students (and staff) as well. Masking is not healthy for our children and their ability to learn is affected. For example, when children are learning to read, they need to hear the sound and see the way the sound is made. When a teacher is wearing a mask the student hears a muffled "th" sounds for example. When a teacher is wearing a mask the student cannot see the lip/mouth formation of the sound. In addition, the teacher cannot see the way the child is making the sound when the child is wearing a mask.

Medical decisions (including masking and vaccines) are personal decisions for parents to make and between parents and their child's pediatrician. The Board of Health should respect these personal choices and put an end to mandatory masking and mandatory Covid-19 shots.

I also would like to point out that I support Informed Choice Washington's Petition for Rulemaking (Item 11 on the January 12th agenda) which asks the Board to establish a new rule that prohibits the Board from adding any Emergency Use Authorized product, or any licensed product that lacks completed Phase 4 trial studies (and beyond), to the school vaccine required list.

Thank you for your time.
Liz Berrigan

From: Jessica Ask

Sent: 1/5/2022 11:47:11 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Oppose Covid-19 Shots for School Children

External Email

I would like my opinion on record. As a WA state citizen with 3 school age children, I am in strong opposition of making the Covid-19 vaccine mandatory. There is not nearly enough time or scientific study to validate adding it to the list of mandatory vaccines. There is also not enough evidence that the risks outweigh the benefits for the age group under 18.

I will remove my children from public school or apply for an exemption if this shot goes on the list of required shots.

Please provide valid scientific studies to support the decision to add this to the list of mandatory vaccines.

STOP THE MANDATES!!! MEDICAL FREEDOM! PROTECT OUR CHILDREN!!

Jessica Ask

From: Donovan Mendez
Sent: 1/5/2022 12:42:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals.

I also oppose adding a Covid-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Donovan Mendez

From: Testify Online Survey
Sent: 1/5/2022 3:46:57 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

WAC 246-100-070. WAC246-100-045, WAC246-105

3.

Your Name:

Karen Blasdel

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2420 Road 68

7.

Email:

blas07792@gmail.com

8.

Phone Number (Include Area Code):

5097278255

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a free citizen of Washington, FREEDOM to make decisions for myself and my family is my GOD given right.

10.

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

1. Yes

I oppose COVID-19 vaccine mandates for school aged children and I oppose any rule that expands any agency (local or statewide) authority to ikpose involuntary quarantines.

11.

Are you Pro or Con on the proposal?

2. Con

I am against any quarantine facilities.

From: Yuliya Tenks
Sent: 1/5/2022 11:27:20 AM
To:
Cc:
Subject: Vaccine requirements in schools - opposed

External Email

Hello,

I am a parent of an absolutely healthy child, who didn't have a flu in her 14 years or colds. I beg you not to enforce Covid vaccine in schools as we don't know health implications on our children in 10 and 20 years and the future generations of the planet. Also I beg you to protect rights of parents to make choices for their children.

Regards,

Yuliya Tenks
425-442-0180

From: era pogosova

Sent: 1/5/2022 1:11:09 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Strong objection for institution EUA that are still in trials as required

External Email

Hello Everyone,

As a scientist, a parent and an educator, I am appalled that the state is considering requiring a vaccination that is only approved under Emergency Use Authorization and is still in clinical trials as part of vaccination requirements for students. I would appreciate an acknowledgement that my comments are made public and considered. Below is the detailed discussion of my reasons and rationale for strong objection against requiring Covid EUA vaccines in schools (or elsewhere, for that matter).

Thank you,

Era Pogosova-Agadjanyan
15930 131st Place SE
Renton, WA 98058
425.208.6483

Objections to including EUA COVID-19 vaccines into list of required vaccinations for public school enrollment:

1. Such a requirement is illegal, unethical and immoral: Since currently available vaccines are still in trials, individuals have to receive and sign informed consent to participate in the trial and have the right to NOT participate. Coercion into participation violates ethical and moral codes. Consent is absolutely essential and for minors, parental consent is also a must.

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act states:

individuals to whom the product is administered are informed—

- (I) that the Secretary has authorized the emergency use of the product;
- (II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
- (III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003). The court held: "...the United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs." *Id.* at 135. No court has ever upheld a

mandate for an EUA vaccine.

2. The vaccine has proven to be less effective than originally thought. Vaccinated and boosted individuals continue to get, spread and die from Covid. Within the pediatric group, the risk of dying from Covid is minimal. Natural immunity is also discounted for some reason in our State and the US, which makes no logical nor scientific sense. The clinical trials are continuing well into 2023, with certain arms of the studies looking at rare side effects well into 2025, hence more results are expected in the coming years to determine its true effectiveness and efficacy.

https://clinicaltrials.gov/ct2/results?cond=covid+vaccine&Search=Apply&recrs=a&recrs=f&recrs=d&age_v

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fresults>

3. The rare side effects are concerning and require more follow up studies. Since when did the schools hire physicians to have on staff in order to mitigate potential issues that arise while children are at schools? The incidence of pericarditis and myocarditis in pediatric patients is truly alarming. <https://pubmed.ncbi.nlm.nih.gov/34374740/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34374740/>
and this is just one of many reports of concern. In addition, there are no long term follow up studies to assess any other organ systems.

4. It is not the State's or Board of Education's role to define how parents choose to raise their children. I do not welcome the State or any other governing bodies in deciding my family's medical decisions. I rely on my religion, moral compass and heritage to make medical decisions for myself and my children. I am the one who is solely responsible for their well being, both morally and financially. When I send my children to schools that I support with my tax dollars, I send them there to be educated, not to determine what treatments they should receive in order to attend the public school that my tax money supports. My family fled their birth country (USSR) as refugees to pursue freedom of religion, thought, speech, etc. I grew up proudly in the country of the free and the home of the brave only to now fend for my children the ways that I had never imagined possible in the US, the country founded on the concept of Freedom.

From: Jamie Brakken
Sent: 1/5/2022 9:36:06 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am alarmed that you are promoting the idea of mandatory vaccination for children for Covid-19. There have been no peer reviewed long term studies of how children's health will be impacted by this new mRNA technology. This is a very new technology and does not truly fit the definition of a vaccine. Traditional vaccines have been long accepted, and prevent the spread. This technology does not.

As you vote on this ask yourself whether you are also willing to assume the liability of forcing parents to make this choice for their child against their will and instincts, should their child suffer adverse effects.

Thank you,
Jamie Brakken

Sent from my iPhone

From: Serena Stone
Sent: 1/5/2022 1:46:18 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I wish to indicate that I am very much opposed to mandating Covid19 "vaccines" to children. It is unnecessary for their health. Children are very unlikely to receive ill effects due to an infection from SARS-COV2. There is an apparent higher risk of injury from being injected with the "vaccine" (according to Dr. P. McCullough, Dr. D. Brownstein, Dr. R. Malone, Dr. P. Cory and others). It is not worth the risk of mandating a situation in which kids are forced to be injected with a Covid19 "vaccine".

With due respect, I ask you to sincerely consider this information.

Regards, Douglas Benoliel

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: Iilsa Bowman

Sent: 1/5/2022 2:02:22 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Requiring the Vaccine for School Age Children

External Email

This is an abhorrent abuse of power. I will be pulling my child from the public school system.

There have not been any "breakouts" associated with our children in schools.

Please do right by the people, do not vote for this.

Iilsa

From: Crystal Dickerson

Sent: 1/5/2022 1:30:35 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine for Children

External Email

Hello,

I am writing to all of you because I am very concerned over what I am hearing regarding a vaccine requirement coming down the pipeline, in order to attend school and/or childcare. I ask you to reconsider this as the vaccine has not had proper vetting yet, even the vaccine makers themselves won't know the safety and efficacy of the vaccine until they start putting it in the arms of children. If parents want to allow this vaccine for the children that is their right, however it is also absolutely my right to opt out of an experimental vaccine for my healthy children who have already had covid and now have been manufacturing their own antibodies to the virus via their healthy immune system. Putting this vaccine into my children's body would be of no benefit to them but rather exposing them to the unknown risks having to do with the vaccine. The biggest of which is myocarditis. Who making these decisions can guarantee this will not occur in our precious children. This risk to most children is very low, and those around them that want to be vaccinated have been. Our children have suffered enough and quite frankly the most throughout this pandemic, enough is enough. If this vaccine is going to be a requirement you will see a mass exodus from public schools, as parents are fed up, we know what is best for our children, not the state. I ask you to take all of this into consideration as you make this extremely important decision on behalf of parents and their children. Thank you.

--

<<https://docs.google.com/uc?export=download&id=1toyjJcDT5LyIT02K3ruDSIH2eXYTSuXp&revid=0B66Sk-C582mY1BycU83OFE0T3RMNjQ4ejdOQWpzM3pOd1dBPQ>>

Crystal Dickerson

c 425.971.4057

e crystald.homes@gmail.com <<mailto:crystald.homes@gmail.com>>

From: sasarie perreira
Sent: 1/5/2022 12:54:44 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO MANDATORY VACCINES FOR MY KIDS

External Email

I am against any mandatory vaccines for my children!!
This is government overreach.

Sent from Yahoo Mail on Android

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

From: Marni Harrington
Sent: 1/5/2022 1:27:31 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Requirement

External Email

Dear Washington State Board of Health members,

As a parent, I urge you not to recommend a COVID-19 vaccine requirement for schoolchildren in Washington state. As much of the world recognizes, the risk of this vaccine to children far outweighs the risk of the COVID-19 infection to otherwise healthy children. Please do not take the right to an education away from families who believe in the right to determine what is best for their children.

Respectfully,

Marni Harrington
Washington State parent, concerned citizen and voter

From: BRIAN FLECK

Sent: 1/5/2022 1:54:54 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Thoughts and facts about a proposal to require school children be vaccinated

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time,

Brian

From: Amy Molen
Sent: 1/5/2022 1:29:52 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Nathaniel Thai,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Mark Rose

Sent: 1/5/2022 12:36:33 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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), Caller Dashboard

Cc:

Subject: No covid vaccine mandate for children

External Email

DO NOT enact a covid vaccine mandate for children of any age. If you do you will be responsible for the deaths and injury of hundreds to thousands of children. Don't be fooled by the federal government's propaganda. If you do your research, you'll understand that the covid vaccines are responsible for tens of thousands of deaths worldwide and over 1 million adverse effects. They are causing more harm than good. The vaccines have been proven to be ineffective. There are more people getting covid who have been "fully" vaccinated than those who are unvaccinated. There is no point other than for financial reasons for greedy pharmaceutical companies and state and local government agencies clambering for federal funds to get vaccinated.

Keep the government at all levels out of the family decision making process and out of the doctor patient relationship. Family decisions and medical decisions are personal and private.

What you should be spending your time on is enabling early treatment solutions that are widely available to all Washingtonians. The biggest crime of this century is that the government at all levels and medical administrations at all levels have failed to recognize that Covid can be treated early with existing medications that are already widely available.

DO NOT MANDATE VACCINES FOR CHILDREN OF ANY AGE.

--

Mark T. Rose

From: Allison Gallaher

Sent: 1/5/2022 12:22:16 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine requirement for children

External Email

I'm writing this letter to you to express my feelings against mandating vaccinations for school children and those attending daycare. This particular vaccine has no long term studies accompanying it to show the side effects this could have on the developing bodies of our children.

Please halt this recommendation immediately.

Sincerely,
Allison Gallaher

Sent from my iPhone

the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Donna cook

Sent: 1/5/2022 12:39:49 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Public Comment for upcoming meeting

External Email

I am a parent of a public school 3rd grader.

I write today to request that the covid immunization not be added to the required immunizations for public school.

Covid is not showing to be a large risk to children and is still under emergency use authorization.

I am concerned and torn about my son's future if this trial vaccine becomes required as my son thrives in the public school environment but I can't with good conscience give him an immunization that is so new, no long-term studies and for a virus that has been proven to not cause significant damage to the younger ages.

I will be forced to home school if this immunization becomes required. Washington state has already lost 55,000 enrolled public school children this school year. I am active and involved in multiple mothers groups in my community and the large majority are in the same situation, I fear if you make the immunization a requirement you will lose many many more thousand enrolled students, which will drastically decrease federal funding and cause voters to no longer approve bonds and levies; therefore, impacting the children still in the public school system.

I fear that the communities of color will be the hardest hit by the loss of these funding sources, as statistics and history have proven those communities do not have resources to home school, they will have no choice but to immunize their children to continue attending public school which will be struggling due to the loss of federal funding and the inevitable loss of bonds and levys.

Please consider my words and look at the big picture when you vote on the immunization requirements for this next school year.

Thanks for your time

Donna Cook

Auburn, WA

From: Schreiber, Tracy N (SBOH)
Sent: 1/5/2022 2:28:59 PM
To: DOH WSOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:27 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Tracy Schreiber,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Jessica Henry
Sent: 1/5/2022 1:14:46 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: School Mandated vaccines

External Email

All,

I don't know what kind of influence one email will make. But as a mother of two I ask that please consider a different perspective before making rash decisions about mandating relatively recently created vaccines. Especially, since politics is blocking even reasonable debate within the medical community itself. Kids are very low risk with this virus, please don't make a decision that you might one day regret as the future unfolds new twists and turns along this bumpy road. We can already see that these vaccines are not stopping the spread or we would be seeing this slow down by now. At this point the vaccine is more of a therapeutic that should be optional, especially with such a low-risk age group.

Thank you for listening,

Jessica

Get Outlook for iOS

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

From: Linda Grover

Sent: 1/5/2022 2:16:23 PM

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

Subject: Vaccines for students

External Email

As an educator, I do not see the benefits of inoculating students for the COVID-19. mRNA vaccines -products have been known to trigger the body's immune system to cause inflammation for the heart muscle and the lining outside the heart. These experimental vaccines have caused myocarditis and pericarditis in children. There is no safety of efficacy data for individuals 18 years and younger.

These shots wear off in 6 months and causes damage for 15 months as the body continuously produces toxic spike protein. The spike protein causes blood clots, myocarditis and pericarditis, strokes, heart attacks and neurological damage, just to name a few. Children aged 12 to 17 are five times more likely to be hospitalized with COVID jab-induced myocarditis than they are to be hospitalized for COVID-19 infection. Children have a natural immunity. That is not even being considered! Or how about early treatment if the student does become infected?

Vaccine makers are immune from liability. They are not responsible for any adverse events or deaths their products cause. Will you be responsible?

These vaccines don't stop transmission or infection. They don't stop the spreading of the virus. Getting vaccinated doesn't mean you won't get COVID.

And then there is the issue of consent. You are completely disregarding bioethics. These mandates of an experimental vaccine are explicitly illegal and inconsistent with the Nuremberg Code.

Why not build our future students with better nutritional lunches? Why not help keep their natural immunity strong?

Bottom line, as a teacher, I do not want to see my students suffer or die from these vaccines. Invest in humanity---not genocide.

Linda Grover

From: Dana Camille Marsteller

Sent: 1/5/2022 2:19:57 PM

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

Cc:

Subject: Washington State Board Mandated COVID vaccine meeting.

External Email

To whom it concerns,

I am a WA resident and mother of two, writing to you on behalf of those who are pleading with those who hold the future health of our children in their hands. A power that should remain with the parents. There is no benefit for our children or family to be vaccinating 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..

Dr. Robert Malone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2F&data>>, immunologist, virologist, top researcher and inventor of the mRNA vaccine technology is speaking out to warn parents against Covid shots for children. I believe we should use our common sense and listen to the man who has dedicated his entire career to this.

Over 16,000 physicians and medical scientists around the world signed a declaration <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>> publicly declaring that healthy children should NOT be vaccinated for Covid.

Dr. Malone's statement in its entirety and his video:

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.

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.

From: JESSIE HONCOOP
Sent: 1/5/2022 3:37:35 PM
To: DOH WSBOH
Subject: Vaccine requirement for K-12 students

External Email

Good afternoon,

I am writing in regards to the potential requirement of a forced experimental "vaccine" on our children to attend public schools. Enforcing such a requirement would wreck our small communities especially. Our family as well as many others in our small community and surrounding communities have already stated that we will not send our children to any school if there is a requirement for an experimental vaccine such as the Covid-19 vaccine for our children to attend school. Enforcing this requirement with no options for parents to their rights of choice, will result in the loss of children in our schools and the potential collapses of the schools and communities. I imagine this would be a domino effect in bigger cities as well. If they haven't already, parents will quit their jobs to homeschool and we will see an even greater economic downfall. This would be a detrimental decision on so many levels. Please think about if you are ready to be held personally responsible for enforcing a requirement on children when you have no idea of the immediate and/or long terms effects these shots will have on children. Children that will be subjected to the potential risks of a shot because their parent(s) feel that they have no other option. God entrusted each of us with our children not the government to decide what is best for our children. It needs to be the parents choice.

Thank you for your time and consideration.

Jessie Honcoop
--

~jessie~

~*Today is the Tomorrow you were waiting for Yesterday*~

From: Alejandro Garza

Sent: 1/5/2022 11:46:18 AM

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

Cc:

Subject: PLEASE READ PUBLIC COMMENT



attachments\8998942CA28042F2_image_6487327.JPG

External Email

Good Morning,

I am writing today to express my view regarding mandating Covid Vaccines for youth in order to attend school in person in Washington State.

I would like to start off by stating the risk of death associated with COVID-19 in healthy children is virtually non-existent, as children have significant immunologic advantages relative to the older adult population (> 65 years) which comprises the high risk cohort for COVID-19. The risk of death and disease in children has become even more rare with Omicron. Yet even prior to the advent of Omicron, a peer reviewed study clearly demonstrated (using safety data accumulated during past variant circulation) that the genetic COVID-19 vaccines carry a risk/benefit ratio of five deaths in the older, high risk cohort for every one life saved from COVID-19 (and those data did not account for the reporting bias inherent in US deaths due to COVID consequent to inappropriate use of PCR tests). See "Why are we vaccinating children against COVID-19?" (Toxicology Reports, Volume 8, 2021, Pages 1665-1684).

The new variant of COVID-19, Omicron, has exploded onto the scene. What was already an inverted risk benefit ratio for genetic vaccination in children and adults (greater risk of death from vaccine than from COVID-19) will become even more inverted since the risks of COVID-19 are further reduced with Omicron. The Omicron variant is different in five essential ways:

More infectious and will soon be the dominant variant in the USA

Less pathogenic

Poorly matched to currently available vaccines

Natural immunity is providing good protection against Omicron

Disease symptoms are more similar to the common cold

The International Alliance of Physicians and Medical Scientists (16,000+ physicians from around the world) released a resolution concerning these exact issues. HERE is the link to that resolution where 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.

My daughter had a open heart surgery when she was 8 months old. She had ventricular septal defect, basically she had two holes between the two bottom chambers of her heart. The CDC has stated how this could effect people (and children) who have had myocarditis. Which is an effect of the heart condition my daughter had. I have asked doctors for a medical exemption and I keep getting the run around and the term "This is above me". That is both disheartening and concerning. As a mother I am appalled that I would be forced to inject my daughter who could have major complications. As a citizen of this state I urge you to not make families be forced into this choice. I would strongly consider to pull my daughter from school if it comes down to it. I would rather not. Parents should ultimately decide what gets out into their child's body and what is best for them. I've included a screen shot from comirnaty.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fcomirnaty.com%2F&data=04%7C>
(I was directed here through the CDC website).

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.

With this information, it is my strong belief and the data empirically shows that using COVID-19 Gene Therapy in children has a strong probability to do more harm than good, and attempting to force said therapies on the children of our state would be a gross violation of medical ethics, individual rights, and parental rights. In addition, it would inevitably force families to remove their children all together from public education. This action would not only affect children in general, but would disproportionately affect minority and economically challenged families across our state.

It is in the best interest of our state, our people, and most importantly our children, that there is no further attempt to force COVID-19 Gene Therapy on our youth!

Sincerely,

Amaris Garza
Othello, Washington

From: Virginia Klein

Sent: 1/5/2022 1:35:35 PM

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

Cc:

Subject: Please say NO to vaccines for children

External Email

Good afternoon,

My husband and I are writing to encourage you to please vote NO on mandating vaccines for children. There is so many unknowns of what reaction can happen, and parents need to be able to decide what medical intervention is needed for their individual child and background. Please leave us parents our rights to keep our children safe from harm and know what is best for them. We don't just think about ourselves, we do try to look at the whole picture so it is not a matter of "I don't like this vaccine" but a matter of weighing the good of society against what could my child react to and cause severe or mild health problems.

Thank you,

Sincerely, Virginia and Pace Amidon

From: Dawn Mulrony
Sent: 1/5/2022 1:11:24 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Vaccine Mandates for School Age Children

External Email

To whom it may concern,

We have seen the effects on jobs across the State of Washington due to the vaccine mandate. We have seen the effects of mental health across the state in adults AND our children. If the Covid vaccine is mandated in schools there will be a mass number of children leaving the public school system, which will have ripple effects on many levels. Why put an even bigger strain on our public school system and families across this state. We as parents beg you to please vote NO to any Covid related vaccine mandates regarding our children.

Respectfully from a parent,
Dawn Mulrony
Goldendale, Klickitat County, Washington

From: Rachael Bisnett
Sent: 1/5/2022 2:08:55 PM
To: wsdoh@sboh.wa.gov, Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID-19 Mandates- Enough is Enough!

External Email

To Whom it may Concern,

I am a registered nurse and have worked on a floor with COVID patients. I have been fully vaccinated and have had both of my children receive all of the vaccines that are recommended by their pediatrician. I believe in vaccines and science. I also believe that mandating the COVID-19 vaccine for our children to attend school is NOT the answer. I know for a fact that if this becomes a requirement, I will be pulling my child from the public school system. Enough is enough!

The COVID-19 requirements have directly affected my child and his ability to learn at school. My child has had to wear eye glasses for several years now. They have made a world of difference for him. But, since mandating the masks, my child has been struggling in school because he cannot see. The masks make his glasses fog up. He comes home every day complaining that he was not able to see what was being taught in the classroom. He is struggling in school because of the mask mandate. Enough is enough!

Isolating children from others and "social distancing" is not the answer. Our children need social interaction with one another. They need to play with friends. They need to develop social skills. They need to develop their psychosocial skills. The pandemic is leaving kids feeling lonely and depressed. They are not allowed to have close contact with others and it is directly affecting them. The mental health of our children is being pushed aside. Depression, anxiety and even suicide rates are climbing to an all time high. The measures that are taken to slow the spread of COVID-19 are directly affecting our children's mental health! Enough is enough!

I plead with you to please look at what is best for our children. Vaccine mandates are not the answer!

Sincerely,

Rachael Bisnett, RN, BSN

From: Jody Giuntoli
Sent: 1/4/2022 6:01:38 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

As an Educator and a mother of 3 children it is not within our Governments democracy to require emergency authorized or approved medications into humans that do not have informed consent of all possible lifetime side effects.

No absolutely not should an organization such as Washington state or even Federal government, remove parental or individual civil rights to care for our own bodies including the children parents produce and are responsible for.

In the pursuit of happiness for me & mine,

--

JODY
GIUNTOLI
pernounced (Jin-Toll-Lee)

TSD□□ECLC
Preschool Paraeducator

From: B C
Sent: 1/4/2022 2:57:38 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The fact that the DOH would even consider forcing children of any age to get a chemical injection that does not only not prevent disease but does not prevent the spread should be considered criminal. The original inventor, Robert Malone, specifically states it should not be given to every adult let alone Any children, and to force it should be a crime. NO vaccine has been approved like this for adults without studies let alone children, and there are very high reaction rates including but not limited to guillian Barre, paralysis, severe cardiac issues including but not limited to death, as well as chronic pain. Your job is to protect our children and the death rate for healthy children from c19 is almost non-existent.

I can guarantee that forcing children to test, being regularly exposed to the carcinogen EO, or forcing them to inject this chemical will cause a MASSIVE dropout of children from conventional schools, and many new and private co-ops will pop up all over-they already are because forcing masks on children is wrong. It's already criminal of you to disallow Drs from using the tried and true medications other countries use-for example, Dr. Shankara Chetty, of South Africa, has treated 7000 patients WITHOUT ONE hospitalization.

Protect our children from this new mRNA chemical injection and do not violate our God Given, Constitutional freedoms to choose.

For if even one child suffered side effects or death by being forced to be injected, the responsibility would be yours.

The Kentch Family

Get Outlook for Android

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

From: Katie Engbretson
Sent: 1/5/2022 8:06:23 AM
To: DOH WSOBH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

I was recently informed by numerous people that there would be an opportunity for us to share our views on mandating these experimental shots for children as a requirement for schooling. My husband and I are 100 % opposed to this, our children will not receive these shots, we have already removed our children from public education and are now attending a private school. We will gladly pull our children and homeschool if this is coming down the line.

After reading numerous studies and articles, it sounds like 70-80% of children have already had Covid, most not even showing symptoms. These children have better immunity than anyone with the shot. The most obvious reason to not mandate is this is highly experimental with no long term studies to prove this does not cause auto immune disorders, infertility, heart issues....the list goes on!

I pray that you hear us all loud and clear, this will be the mass exodus of the public and private schooling system if you mandate this. Many got the shot to keep their jobs thanks to mass coercion, but there are so many that will not have their children get these unnecessary shots, that clearly, are not stopping the spread. When do the boosters end, if I have to get 4 shots in a year that still does not stop a virus and they had to change the definition of a vaccine for it to somewhat make sense.....there is a huge problem! Common sense is lost!

Sincerely,

A very concerned parent of 3 children that will be jabbed ever!

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F02633526-2522-422f-a013-540000000000>
for Windows

From: Karin L. Morgan
Sent: 1/4/2022 6:36:02 PM
To: DOH WSBOH
Subject: re: Proposal to add Covid inoculation requirement for public school attendance

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group got the vaccine, one group got the placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, not currently available and is different than the Emergency Use Authorized (EUA) Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's rights to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database used for vaccine injuries in the USA. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to the VAERS database. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows approximately 158 deaths due to vaccines per year. By January 2021, over 17,000 deaths and over 70,000 hospitalizations from the COVID vaccines were reported. This high number of lethal reactions shut down vaccine programs in the past.

The CDC reports that the COVID hospitalization risk for children is similar to the risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology, Dr. Robert Malone, warn of the extreme dangers of this experimental COVID drug. It is not safe, it is not proven and it is not legal to require this experimental drug for children.

Thank you for considering my input.
Sincerely,

Karin Carlson Morgan
Bellevue WA

Sources and links for above claims:

<https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386/download>>

-Doctor analyzes death rates in Pfizer's trial:
<https://www.youtube.com/watch?v=crAyJvyDyGM&feature=youtu.be>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=crAyJvyDyGM&feature=youtu.be>>

Pfizer's 6-month data shows they do more harm than good:

<https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Fthings-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C069b7a5dbf854b0ff4eb08d9cff3c383%7C11d0e2172643&isredir=1>

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F25%2Fvaers-summary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C069b7a5dbf854b0ff4eb08d9cff3c383%7C11d0e2172643&isredir=1>

21 U.S. Code 360bbb-3 Authorization for medical products in use for emergencies:

<https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode/text%2F21%2F360bbb-3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C069b7a5dbf854b0ff4eb08d9cff3c383%7C11d0e2172643&isredir=1>

US Securities and Exchange Commission BioNTech SE:

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2Fdata%2F1776985%2F000119312519241112%2Fd635330df1.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C069b7a5dbf854b0ff4eb08d9cff3c383%7C11d0e2172643&isredir=1>

US Securities and Exchange Commission Moderna Inc.:

<https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2Fdata%2F1682852%2F000168285220000017%2Fmrna-20200630.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C069b7a5dbf854b0ff4eb08d9cff3c383%7C11d0e2172643&isredir=1>

VAERS Vaccine Adverse Event Reporting System Report:

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fdocs%2Fpublication%2Fr18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C069b7a5dbf854b0ff4eb08d9cff3c383%7C11d0e2172643&isredir=1>

From: Aaron Kurashige

Sent: 1/5/2022 8:50:32 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Oppose Covid-19 Vaccine Mandate in School Children

External Email

Hello,

As a father of two young boys, I am writing to you this morning to urge you to oppose a vaccine mandate to attend school in Washington. As has been shown throughout this entire pandemic, young children are the least at risk from Covid-19 and vaccinations are not stopping the spread. I will not willingly jeopardize the health of my children on a vaccine in which several shortcuts have been taken to obtain approval in younger children, the most recent of which occurred just this week when the FDA approved booster shots while bypassing it's own scientific advisory committee. The requirement should be voluntary and it should be made by parents, not the government.

Thank you for your time.

Aaron Kurashige

From: Cheri Vanderweken
Sent: 1/4/2022 10:44:18 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Immunization Criteria for Child Care and School Entry.

"Saying no way. Children are at a very very low risk for covid. This is not an acceptable mandate. It violates the medical freedom of choice for our children. Just no way, please don't do this. Think of our children. Think of their futures"

From: Sweina McJunkin
Sent: 1/4/2022 9:35:51 PM
To: DOH WSBOH
Cc:
Subject: Possible vaccine mandate vote

External Email

I am emailing in regards to your upcoming meeting on 1/12

Specifically agenda item #11 :

11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry
—Possible Action

We are fully against the mandate of a covid vaccine. While we are vaccinated ourselves there is absolutely no reason to mandate that children are for school. Especially considering recent data is that vaccinated and non-vaccinated are equal carriers, meaning that whether you are vaccinated or not - you are not a larger threat to others in the classroom.

Please note this vote against
--

Sweina McJunkin | Broker
Residential Broker

<https://docs.google.com/uc?export=download&id=1hiFi6TSFe_W6gMHpJXm4IkrtVKmc9j&revid=0B_iWr

www.SWEINA.com

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

From: Tina Paget
Sent: 12/29/2021 3:18:22 PM
To: DOH WSBOH
Cc:
Subject: PLEASE DO NOT REQUIRE MY CHILD TO GET VACCINATED!

External Email

To whom it may concern,

There are talks that Washington state schools will soon require covid vaccines in order for children to attend public schools. I am respectfully asking that you do not mandate this. Children are the least effected by this virus and there is no need for them to be vaccinatdd with a substance that doesn't even provide full immunity. Our children are currently fully vaccinated for all approved vaccines including the flu vaccine, but we do not know enough about this covid vaccine. We are very concerned for our children and will not give them this vaccine, we will take our children out of public school if this is mandated. Thank you.

Tina Dechand
21811 SE 249th Pl, Maple Valley

Sent from my Galaxy

From: Karen Roberts
Sent: 1/5/2022 9:34:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am against any mandated "vaccines". These injections are all still under Emergency Use Authorization and each adult has the right to decide whether or not to get it for themselves and their children, without reprisal.

My son was a healthy 40's adult until his injection for his job. Then he had a stroke. These injections have not been proven to be safe for adults, let alone our children. NO to mandated injections of any type or reason.

From: Erika Clough
Sent: 12/30/2021 2:41:22 PM
To: DOH WSBOH
Subject: Parent Opinion Regarding Covid Vx Requirement for Public Schools

External Email

Hello Board of Heath Technical Advisory Group,

I attended the TAG meeting yesterday regarding adding the Covid Injections to the schedule for public school vaccine requirements and would like to share my thoughts for your consideration while you are in the process of making a highly poignant recommendation affecting public policy for our schoolchildren.

I would like to start by saying that my family has already survived one of the early variants of "Covid" and I believe the "science" on a global scale suggests that natural immunity is at least, if not more, effective than the injections are proving to be as we reflect back on the last year. As a society, we are already on a 3rd booster shot in a year in an attempt to vaccinate our way out of the "pandemic", and it is reported that people are getting virus symptoms even after the 3rd injection, many of my friends included, since the vaccines are not stopping the spread. From my view, that does not appear to be effective, and it certainly would be an administrative burden for schools to track multiple boosters each year moving forward.

My family tested positive for antibodies 8 months after initial infection and understand that it is very likely that T-cells in our bone marrow will carry immunity memory long after the antibodies subside. I would even go so far as to say that we feel blessed we got it naturally first and have real natural immunity instead of having relied on an uncertain injection. I come from having a passionate belief in holistic living, adequate daily supplementation, and daily non-toxic self-care with the objective of chronic disease prevention, living by the gifts of the Earth endowed by my creator. Because I participate in the knowledge sharing from the now silenced, "functional medicine" community, I had enough knowledge, well before the injections were released, about how to prime the immune systems of my family members that we were able to beat the virus at home using natural remedy, without ever setting foot in a hospital or taking a drug. Based on sound knowledge about immune support and cell function, we chose to elevate our Vitamin C, D, Zinc, Selenium, and Quercetin supplementation before the injections were even released and well before we were infected. I believe recent statistics that show deficiencies in these nutrients added to the severity of some people's extreme symptoms. It is terrible in my opinion, that our leaders suppressed promoting these simple protections and available early treatments in favor of a new, high dollar pharmaceutical product, which is being funded at the expense of the common taxpayer. Sadly, I am not surprised, because we also have seen decades of history in which the big corporate machine has stood boldly against natural remedies, putting profits over people, in favor of patented products that often come with a list of side effects. Isn't side-effects the reason we have previously been allowed "informed consent"?

Because my family stepped back and waited to see how these injections would work out

and have meticulously examined the ever evolving story, we become further concerned with the numerous reports of injuries reported by people after receiving the injections. I have personal friends who have developed immune system dysfunction and severe cases of shingles almost immediately after receiving their shots and they express regret for having been persuaded to receive the injections. I hear story after story about VAERS reports of Myocarditis, Pericarditis, Bell's Palsy, and numerous other relevant reactions and side-effects after receiving the injections. This makes me extremely uncomfortable as a parent that I should be forced to inoculate myself and my child against a virus that we have already survived and built immunity to, with a product that was rushed to market while having some devastating shortcomings. It would certainly not be the first time the FDA has approved a drug that was recalled years later following litigation from side-effects. So, for my family, our assessment is that the risk of the vaccine side-effects is greater than any further benefit we would receive from being injected with it given we already have the naturally acquired antibodies.

We see this virus is symptomatically similar to a cold/flu and the statistical survivability rate is also similar. In fact, it was shared early on that the children are the least likely to suffer severe symptoms and the new variants are evolving with less severity in symptoms as time goes on. If it is still about children protecting Grandma, I would argue that Grandma now has injections available to protect her as long as boosted regularly, and I hold the view that natural herd immunity is still going to be a better long-term immunity solution for humanity, especially for the children. At this point, it is evident to me that this virus will have to run through the population with or without the injections.

With that comparison in mind, the flu shots have been around for decades and we do not yet mandate them onto the vaccination schedule for children and most of those that are (except the newer exception for MMR), allow medical, religious, philosophical, and personal exemptions. Further, I would like to hope that at the very least, the exemptions be allowed if Covid injections are even put on the schedule for children, and perhaps that natural immunity should be recognized as valid where blood tests proving naturally acquired antibodies can be provided in place of the vaccines.

At the end of the day, though, I believe it is the parents' rights to choose what is best for their child and for themselves, and there needs to be some avenue of which we can be free to continue to make the healthcare decisions for our family without being further damaged by our children experiencing a loss of education as a result of choosing the natural path over a laboratory creation, whether it be for religious, philosophical, or medical reasons. I would be devastated if my young teen boy acquired Myocarditis from a vaccine that I don't believe he needs at this point, especially given he has the naturally acquired antibodies. Further, if these exemptions will remain accessible, then is it even worth the administrative burden on schools to track boosters several times per year?

Surely, you have seen that school enrollments declined in 2020 and 2021 over mask mandates, causing loss of revenue in each school district. As with the trend of adults choosing to be fired from their jobs, over being forced to take a pharmaceutical product they don't want to put in their own body, I suspect those same adults will also be declining for their children. I would think that a forced vaccination schedule onto our children will further exacerbate the enrollment issue, with possibly another 30-40% drop in school enrollments, which would certainly be a huge disruption to funding the operations of public schools. Is that really a cost one state agency wants to put onto

another state agency?

I truly hope that as your recommendations are put together, politics, agendas, and corporate interests will be set aside in favor of non-tyrannical compassion to children and families who have already suffered enough over the last couple years. It is clear that there is not a win-win situation in respect to the evolving virus and/or the "vaccines", and we will live with its existence whether or not these new vaccines are mandated. There has been enough divisiveness created around this pandemic, and I believe it is time to stop divisive public policy in its tracks and instead come together to create communities with respect and support for individuals to make their own educated health choices, with ALL of the facts instead of cherry-picked statistics presented by an untrustworthy media. Of course adults and our children should always stay home and isolate when sick with any virus, but at the same time let healthy people be free to choose without supporting a false narrative that healthy people can get somebody sick because they have chosen not to take these injections that have failed to adequately prove to safely stop the spread.

If I could add one more suggestion, that while you are gathering your data, you consider having each school district send out an anonymous survey to enrolled families to determine the percentage of school enrollees who already have naturally acquired antibodies. I think you may be surprised by the findings of the currently incomplete statistic regarding the number of schoolchildren who already have natural immunity. I believe this information is absolutely relevant to a sound recommendation for the future of our children's health and well-being.

I respectfully thank you for your sincere consideration of my views as a parent and Covid survivor.

Erika Clough, Mother and Citizen of Washington State

Sent from Mail

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

From: Laurel
Sent: 1/4/2022 5:11:16 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

Our family of 5 is against mandatory vaccinations for children, including those attending school. Our school has been open for almost all the last two years of Covid. Our school's administration and teachers have followed all the recommended protocols, parents have cooperated fully, and we have only had one small outbreak where our school closed for a few days last October when a few students in one class tested positive. The vaccines do not stop the disease and there has not been enough research and data gathered to know the negative impact from the vaccinations, especially on children. The most important fact is the children are at an extremely low percentage to contract the virus and nearly none die from covid if they are healthy otherwise. There are even few cases when children with at-risk conditions get covid and do not survive. Children are not in the at-risk groups and it is dangerous to experiment on them without a valid reason, proven research, or statistical backing. Forced vaccinations will push more students, families, and teachers into further isolation, putting off needed care out of fear, and hurt our State's children and families even more.

The Christiansen Family

Everett, 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: Katie Woodard

Sent: 1/5/2022 11:20:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Proposed policy of citizen detainment

External Email

I see the WA state board of health is considering a policy that allows them to enforce emergency orders that allow people to be involuntarily detained in quarantine facilities.

As a Washington state citizen I want to voice my opinion that that would be crossing a line that could be detrimental to our basic rights. We are relying on you to keep our citizens health and safety first and foremost, and moving towards that much government control is not what's best for the health or safety of the people of our state. Involuntary detainment is no longer keeping personal bodily autonomy, and the fact it is even being considered is quite unbelievable. In my opinion basic human rights being eroded is the least safe option possible for citizens. Please do not let it come to this, for all our sakes.

I know you just want to do what is right, and your heart is in the right place. Just like we teach our kids in school, you need to just listen to your heart instead of following the peer pressure. Topics are so politicized now that remembering basic human decency is a good place to start.

Thank you for your time, I look forward to hearing the outcome.

From: Kathryn E Draper
Sent: 1/5/2022 6:43:32 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Good morning

I am a very busy person so I'll make this short. Medical decisions should be left to the individual and their doctor. NOT by politicians.

Thank you

Kathryn Draper

From: Nataya Foss
Sent: 1/4/2022 9:23:54 PM
To: DOH WSOH
Cc:
Subject: Please DO NOT mandate vaccines for public school!!!

External Email

Dear Washington State Board of Health,

I am deeply concerned about the push to mandate the Covid-19 vaccine in Washington public schools. I have friends, children, and my own family who will be gravely impacted by this mandate. Children are already suffering in academic performance. So many moms I know are buckled under the stress of virtual learning. Children are at an unbelievably low risk for Covid-19, and it does not make sense risk their health and safety. Please let our little kids go back to school in their natural state, and prevent any further damage from these mandates.

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
[Name and City]

Sources/links for above claims:

* <https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Db3f413061a%26e%3Dc>

* Doctor analyzes death rates in Pfizer's trial:

<https://m.youtube.com/watch?v=crAyJvyDygm&feature=youtu.be>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D50048ff78a%26e%3Dc6>

* Pfizer's 6-month data shows they do more harm than good:

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D672dfbe24e%26e%3Dc6>

* <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D26c70db82c%26e%3Dc6>

* <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da4f598f7f9%26e%3Dc6>

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D0db3d2f954%26e%3Dc6>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Da2db36e764%26e%3Dc6>

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3Dd29a8db5b3%26e%3Dc6>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D4ea68806a7%26e%3Dc6>

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthfreedomwa.us6.list-manage.com%2Ftrack%2Fclick%3Fu%3D40143355eb17016f20908f88d%26id%3D5c94c1b0f2%26e%3Dc6>

Nataya Foss,
Marysville WA, District 2

Sent from Yahoo Mail for iPhone

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

From: cliff oje
Sent: 1/3/2022 5:16:10 PM
To: DOH WSBOH
Cc:
Subject: Opposed to Covid shots to children

External Email

We are strongly opposed to requiring Covid shots for children. They are least likely to be affected by this virus. There is no reason to subject them to these unproven vaccines.

Sincerely,

Cliff Oje

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: Pineapple Life Studios
Sent: 1/4/2022 8:57:15 PM
To: Nachele Corey,Sarah Hiam,DOH WSOH
Cc:
Subject: Please listen

External Email

Thank you for even opening. I know you must have 1 million letters and feel the weight of the world on your shoulders.

We are afraid. We are skeptical. We are confused, please don't push us further by mandating something none of us truly understand. If things have gone the way we were told they were we would not be in the situation. There is a lack of trust and please don't punish us further for that. Please allow our children to experience the freedom of medical choices as well as daily life that our grandparents gave up their life's for. Please stop destroying what little trust we have left.

If you're still reading, I thank you very much. I want to tell you my experience with the vaccine. My daughter is an ICU nurse so I took this all very seriously and got vaccinated very early. It destroyed my body for three months. I could barely walk and my knees were swollen to the size of small watermelon's. After three months it spread to my hands and I could barely move them for almost 2 months. Each and every day was and still is but to a lesser degree extremely painful. We don't know enough to inject our children with something no one understands.

In conclusion, please review the statistics of the flu which we have never mandated a vaccine for and Covid. If that was listened to and respected and acted accordingly upon, we wouldn't be here and that... Is science.

Much appreciation for your time,

Brandi Cohen

--

Peace.Love.Pineapples

Brandi Cohen
Founder
Pineapple Life Yoga.Barre.Boutique
www.pineapplelife.com

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

From: Carianna K
Sent: 1/4/2022 5:29:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I do not agree with the potential mandate of vaccinating students from k-12 to attend public school.

I believe this goes against their fundamental rights as citizens of the United States.

I would hope the State will reconsider this mandate.

Sincerely,
Carianna Keyser.

From: s l
Sent: 1/5/2022 1:31:43 AM
To: DOH WSBOH
Cc:
Subject: Re: please Stop the vaccine mandates for WA schools!

External Email

With regards to the board,

I am a very concerned parent of a student enrolled at Stanwood High School. This is an important article I implore you to read this scientific research that in good conscience should be read before any decisions made.

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

I feel the vaccines are not necessary for anyone under thirty especially our young students. The omicron variant is not a high threat to those under 18. Covid is dwindling. Everyone pretty much has had it and has natural immunity. It is not a safe vaccine for anyone in many Doctors opinions for those under thirty years of age. Even though they say it's safe, many are having lung and heart problems, and other health ramifications that can last a lifetime.

The risk is less from covid itself for young people. It does not stop anyone from getting covid. Most people getting Omicron are actually the vaccinated people. It is very low risk of death for unvaccinated children. Lower than influenza, which we don't mandate for every year to attend school because it is not a high threat either.

Most Parents will get an exemption as the risk of damage from a fully untested vaccine that is terrifying, they have not even divulged the ingredients but we know there is Nanotechnology in it as well as fetus cells. Why would we want any part of that in our children? Our kids are not Guinea pigs and should not be treated as such. We all should have the right to choose what goes into our own bodies.

The vaccine does not stop the spread. It is unnecessary especially for students who are at extremely low risk of dying from covid-19, any variant included.

Also proven that masks are also entirely unnecessary, they do nothing except reduce much needed oxygen intake, causing headaches, also hard to focus on studies. The masks also take away their ability to communicate as well, unable to read each other's faces, and makes everyone look like a criminal. Detrimental to social clues, and especially their mental health.

If you truly want to keep the children of our state healthy you would study exactly what is in this vaccine you are pushing and recheck the real ramifications this is having on children who did get the shots and see what the Doctors are seeing. Blood clots, strokes, seizures, lung infections, autoimmune problems and much more.

Please read this medical article with all the real facts about the vaccines before you make any devastating decisions, I implore you. Our children are our future.

Regards,

Sarah Kramer

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

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

From: Christi Davisson
Sent: 1/4/2022 7:21:31 PM
To: DOH WSBOH
Cc:
Subject: Public comment

External Email

Hello,

I am writing in opposition to any state mandated vaccine for Covid for children. As a general supporter of vaccines, I am not comfortable giving an emergency approved covid vaccine to my children. Covid has proven to be minor for children and the vaccines are not preventing infection as we're seeing across the country. I do not think they should be prevented from attending public school for this vaccine that ultimately has no benefit to them or the public since it does not prevent infection.

Also, my children going to school in person is a huge benefit to not only their mental health but their social development. Blocking them from that due to an emergency vaccine that is not proven to prevent the virus, would bias them in an unfair way.

Best,
Christi

Get Outlook for iOS

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

From: mm
Sent: 1/4/2022 2:04:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello

This email is in regards to the vaccine mandate of the covid-19 vaccine for children to attend school.

I have a grandson who attends school in Whatcom County. I believe all that vaccines, including the covid-19 vaccine, should be up to the discretion of each family for each individual child. This is something that should be left up to the family and their doctor to discuss and make appropriate decisions for each child.

I know that if you mandate this particular vaccine, the covid-19 vaccine, that many parents will pull children out of school and choose other school options. Other families may decide to move out of state if this vaccine is put on the mandated list to attend public school.

I believe the government should not impose these vaccines on children or adults alike.

Regards,
Marti Moore Baillargeon

From: Crystal Jenkins
Sent: 1/4/2022 7:08:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

As an RN here in Spokane I have heard/seen of many patients getting bad reactions from this covid vaccination, stroke symptoms, heart problems, and even have had friends who have died from complications from this shot.

So, as a mom of four I will be pulling my kids out of the lake spokane school district if this becomes a mandatory vaccination.

This shot will not prevent the virus from spreading. Let us parents do what we think is best for our babies and don't force what you think is best for our family.

Thank you for hearing our voices and please don't take away this school from my kids.

Crystal Jenkins
5092948781

No to the mandatory covid vacation!

From: Lisa Templeton
Sent: 12/31/2021 11:40:21 AM
To: DOH WSBOH,DOH WSBOH,DOH
WSBOH,Elisabeth.crawford@sboh.wa.gov,temple.lentz@sboh.wa.gov,vazaskia.cockrell@sboh.wa.gov,Vazas
WSBOH,umair.shah@sboh.wa.gov,DOH Secretary's Office
Subject: FW: please deliver this information to the TAG considering COVID-19 for
inclusion in chapter 246-105 WAC

External Email

Good morning, BOH members,

Please see the message below that I just sent to the TAG in care of Samantha and Hanna. On behalf of ICWA, I would respectfully request that you take the time to view the referenced video.

Thank you, and we welcome your questions.

From: Lisa Templeton <lisa@informedchoicewa.org>
Sent: Friday, December 31, 2021 11:32 AM
Subject: please deliver this information to the TAG considering COVID-19 for inclusion in
chapter 246-105 WAC

Happy new year, Samantha and Hannah,

Will you please deliver the following message to the members of the Technical Advisory Group that is considering COVID-19 for inclusion in chapter 246-105 WAC. May I ask that you reply to this message to confirm that you have done so? Thank you.

Dear TAG members,

To assist your deliberations regarding including COVID-19 in 246-105 WAC, Informed Choice Washington respectfully requests that you view The Canadian Covid Care Alliance's 39-minute video "The Pfizer Inoculations for COVID-19: More Harm Than Good <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>>." It sets forth facts regarding the hierarchy of evidence; absolute versus relative risk; Pfizer's poor trial designs, missing data, and the mischaracterization of their results; adverse events; misleading post-marketing surveillance reports; conflicts of interest; governments' indemnification of this drug maker; and recommended reading.

The accompanying PDF document at the above site includes citations for your reference.

Thank you for your time and effort in reviewing this critical information. During your public orientation meeting on Wednesday, Drs. Pendergrass and Kwan-Gett advised you to keep an open mind. We join the doctors in this exhortation, because in order to properly carry out your duties, it is necessary to examine evidence being provided by those who are opposed to requiring these pharmaceutical products for Washington State children.

Feel free to contact me for additional information.

Sincerely,

Lisa Templeton

Executive Secretary to the Board

Informed Choice Washington

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

From: Brian Rogers
Sent: 1/4/2022 12:42:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please vote against the enforcement of minors needing Covid vaccines to attend any school.

Brian Rogers

From: Sara Johnson
Sent: 1/4/2022 3:05:41 PM
To: DOH WSBOH
Cc:
Subject: Please Read

External Email

--

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Sara Johnson, Spokane Washington

The most powerful way to manifest is through subtle intention and choice less awareness—intend to let go and flow.

From: Leann Camp
Sent: 1/4/2022 2:31:34 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

As a taxpaying citizen of Olympia I do not agree with the "need" to make shots mandatory for school entry. If you want to refund me all of my public tax funds that goes to the Olympia school district then you may completely do that and then you may do whatever you wish. I do not agree with this potential thought of forcing shots on two children as there is no permanent studies for the long-term effect. Thank you for your time.

L Daniels

Sent from my iPhone

From: Deanna Hackl
Sent: 1/5/2022 6:24:20 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The Covid shot should never be forced on our kids. I am completely against not this totalitarian idea. Kids are not dying from Covid. This is unconstitutional.

Sent from my iPhone

From: Susan Dahlgren
Sent: 1/4/2022 4:22:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

As a 76 year old grandmother of 11 grandchildren from 5 to 18 I am alarmed and ashamed of nearly every "group" of adults on both sides of the political, social, economical and biological side of the aisle. Never in our country's history have our children been subjected to mandated drugs that are still experimental and have undetermined or unknown life long consequences.

This is insanity, and it is wrong.

I was a child of post World War II and the stories of atrocities done to children in Germany and allowed or ignored by an entire country were something I could not believe could have been done. Now 70 years later it's our children and grandchildren that are being used as experimental animals mandated by "officials" with no authority to make these decisions for any child other than their own. Period.

Susan Dahlgren
Sent from my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 1/5/2022 2:49:57 PM
To: DOH WSOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:24 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Samantha Pskowski,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go

and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Katrina Mason
Sent: 1/4/2022 8:11:10 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

For those of you who may be involved in the process of considering the Covid "vaccines," Please do not recommend COVID-19 "vaccines" to be added to the list of required immunizations for school attendance.

The covid "vaccines" are not vaccines, The covid "vaccines" are experimental COVID gene therapy injections. All three current COVID injections are experimental gene therapies, not vaccines. The COVID gene modification injections permanently change human genetic material, cause infertility, cancer, birth defects, and more. VAERS through 12/24/21: 1,000,227 adverse events reported. 21,002 deaths, 110,609 hospitalizations, 109,245 urgent care, 156,456 doctor office visits, 8,673 anaphylaxis, 12,532 Bell's palsy, 22,117 3,435 miscarriages, 10,640 heart attacks, 22,117 myocarditis/pericarditis, 35,650 permanently disabled, 5,011 Thrombocytopenia/low Platelet, 23,892 life threatening, 36,492 severe allergic reaction, and 11,462 shingles.

<https://openvaers.com/covid-data>. Based on these numbers, the COVID injection roll out should have been stopped a long time ago. And these are just the adverse events reported, under-reporting is a major issue. Additionally I have seen many alarming videos of athletes dropping suddenly with heart symptoms in the past year. Athletes that were required to receive the COVID injection in order to participate. Check out a link to VAERS to view individual VAERS records which include the recorded deaths of children following COVID injections.

<https://medalerts.org/vaersdb/findfield.php?medalerts.org/vaersdb/findfield.php?IDNUMBER=1576798> ; I have watched numerous videos of athletes collapsing during sporting events. One article reported counting 395 athletes collapsing, 231 dead, last year around the world. All athletes were required to get the COVID injection to participate.

<https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/>. ; According to Dr. Jane Ruby, (Dr. Jane Ruby's sworn affidavit) the COVID gene modification injections are under EUA, not approved by the FDA, therefore consent should not be coerced or required. The only recently approved injection is Cominarty, and it is currently not available in the US. The COVID shots are considered "genetic vaccines" which should be under a fifteen-year regulatory cycle with annual visits for safety evaluation by the researchers according to the FDA. We do not know the long term effects of these gene therapies, and it will take a long time before we do. Additionally, these gene modification injections should not be offered without proper consent and proper follow up. Unfortunately the FDA and CDC are not offering follow up methods to assess risk of serious adverse side effects. No one should be pressured or coerced to receive these COVID injections. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/long-term-follos-after-administration-human-gene-therapy-products>. ; Informed consent to be injected with these gene modification therapies must be attained, however the package insert is blank, and there has not been full disclosure as to what is in the injections. The manufacturers do not include study results for safety that would adequately inform persons being injected (again, package insert is blank). Those who have been injected with the COVID gene modification injections have essentially become part of the world's largest experiment. Phase trials are being run concurrently rather than consecutively which is a questionable procedure. On June 24, 2021 the CDC announced there might be a link between the COVID vaccines and

myocarditis. <https://www.advisory.com/daily-briefing/2021/06/24/heart-inflammation>. ; On July 12, 2021, the FDA warned about Guillain-Barre Syndrome or ascending paralysis for J&J vaccine. <https://www.fda.gov/media/150723/download>. ; The FDA issued a warning for teenagers, particularly boys experiencing higher rates of heart inflammation and heart failure. It is of concern that the reported rates of heart injury, blood clots, strokes, teen heart attacks, paralysis, permanent motor impairment are not listed as possible side effects on the label. Dr. Philipe VanWelbergen, Dr. Barbel Ghitalla, and others have reported on "COVID injection side effects, and yet this information is not disclosed on the label. Dr. Robert Young recently discovered evidence of nanoparticles of bismuth, titanium, vanadium, iron, copper, silicon, aluminum, steel aggregations, graphene oxide, and lethal parasites embedded in vials of Pfizer, Moderna, Johnsons & Johnson, and AstraZeneca when he put the contents of the vials under visual microscopy. <https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-covid-19-vaccines>. ; Dr. Jane Ruby points out that the COVID shots are particularly risky for 12-29 year olds. "Heart failure has a five-year 50% survival and would markedly reduce the lifespan of a child or young adult who develops this complication after vaccine-induced myocarditis" (McCullough PA, Philbin EF, Spertus JA, Kaatz A, Sandberg KR, Weaver WD; Resource Utilization Among Congestive Heart Failure (REACH) study.

A quote from the American Heart Association: "We conclude that the mRNA vaccines dramatically increase inflammation on the endothelium and T Cell infiltration of cardiac muscle and may account for the observations of increased thrombosis. Cardiomyopathy, and other vascular events following vaccination."

https://www.ahajournals.org/doi/10.1161/circ.144suppl_1.10712. ;

A viral gene is injected into the cells which forces the body to make toxic spike proteins. These proteins often cause permanent damage in organs. Damage can occur to the brain, nervous system, heart and blood vessels, reproductive system, and immune system. Blood clots are a common adverse effect. Damages that occur are irreparable and irreversible. Children are not a danger to their parents or grandparents. The risk-benefit analysis shows these shots are high risk with low benefit. ADE (antibody dependent enhancement) is a concerning side effect of the covid injections. Sycharit Bhakdi, MD and Arne Burkardt, MD presented at the Doctors for COVID Ethics symposium on 12/10/21, calling for an immediate stop of the use of gene-based COVID-19 injections. They demonstrate that the COVID injections do not protect against COVID infection, and there are no positive effects, instead, the "vaccines can then trigger self-destructive processes that lead to debilitating illness and death." They say the breakthrough infections among covid injected persons are confirmation of the problems with the covid injections. They describe how the covid injections cause cells to express a spike protein, then the cell comes under attack by the immune system, occurring in major organs in the body, which can lead to myocarditis, cardiac arrest, and death. They reported evidence of vaccine-induced autoimmune-like pathology in multiple organs of persons who passed away as a result of vaccine injuries.

<https://doctors4covidethics.org/on-covid-vaccines-why-they-cannot-work-and-irrefutable-evidence-of-their-causative-role-in-deaths-after-vaccination/>. ;

Many scientists and doctors around the world are currently, speaking out about the dangers of these COVID injections at great risk to their reputations, livelihoods, and licenses. These doctors and scientists are being censored for raising concerns about the COVID injections. In short, msm has been promoting these COVID injections as "safe and effective" at nauseum, however, I am of the belief that in actuality, these COVID injections are unnecessarily risky for students and provide low benefit. Those who receive a covid injection have become part of the largest experiment in world history, and I believe that should remain a personal choice. Students should be allowed to choose whether or not to subject themselves to a gene modification therapy that appears to be high risk for many severe adverse reactions, including death. I would like to request Mead school district resist and refuse to comply with requiring COVID injections.

Concerned parent

Sent from Yahoo Mail on Android

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

From: Talas Rivers
Sent: 1/4/2022 1:26:47 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My children will never get the covid shot . I would rather pull them out of school before I get them the jab . This Is a bunch of bull!

Sent from Yahoo Mail on Android

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

From: BROOKE SCHMITZ
Sent: 1/4/2022 7:30:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am strongly against forced vaccinations for covid 19. This is a virus, not a disease and the vaccine does nothing to eradicate a virus. Please do not force an unknown untested shot on the innocent children when we do not know the long term side effects from this new type of technology. Our job as parents is to make medical decisions for our children, not the government. If the state should choose to pursue forced vaccinations for school kids my children and hundreds of thousands of kids throughout the state will be pulling our kids out of public schools.

From: Kelsey Flynn
Sent: 1/4/2022 1:45:44 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My name is Kelsey Flynn. I have a 2nd grader in nooksack school district. I am very concerned about this vaccine and it maybe being put in place so our kids can go to school. I am very against this. I do not believe my son needs it. And I will be pulling him if it comes down to it. I hope you will take this into consideration. I know I am not alone in this! There are MANY more like me who feel this way.

From: Sarah Herrera
Sent: 1/4/2022 10:06:16 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Mandating a vaccine that has not been properly vetted and studied is an unwise decision for any leadership to make.

Please note that the efficacy rate continues to go down with every covid vaccine.

Therefore, not an actual vaccine.

Taking an emergency use "vaccine" and mandating it for children, our future, has so many far reaching implications that you as public leaders do not want that on your hands.

You will see public education crumble in the state of Washington. The current state, which is already seeing huge reduction in numbers.

I know for me, as a mom of four, you will not have my children in public education if this is mandated and I know many that feel the same way.

Sarah Herrera
Walla Walla, WA

Sent from my T-Mobile 5G Device

Get Outlook for Android

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

From: Rachael and JC Smith

Sent: 1/5/2022 2:54:17 PM

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

Subject: Opinion re Mandate on Vaccine for school aged children

External Email

To Washington State Board of Health members,

Hope this email reaches you well. As a parent of a child (soon to be 2 children) attending an elementary school in Stevens County, I am writing to make it known that myself, among many others, are strongly against the covid vaccine being mandated for school aged children. I believe that this is a decision that should be made at local level, or, in fact, made specifically by the parents or guardians. Although I understand that covid-19 can be serious for adults, I just do not believe that it is harmful enough to children to justify a mandate. This vaccine does not stop them from getting covid or stop them from spreading it. I am personally not comfortable giving the vaccine to my children, at this time, and would have to pull them out of public school to homeschool, which is not ideal for any of us. Please think of the children's future and make the right choice. Please just let this be a choice.

Thank you for your consideration and taking the time to read this email.

Sincerely,

Rachael Smith

Get Outlook for Android

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

From: Jen Gmail
Sent: 1/4/2022 9:59:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

If the Covid vaccine GUARANTEES that it will prevent transmission of Covid while knowing all the side effects, then making it mandatory makes sense. However, if it does NOT, then making it mandatory is unethical is puts children in an unknown position in the future considering that we do not know what the side effects are, just yet.

Give it at least 10 years to think about making it mandatory.

From: barbaracoccia@gmail.com
Sent: 1/4/2022 3:13:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Definitely do not believe we should be giving mandated covid 19 vaccines to anyone, especially to any children or teenagers to go to school. We should be teaching about building up our immune systems with nutrition, exercise and sleep.

Sent from my iPhone

From: Jennifer Hall
Sent: 1/5/2022 10:55:01 AM
To:
Cc:
Subject: OPPOSE vaccine mandates for children

External Email

To Whom it May Concern:

I am opposing your formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school-aged children.

I am writing to vehemently OPPOSE any vaccine mandate in children. The shots are still EUA and haven't gone through the proper 3 phase trials for all ages. (Yes, I know the word game the FDA and CDC did for Comirnaty approval which isn't even available in the USA). These shots DO NOT prevent you from contracting covid. More and more vaccinated individuals are contracting covid despite being told early on they wouldn't get it if they were fully vaccinated against it. This is not a vaccine per definition because it doesn't stop one from contracting it. Children are not in danger of dying from covid. There is over a 99.9% survivability rate for children. Contracting covid is not a death sentence. Just because cases of covid are going up doesn't mean deaths are. This is a virus that will never go away despite efforts to vaccinate against it. Viruses constantly mutate and become less deadly over time. The choice to inoculate for this virus should be left up to parents and the doctor. Just say NO to required covid shots for school aged children.

I am in full SUPPORT of the rulemaking petition set forth by Xavier Figueroa PhD on behalf of Informed Choice Washington. This needs to be looked at and supported by all involved.

Thank you for your time.

Jennifer Hall
Kalama, WA

From: Calah Huffman
Sent: 1/4/2022 11:12:26 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern, in no way shape or form do any government officials have the right to mandate what should be an entry for our children to go to a school we pay for. I decide what is best for my child not anyone else. This is very unsafe for children so follow the science in that one and not the science that fits your agenda. I and some many will pull my kids from school if this is mandated but I will also never stop fighting or shutting up about an over reach is you so choose to mandate this. Leave it up to the parents you do not know what is better for my children then I do!

Regards
Calah Huffman

Sent from my iPhone

From: Natalie Turney
Sent: 1/4/2022 3:57:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am writing to clearly state that as a mom of an 8yr old and 15yr old healthy boys- I am NOT supporting giving mandatory Covid shots to children. They have God-given immune systems that will give their bodies protection from Covid.

Regards,
Natalie Turney
Sent from my iPhone

From: Home
Sent: 1/4/2022 3:14:55 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Good afternoon -

It's my understanding there will be a rule making petition regarding WAC 246-105, Immunization of child care and school children against certain vaccine-preventable diseases. Specifically with regard to 246-105-030, Vaccine-preventable diseases children must be protected against for full immunization, and a possible recommendation to add Covid-19 vaccine to the list.

The following are my comments for your consideration on the matter:

First and foremost, Covid-19 is not a "vaccine preventable" disease. The current vaccines do not prevent contracting or spreading Covid-19, especially the two most current variants (delta and omicron). Clear and current data establishes that as fact.

The WAC centers around vaccine preventable diseases. The addition of a vaccine requirement for a contagious disease that cannot be prevented with said vaccine does not align with the other diseases, or the effectiveness of the vaccines to prevent them, listed in section 105.

Additionally, the only Covid-19 vaccine available for children is the Pfizer vaccine and it is only under Emergency Use Authorization (EUA) and is still technically in its research window. It is unfathomable to consider making a vaccine that is not fully studied, vetted, and approved a requirement for school-aged children. School-aged children who are more likely to have a negative reaction to the vaccine than to contract severe illness, be hospitalized, or die from the virus itself.

Getting children to take the Covid-19 vaccine is not your job or your choice. It is that of their parents and/or guardians.

Thank you for your time and attention in this very serious matter.

Sincerely,
Angela Roberts
Concerned parent of a school-aged child

From: Frank O'Neill
Sent: 12/28/2021 11:45:36 PM
To: DOH WSOH
Cc:
Subject: on mandating C19 vaccination for children



attachments\761C3E92EF76476D_CDC by Age, healthy+comorb.pdf

attachments\81820DB3DF69475F_Stockholm U by age_comorb.pdf

External Email

Dear TAG

I am concerned that children may be encouraged or required to take an experimental vaccine for Covid when there are hundreds of injuries from myocarditis, and to their immune systems, which outweigh the risks from Covid. Please let parents decide whether their children would benefit from vaccination and freely choose it or not.

There is little or no benefit in preventing transmission (that's why the vaccinated wear masks too), based on studies from Vietnam, Israel, UK, and a county in Massachusetts. The only benefit is a reduction in symptoms and risk of death, so the elderly and those with comorbidities may choose to vaccinate FOR THEIR OWN benefit. There is no benefit to others or society, so no logical justification for a mandate.

Please consider the following data, attached, showing the infection fatality rate (IFR) for children, compared to other risks:

0.04% Covid, children with comorbidities (Stockholm University)
0.015% risk of death/yr in automobile accidents (40k/250M)

0.002% all children (CDC)
0.00004% healthy children (Stockholm University)

Note that the risk of automobile death is 7x the IFR for covid for the average child! The risk of automobile death for a healthy child is 375x the risk of death from Covid! (0.015/0.00004) Would you make it illegal for parents to drive their kids to school?

The VAERS system is reporting 24,900 adverse reactions for U.S. children and 31 deaths out of 13 million vaccinated as of 11/30/21 according to NPR. And the underreporting for VAERS is probably at least 5x. Since children have minimal risk from Covid, and since the vaccine prevents their immune system from developing into resilient adult immune systems, it is harmful to vaccinate any children who are healthy. Since the vaccine does little or nothing to prevent transmission, there is no social benefit to mandating vaccination, and doing so may actually prolong this crisis by forcing variants. There is no need, and much concern for harm; why require it?

Yours truly
Frank O'Neill
2228 Verona St
Bellingham
505-310-3776

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R_0^*	2.0		4.0		2.5
Infection fatality ratio (Estimated number of deaths per 1,000,000 infections) [†]	0–17 years old: 6 18–49 years old: 150 50–64 years old: 1,800 65+ years old: 26,000		0–17 years old: 80 18–49 years old: 1,700 50–64 years old: 20,000 65+ years old: 270,000		0–17 years old: 20 18–49 years old: 500 50–64 years old: 6,000 65+ years old: 90,000
Recovery rate	45%	70%	45%	70%	60%

Chance of Surviving Covid-19 By Age and Sex

AGE	FEMALE		MALE	
	No Underlying Conditions	One or Greater Underlying Conditions	No Underlying Conditions	One or Greater Underlying Conditions
0-9	99.99996	99.9639	99.99996	99.9603
10-19	99.99996	99.9639	99.99996	99.9603
20-29	99.9998	99.9466	99.9997	99.9037
30-39	99.9991	99.8636	99.9986	99.79
40-49	99.998	99.8153	99.9965	99.6943
50-59	99.9888	99.3647	99.9815	99.2135
60-69	99.9562	98.7605	99.8895	97.9992
70-79	99.8251	97.6094	99.5245	95.6517
80+	98.9087	92.8152	96.3318	79.9154

"Predicted COVID-19 Fatality Rates Based on Age, Sex, Comorbidities, and Health System Capacity, Stockholm University", June 2020

From: Julie Urrutia
Sent: 1/4/2022 10:20:54 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am submitting my comment regarding mandating the covid jab for students to attend school- NO! NO! NO!

Can I be any clearer? Have you researched the children who have been damaged from the poison? Myocarditis, death, neurological damage, infertility, to name a few!

NO NO NO!

God protect our children from evil doers!

Julie Urrutia

Sent from my iPhone

From: T Schu
Sent: 1/5/2022 8:10:46 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please DO NOT mandate Covid vaccination shots for our children to begin school or at anytime through their schooling.

Tony Schumacher

From: Jerri Lien
Sent: 1/5/2022 8:24:04 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Covid vaccine mandates should absolutely not be a requirement for our children. Not enough is known about the safety of these vaccines. The decision to vaccinate or not should be a private decision between physicians, parents, and the child (depending on child's age).

Thank you,
Jerri Lien

Sent from my iPhone

From: Anna Witherington
Sent: 1/5/2022 7:29:24 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Over my dead body will my children be receiving this jab.

If this passes all 3 of my children we be pulled to homeschool or better yet this would be the straw that breaks the camels back and we will move from this state.

From: Dylan Chambers
Sent: 1/5/2022 5:55:22 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I have a 6 year old daughter in public school, who by any means necessary will not be receiving the Covid vaccine. There is not enough data to suggest a legitimate reason for kids to get the vaccine. Kids are much more vulnerable to side affects not yet known, we have tested this drug for months not years. I will not submit my daughter to what I think is a health risk.

Sincerely a Washington state parent and tax payer.

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:29:08 PM
To: DOH WSBOH
Cc:
Subject: FW: Oppose vaccine mandates

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

From: tanya.hincu@gmail.com <tanya.hincu@gmail.com>
Sent: Friday, December 31, 2021 12:36 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Oppose vaccine mandates

External Email

Hi Keli,

I just learned that there was a meeting about mandating COVID vaccine to all schools children, and it was done without public comments or questions being accepted.

There is no science behind this shot, we now that children are at very low risk. We need to stop this experiment on children!

I highly oppose this mandate!

If you aware of any scientific evidence that this shot is good for children and the studies to back it up, I would love to read through them.

Thank you for listening to concerned parents and doing your best to do what's right!

Best regards,

Tatiana Balan

Sent from my iPhone

From: Carolann Gutierrez
Sent: 1/4/2022 1:57:11 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

HB 246-105

I am against requiring an un-approved shot, Covid 19, for entry into schools for children.
The science does not support the efficiency and the harm outweighs all.

Thank you
Carolann Gutierrez,
Retired Education Administrator

From: Jeremy Endlish
Sent: 1/4/2022 2:52:23 PM
To: DOH WSOB
Cc:
Subject: Public Comment

External Email

To whom it may concern,

Good afternoon. Can we please not mandate the "Covid-19 Vaccine" for children 5 and older. That would be greatly appreciated as the vaccines are becoming more therapeutic than actually stopping the spread. This virus has become overtly politicized and to say otherwise would be a bold face lie.

Also, the vaccine is still in emergency use authorization with no long term studies even though the FDA says it safe, but their track record, integrity, and consistency as of recent has been questionable.

If you do proceed to mandate it, I can only assume that a long drawn out legal process will ensue as so many citizens will object. None of this is helping our kids or our teachers--it's just making so many of us feel good about ourselves in times of social media fear mongering and cancellation.

I appreciate your consideration in this matter.

Sincerely,

J. Endlish

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F9862DADF-638C-4670-A6ED-0459D4E1C246&from=mailbk&isredir=1>
for Windows

From: Mike Rohrbach
Sent: 1/4/2022 1:48:42 PM
To: DOH WSOB
Cc:
Subject: Public Comment

External Email

I am appealing to you to vote against Covid 19 vaccine mandates for children. Children are at extremely low risk for Covid and the vaccines are still only EUA (emergency use authorization). For data to uphold this statement, please go to the World Council for Health website at <https://worldcouncilforhealth.org/resources/covid-vaccine-for-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fworldcouncilforhealth.org%2Fresources%2Fvaccine-for-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1274bbc75e3b4e6d681b08d9cfcbed21%7C1>

You would be taking a great risk for those children as well as yourself.

Please do not vote for this vaccine mandate...it is too early to know all the risks!

Even my grandsons asthma doctor says that RSV is more dangerous to children than Covid. I should know, we almost lost one of them to RSV!

Sincerely,

Karen Rohrbach

Sent from Mail

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

From: Heidi Jacobson
Sent: 1/4/2022 3:44:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose mandatory vaccines for children .
Children are not at risk for Covid 19. These vaccinees are not FDA approved , only EUA
and are not properly tested.
More people have died from pneumonia than covid .
Sent from my iPhone

From: Mike H
Sent: 1/4/2022 9:14:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

You implement a non fda approved vaccine to attend school for children, I will pull my child from public school instantly.....
You all make me sick!!!

From: Emily Hansen

Sent: 1/5/2022 9:23:24 AM

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

Cc:

Subject: Re: Proposed Covid-19 "Vaccine" Requirement for Children

External Email

Members of the Washington State Board of Health

Re: Proposed Covid-19 "Vaccine" Requirement for Children

The fact that you as a board member are even considering making this experimental covid "vaccine" mandatory for entrance into school, daycare, and preschool is a mystery to me.

How many healthy children have died from the actual corona virus or its variants? What is the actual percentage? How many children have contracted covid? Why is natural immunity all of a sudden ignored? When have we ever gotten an inoculation to "protect others?" Why are we forced, coerced under threats and duress, and enticed to get experimental injections that the manufacturers state themselves do not keep one from getting or transmitting the virus? Why are the side effects and death numbers from these experimental jabs ignored? Why would one need an experimental inoculation for a virus that is almost 100% survivable? Is it possible to eradicate a virus completely? Have we ever been able to stop a virus with a shot? Why were there so few flu or pneumonia deaths in 2020 or 2021, did the flu and pneumonia just go away?

There are too many questions which you are seeming to ignore.

When I asked governor inslee's office, OSPI, and DOH why someone who has already had covid should get an experimental "vaccine," you know what the response was...? Essentially none of my questions were answered, the response was basically do it because I said so.

We the People need more information. Do NOT force this shot to further your politics. Answer the questions, use common sense, and stop issuing orders.

Yours Truly,

Emily M. Hansen,

Former public school music teacher who was wrongfully fired because I would not participate in this medical experiment. I blame you for the violations of my inalienable rights protected by our Constitutions.

From: Denell Matteson
Sent: 1/4/2022 6:11:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

In regards to children's Covid immunization; I'm writing as a healthcare provider , a Respiratory therapist at Providence, specializing in ICU care. It has been my experience that children are unaffected by covid, other than mild manageable symptoms. On the other hand the vaccine related risks are > 100 x's that which the virus imposes, including myocarditis, seizure, stroke, genital ulcers requiring reconstructive surgery; each of these is known by experience to myself and my colleagues. I'm asking that you leave the choice to the parents to make their own informed decision. It is well known that vaccination does not stop transmission, therefore mandating it to children would be unethical. Thank you for your time

Denell Allen RRT
(509)954-1874

Sent from my iPhone

From: Annette Rose
Sent: 1/4/2022 6:01:40 PM
To: DOH WSOB
Cc:
Subject: Public Comment

External Email

Please watch this... every person that is part of the decision making process for vaccinations for our children needs to watch this! And the other 2 podcasts are full of great information and also a video interviewing a pediatric cardiologist and a child and adolescent psychiatrist. PLEASE stop making decisions based on money and politics. Our children deserve better from you and all of their leaders.

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cwsboh%40sobh.wa.gov%7C46d662063f4e4dbbbf3508d9cfef2b4d%7C11d0e21>>

<https://unityprojectonline.com/webinar/podcast-covid-19-and-vaccine-observations-from-pediatric-specialists/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwebinar/podcast-covid-19-and-vaccine-observations-from-pediatric-specialists%2F&data=04%7C01%7Cwsboh%40sobh.wa.gov%7C46d662063f4e4dbbbf3508d9cfef2b4d%7C11d0e21>>

<https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCeYt?si=d0FGCQpcQVK9hLG5mq2A2A>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode/3SCsueX2bZdbEzRtKOCeYt%2F&data=04%7C01%7Cwsboh%40sobh.wa.gov%7C46d662063f4e4dbbbf3508d9cfef2b4d%7C11d0e21>>

<https://open.spotify.com/episode/0aZte37vtFTkYT7b0b04Qz?si=V3EJ98YjT2mz0dpKJKn6iA>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode/0aZte37vtFTkYT7b0b04Qz%2F&data=04%7C01%7Cwsboh%40sobh.wa.gov%7C46d662063f4e4dbbbf3508d9cfef2b4d%7C11d0e21>>

Annette
Sent from my iPhone

From: Kelsey Lennox
Sent: 1/4/2022 4:26:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This comment is for the January 12th meeting to discuss mandatory covid shots for public school children and child care.

As a parent of 2 children (ages 6 and 11) and a public high school teacher/coach of 17 years, I strongly believe that Covid shots should absolutely NOT be a requirement for our children. I want to remind you that these vaccines are still only in emergency use authorization (EUA). There is not enough research to prove that they are more beneficial to children than natural immunity. Besides that, there is not enough data to guarantee they will not cause harm now or in the future. I also want to remind you that children are at an extremely low risk for Covid. Thus, there is no need for a mandatory vaccine.

On top of that, if mandated vaccines happen, it could be detrimental to school districts like the one I work in as we will quite likely lose a huge number of students. You see, I work in a very small, rural district of less than 300 students, K-12. If that happens, we obviously lose funding and will probably lose good teachers, like myself who has been very dedicated to my job and the success of my students/athletes. I will continue to advocate for the best interests of my kids and students and I ask that you do the same, and vote no against mandated Covid vaccines.

Thank you for your time,
Kelsey Lennox

From: Bernie Lorraine
Sent: 1/5/2022 6:38:05 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I object to the mandate of COVID shots for school aged children on these grounds!
1)They are 99.9999% unlikely to get the virus, 2). It is a proven fact that out of 100 children inoculated,99 will either die or have lifelong cardiac or immune deficient symptoms, AND 3) it is not only ILLEGAL but Against the Nuremberg Code to mandate an EXPERIMENTAL DRUG FOR ANY REASON!! STOP THIS MADNESS!!

From: Monica Holt
Sent: 1/4/2022 9:08:18 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My grandchildren currently attend the Mead School District in Spokane. It has come to my attention you are considering a mandate for children to be vaccinated with the Covid vaccine to continue to attend school I DO NOT agree with this, Vaccines should never be forced on anyone!! This is a medical decision regarding one's own body and should be left to each individual to decide without consequence either way. If this becomes a requirement I will do everything in my power to see that my grandchildren (all 4} be disenrolled from Mead district and find their education elsewhere.

Sincerely,

Monica Holt

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: Chantel s
Sent: 1/4/2022 8:57:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

For the meeting on Friday January 7th, 2022 on covid vaccine.

The covid vaccine should not be required for children who are low at risk. Any daycares or schools have no authority to require a vaccine upon our kids.

The covid vaccine does not stop the spread of the virus. The vaccine is an emergency use and not legally allowed to mandate it in any state.

My daughter does not need to be forced to put a vaccine in her body that has no benefits to her health.

It is our human and American right to have privacy and it will not be forced.

Thank you,

Chantel Stecher

From: rob655321
Sent: 1/5/2022 8:02:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hi, I will remove my kids from Washington schools and leave the state if a covid vaccine is required. Covid is not stopped do to the vaccine! Look around now! The risks of the vaccine out way the befits... Please let us choose what we put in our children! Destry Roper

From: Tracy Holt
Sent: 1/5/2022 8:09:45 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am against mandating any vaccine requirement for children to attend public school. Children are at extremely low risk for Covid. However, there are serious and life-threatening risks with the vaccines, some of which include pericarditis, myocarditis, blood clotting disorders, severe allergic reactions, and nerve disorders. The vaccines are still only EUA (emergency use authorization).

I strongly urge you to consider the ramifications and impact of these untested vaccines and their risks for the future health of our children. Mandating these experimental and unproven vaccines in order to satisfy some unknown and unproven benefit would be a great tragedy for the most vulnerable of our community.

Sincerely,

Tracy Holt
Teacher and Concerned Citizen

From: mahaglund
Sent: 1/4/2022 10:43:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I urge you to vote NO on mandating the covid 19vaccine for children in order for them to go to school. This vaccine has not been studied enough and not for any length of time to determine any long term effects on children. It has just recently been released and now the government is pushing it like it has been out for years. when you look at the numbers, the hospitalization rate and death rate are very low in children. This vaccine, or flu shot is not a one and done that will eradicate covid 19, but a shot that you need to keep getting every 5 to 6 months to keep it effective. Please do not subject our children to this.

Mary Ann Harshman

Sent from my Verizon, Samsung Galaxy smartphone

From: Sheena Hargrave
Sent: 1/4/2022 8:37:29 PM
To: DOH WSOB
Cc:
Subject: Public Comment

External Email

Please see my comments related to the upcoming board meeting regarding mandating COVID-19 vaccinations for students:

First, I would like it to be known that I am not against vaccines for people in general. The vaccines that have been required for children to enroll in school have been tested for many years prior to being approved. That is not the case with COVID-19 and it is reckless to mandate something that we as a country know little about as far as long-term outcomes and consequences.

More and more information is being learned about the negative outcomes from the COVID-19 vaccine and the results of studies are being released showing horrifying results. I am personally uncomfortable as an adult with being vaccinated for COVID-19 and I certainly do not advocate for this for my son.

As a parent and a taxpaying member of society, I find it intrusive and inappropriate for government entities to mandate something like this. America is a free country and we should be able to make these types of decisions on our own. It is morally wrong for the government or any entity in a position of power to mandate what to put in my body or the body of my child. This should be a choice and it should be up to the parents and guardians to decide what they feel comfortable doing.

Should you choose to mandate this, without an option for an exemption, I would likely remove my son from this school district. I know that I am not alone and there are multitudes of other parents and guardians who would do the same. This potentially could create even more emotional and psychological issues for our children. Children having to partake in on-line schooling and unable to see their friends or participate in sports has really had a negative impact on them. A mandate like this will likely lead to many parents removing their children from the various school districts, worsening the emotional and psychological impacts. <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kff.org%2Fcoronavirus-covid-19%2Fissue-brief%2Fmental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic%2F%2C&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C24719b0988b64dbdda7308d9d005129https://www.cdc.gov/mentalhealth/stress-coping/parental-resources/index.html,<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmentalhealth%2Fstress-coping%2Fparental-resources%2Findex.html%2C&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C24719b0988b64dbdda7308https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444649/,<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F7444649/>>

<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Signs-your-Teen-May-Need-More-Support.aspx>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthychildren.org%2FEnglish/health-issues%2Fconditions%2FCOVID-19%2FPages%2FSigns-your-Teen-May-Need-More-Support.aspx&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C24719b0988b64dbdda7308d9d0051292%7>

I find it frustrating that quite a few people believe that the vaccine is the, "magic bullet" that will end the pandemic and that make those who are vaccinated immune from getting COVID-19. There are numerous news stories and articles, as well as personal experiences that demonstrate how people who were vaccinated contracted COVID-19 and spread it to others. The most recent example of this that I can think of happened with the NFL. <https://www.nytimes.com/2021/12/14/sports/football/nfl-covid-vaccine-booster-shots.html>

My son was born with a serious medical condition but has been fortunate to have not had any complications with it growing up. Administering the COVID-19 vaccine could very well exploit this serious medical condition and cause complications with his heart leading to death. There are absolutely no guarantees this will not happen and I am not willing to take that chance especially when he is healthy overall and has over a 90% percent chance of recovering should he contract COVID-19. <https://childrenshealthdefense.org/>,
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2F%2Fchildrenshealthdefense.org/defender/vaers-cdc-adverse-events-deaths-5-year-old-died-pfizer-vaccine/>

Perhaps 20 years from now I will feel differently about a mandate of this kind. As it stands now, we don't know the long-term side effects or consequences of the vaccine and I absolutely feel strongly that it is reckless and inappropriate for any government entity to mandate something like this not only for adults but for our children.

As a parent, I must protect my son and be his voice.

Sincerely,

Sheena Hargrave

From: Cori Fluetsch
Sent: 1/4/2022 7:02:57 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

WSHB, as a concern parent I ask that you uphold common law, freedom of choice and use common sense for any potential Covid-19 vaccine immunization requirements for children in school. MY CHILD IS NOT AN EXPERIMENT . We need to protect our children. There simply has not been enough time for the proper research/clinical trials to be completed and the data is not available. This is why the FDA approved Covid vaccines are not available and the ones being administered are still under emergency use. I challenge you to do your research. MY CHILD WILL NOT BE AN EXPERIMENT AND WILL NOT BE ATTENDING ANY SCHOOL THAT WILL CARELESSLY REQUIRE A COVID -19 VACCINE. Thanks for your time.

Concerned Parent,
Leonard Fluetsch

Get Outlook for iOS

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

From: Sarah Dailey
Sent: 1/4/2022 2:28:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

I am writing in response to the upcoming decision to require covid vaccines for school admission. I am strongly opposed to such requirements as numerous data has shown the benefits for school aged children do not outweigh the risks. Children are also less likely to show significant symptoms or be hospitalized after contracting the Covid 19 virus; Children have greater than a 99+% survival rate. Schools have been in session for months with no major outbreaks, hospitalization, or deaths. Furthermore, there is no data on the long-term negative effects of this EXPERIMENTAL VACCINE on children. Many parents, including myself, will pull their children from the public school system if this vaccine becomes a requirement. This will not only impact school funding but also have both social and educational impacts on student development, two key elements to adolescent growth already heavily impacted by the earlier lockdowns and remote education. No greater good can come from supporting and enacting this requirement.

Sincerely,

Sarah Dailey

Concerned parent and WA tax payer.

Sent from my iPhone

From: Shannin
Sent: 1/5/2022 4:38:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom this may concern,

I do not agree with mandating covid vaccines in children. With how low covid risk are within our children this should not be mandated. Also the current studies are showing more damage in the children then helpfulness. They do not no the long terms of this vaccine nor do they know the long term in covid and are still finding new data every day on this virus. I am not okay and will stand strong to say no.

We need to fight for our children.

Concerned parent in Washington state

Shannin N Houillon

Sent from my iPhone

From: Melissa Knutson
Sent: 1/5/2022 6:56:19 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I m against mandatory Covid shot for children, they are low row and this is not a needed shot please give our kids there freedom and don't force this , thank you.
Concerned citizen. - Melissa Knutson

Sent from my iPhone

From: Tauanuu MosesAngel
Sent: 1/5/2022 8:54:59 AM
To: DOH WSBOH
Cc:
Subject: proposal to add Covid inoculation requirement for public school attendance.

External Email

Dear Washington State Board of Health,

I am against this.

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA

technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Angelina Tauanuu

Lacey, WA

From: Michelle Brons
Sent: 1/4/2022 1:29:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Children do NOT need the Covid-19 vaccine! The vaccine includes a viral gene which forces a child's body to make toxic spike proteins. These proteins can cause permanent brain and nervous system damage. They can cause heart problems, blood clots and blood vessel problems. These can damage their reproductive systems! The vaccine can also trigger fundamental changes to their immune systems. None of these things are irreversible once the damage is caused. They do NOT need this vaccine and do not pose any potential danger to others if unvaccinated. Actually the opposite. Their immunity, if tested positive for covid, is critical and could actually save people from this virus. It has not been adequately tested! There is simply no benefit for the children or their families to be vaccinated. The risk/benefit analysis isn't even close. I do NOT support this part of the agenda!

From: Chris Swartz
Sent: 1/4/2022 2:28:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I honestly cannot believe we are even thinking about injecting our children with this experimental vaccine. Yes it is experimental. The comirnaty vaccine that has been accepted by the fda is not being distributed in the USA. Furthermore we do not know the long term health effects this will have on anyone. Pfizer does not want us to see what is in it or the clinical trials they have done for 75 years. Why is that? My guess is because they know it is dangerous. We have now seen, through the freedom of information suit against Pfizer, that they have had many deaths and serious health issues in children and adults, some long term and permanent. You should also take into consideration how many children will be pulled from public schools to protect them from the harm this vaccine can cause. We also know that the vaccine does not work. The majority of King county is vaccinated and the unvaccinated are being discriminated against for mandates that aren't legal. King county also has a very high amount of covid cases right now. Therefore, proving that face mask a and vaccines do not work. Anthony Fauci has also been on the news recently stating that the majority of children hospitalized are not hospitalized for covid but something else and were tested upon arrival. Which means these children are either asymptomatic or having very mild symptoms. I sincerely hope you will think of our children and not let your own fear put our children in peril by injecting them with a vaccine that can kill them. I personally don't know anyone who has died from covid. I do know 6 people who have died from the injecting and one who got bells palsy from the injection. With that being said I do realize it is real and of concern and that people have died. My question to you is it worth it to play Russian roulette with our children's lives?

Sincerely
Christina Swartz

Get Outlook for Android

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

From: Dionne Miller
Sent: 1/5/2022 3:34:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello Members of the Board of Health,

This email is in regards to the proposal to add the vaccine for SARS-CoV-2 to the 2022-2023 school vaccine schedule.

At this time, I vehemently oppose any and all efforts to mass vaccinate the younger members of our society to a virus. The current vaccines have not had nearly enough time to undergo high-quality random control studies to truly determine the long-term safety and effectiveness of these vaccines in our children. (As you are all aware, vaccine development is generally a decade plus, not mere months.) The concerns of myocarditis in children (particularly male children) has not been alleviated. There is still plenty of legitimate concern about the currently available vaccines and their potential long-term effects on fertility, the immune system, and autoimmune disorders. The sample size used during testing was abysmal to anyone with even the slightest bit of knowledge about research methodology. The lack of data and transparency from the vaccine manufacturer is appalling (and should be a red flag to anyone).

This virus is not deadly to healthy children. The CDC's own data shows less than 1000 deaths to children from 0-19 since the beginning of this pandemic. While those deaths are absolutely tragic it must not be forgotten that the vast majority of those children had other comorbidities and were medically fragile. The CDC also fails to differentiate between those deaths from Covid and those with Covid.

Mass vaccinations fail to take into account immunity stemming from prior infection. While there is some debate amongst scientists how long natural immunity lasts, most support a minimum of 6 months strong immune response following infection. I will remind you that natural immunity provides the person who has survived infection with T cells, B cells, NK cells, and immune cells in the mucosal tissue (to stop reinfection and to prevent further spread during reinfection). As much as we would like to say that the vaccine also provides this protection, we can't because it does not give the recipient the entire virus. At this time the vaccines available are focused solely on the spike protein.

I realize that during the case counts are currently skyrocketing. If the current variant of the month was one of the earlier variants, I, too, would be very concerned for everyone, but we are talking about Omicron. This variant is for most of its sufferers a common cold in severity. It is not deadly. Hospitalizations are not surging, not even among Children according to today's report from Seattle Children's Hospital. The only thing surging is the fear driven narrative. My point in mentioning this is what happens if Omicron is a gift, and through all this suffering we actually achieve herd immunity (isn't that what you've been trying to sell us on the last 22 months?). Please, just wait and see.

Finally, let me remind you that covid cases in children are generally very mild and go away without any medical intervention. So, while Covid can be life threatening to the older members of society, our children should not incur risks that are not their own without the very best, sound scientific evidence (that is free from politicization or greed). And that evidence is going to take years, not months.

In summation, please consider the absolute risk and benefit of this vaccine and our kids.

This is a decision that cannot be made lightly, but at this time there is just not the evidence to support a mass vaccination requirement for any human, not to mention children. Please oppose any efforts to add this to the school vaccine schedule.

Thank you for your time and consideration.

Kindly,

Dionne Miller

References:

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisiCOVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-juj3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C527b52a4b1ac4552421d08d9d0a3b6c7%7C11d0e21>

<https://academic.oup.com/cid/advance->

[article/doi/10.1093/cid/ciab884/6381561#.YWGHcytQ_Hc.twitter](https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab884/6381561#.YWGHcytQ_Hc.twitter)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Fcid%2Fadvarticle%2Fdoi%2F10.1093%2Fcid%2Fciab884%2F6381561%23.YWGHcytQ_Hc.twitter&data=04%7C01%7

<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3>

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

<https://www.nature.com/articles/s41586-021-03647-4>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41586-021-03647-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C527b52a4b1ac4552421d08d9d0a3b6c7%7C11d0e2172>

From: Lisa Templeton
Sent: 12/31/2021 11:33:38 AM
To: DOH WSBOH,Pskowski, Samantha L (SBOH),Hannah.fernald@sboh.wa.gov
Subject: please deliver this information to the TAG considering COVID-19 for inclusion in chapter 246-105 WAC

External Email

Happy new year, Samantha and Hannah,

Will you please deliver the following message to the members of the Technical Advisory Group that is considering COVID-19 for inclusion in chapter 246-105 WAC. May I ask that you reply to this message to confirm that you have done so? Thank you.

Dear TAG members,

To assist your deliberations regarding including COVID-19 in 246-105 WAC, Informed Choice Washington respectfully requests that you view The Canadian Covid Care Alliance's 39-minute video "The Pfizer Inoculations for COVID-19: More Harm Than Good <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>>." It sets forth facts regarding the hierarchy of evidence; absolute versus relative risk; Pfizer's poor trial designs, missing data, and the mischaracterization of their results; adverse events; misleading post-marketing surveillance reports; conflicts of interest; governments' indemnification of this drug maker; and recommended reading.

The accompanying PDF document at the above site includes citations for your reference.

Thank you for your time and effort in reviewing this critical information. During your public orientation meeting on Wednesday, Drs. Pendergrass and Kwan-Gett advised you to keep an open mind. We join the doctors in this exhortation, because in order to properly carry out your duties, it is necessary to examine evidence being provided by those who are opposed to requiring these pharmaceutical products for Washington State children.

Feel free to contact me for additional information.

Sincerely,

Lisa Templeton

Executive Secretary to the Board

Informed Choice Washington

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

From: Teri Wilson
Sent: 1/4/2022 3:09:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am making a comment on the boards upcoming desision on the Immunization Criteria for Child Care and School Entry. (making Covid shots mandatory for child care and school admission).

I absolutely think this is ridiculous since children are at a very low risk of getting serious covid symptoms. We all know this is experimental and does not have a long enough period or any long term study, we have now seen this does not stop transmission. This should definitely be up to the children's Dr. and parents whether they wish to be part of this experiment. It seems hazardous of you to take on the liability for this health mandate as different people have different health concerns.

Thank you in advance for taking the time to read this and hope you will do the right thing.

From: Amanda Aunspaugh
Sent: 1/5/2022 10:22:43 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), stuart.gasoe@sboh.wa.gov, 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)
Cc:
Subject: PUBLIC COMMENT

External Email

I am writing to express my deep-felt contempt and disagreement to the proposal by WSBOH to recommend the Covid vaccine requirement to school-aged children on January 12.

WSBOH should not require any vaccine, specifically an Emergency Use Authorization (EUA) vaccine to be administered to children as a condition of accessing public education that is paid for by the taxpayers. Additionally, WSBOH should not require COVID testing as an alternative method to accessing public education. The data is clear and COVID has a 99.8% survivability rate and therefore is not an emergency, a pandemic, or a threat to U.S. children. On the contrary, the massive numbers of adverse events being reported to the Vaccine Adverse Event Reporting System (VAERS) makes it clear that this vaccine should absolutely never be required for any reason. The vaccine is widely available and at a low or no-cost to all who seek it. Therefore, it should not be a requirement for our children to access public education.

Once the vaccine (which it is not a true vaccine) is added to the childhood immunization schedule, the National Childhood Vaccine Injury Act of 1986 (H.R. 5546) takes effect on the vaccine. This act "Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death : (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care." The manufacturers are certainly intentionally withholding safety information, as evidenced by their request to take over 50 years to release the safety data gathered prior to releasing this vaccine. Also, the amount of blatant censorship around this vaccine is proof that the information is not being given to citizens, specifically PARENTS, so that they can make an informed decision on whether or not to take the vaccine.

Vaccine manufacturers cannot market this vaccine to the public unless they have the liability immunity that is provided by H.R. 5546, which is only put in place once the vaccine has been placed on the immunization schedule. Pfizer tested the vaccine on only 1300 children. One child, Maddy Gary, had extreme reactions and is now in a wheelchair for life and needs a feeding tube to eat. Pfizer officially reported her injury to the FDA as a stomachache. This is absolutely unacceptable.

The sole reason that the manufacturers want to add this vaccine to the childhood immunization schedule is to maintain their ZERO LIABILITY safety net that they currently enjoy via the EUA status. Once EUA status goes away, their liability protection goes away UNLESS it is added to the childhood schedule. This is their true motive for pushing the addition to the immunization schedule and is completely evil and despicable. I hope you will not be complicit in committing this grievous attack on our precious children, who are the future of not only the state of Washington, but humanity.

This is absolutely wrong, unjust, immoral and should be discarded immediately. In the United States, every citizen (this includes CHILDREN) has certain unalienable rights given to us by OUR CREATOR, and NO ENTITY has the power to deprive us of these rights. These rights absolutely include sovereignty over our bodies and completely protects us from unwanted medical procedures. The American people wholeheartedly REJECT medical tyranny and WSBOH and all other federal, state, and local government entities must cease and desist this gross violation of our God-given human rights. To make this vaccine a requirement for anyone, but specifically our children, is nothing less than evil and should not be allowed to pass. We will not sacrifice our children to pharmaceutical companies under the guise of public health.

Michelle, Melanie, Christy, Stuart, Samantha, Kaitlyn, Caitlin, Lindsay, Tracy, Hannah, Kelie, Nathaniel - are any of you parents? If you are, have any of you done any research outside of the official narrative? Health professionals all over the country are speaking out against this vaccine but are being censored. The public is waking up to the truth, and we will not stand for the government attempting to sacrifice our children any longer. I encourage you all to read the extensive work for Robert Kennedy, Jr. at the Children's Health Network who tirelessly fights for the rights of our children. Please look within your hearts and ask yourself if making this recommendation is the morally right thing to do.

Sincerely,

A concerned citizen and mother of three

Amanda Aunspaugh

From: Laurie Hatakeda
Sent: 1/4/2022 2:07:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I heard that the Board will be discussing the issue of requiring Covid vaccines for children at the meeting on January 12th. I am writing to strongly urge you to NOT require Covid vaccinations for children. Children have a very low risk for severe disease from Covid unless there are underlying health issues. The risk of adverse reactions to the vaccine greatly outweighs the benefits.

Sincerely,

Laurie Hatakeda

Redmond, 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: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:38:24 AM
To: DOH WSBOH
Subject: Please Add This Individual to the Board's Distro List



attachments\EE381D5BE0F84A9B_image001.gif

Hey Nathan,

Could you please add this person to the Board's distribution list? I've already sent them a link to the Board's Jan. meeting agenda.

Thanks,

Kelie

From: Todd Allred <todd@allredsplumbing.com>
Sent: Thursday, December 30, 2021 4:24 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: agenda

External Email

Hello,

Hello,

Can you please send the agenda for the meeting on January 12th?

Thank you

Todd Allred

General Manager

Allred's Plumbing & Radiant, Inc.

"Where relationship and quality matter."

Office: 206-305-9541

www.allredsplumbing.com

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

<https://www.facebook.com/allredsplumbing/>

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

From: Alissa Marzolf

Sent: 1/5/2022 5:00:23 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Christy.Goff@sboh.wa.gov, Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Tracey.schreiber@sboh.wa.gov, Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please vote "no" for mandatory vaccines for school children

External Email

Dear Washington State Board of Health Member,

We do not know the long term effects of this vaccine, which is still under-going testing and has had even less testing in children. Please vote "no" and allow scientists to confirm this inoculation is indeed safe for children before we mandate it in our schools.

Local schools are already struggling with attendance at RECORD LOWS due to parents removing children over mandatory masking. Local home school groups are bursting at the seams with new homeschooling families, who don't want to be told how to keep their children safe and would rather educate them on their own than subject their children to current local requirements on a daily basis.

Mandating this vaccine will cause addition departures of students from local public school rosters, causing added financial burdens to our community schools.

Children are NOT at risk for Covid-19 and as such it should remain the task of each parent to determine if this relatively new vaccine is appropriate for their child.

Thank you for protecting our freedoms,

Sincerely
Alissa Helton

Get Outlook for iOS

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

From: Freddy Nestor
Sent: 1/4/2022 3:43:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,
I'm responding in regards to an attempt to mandate covid shots for children. Simply put, no. My children are not guinea pigs, little to no risk and shots provide defense for a short period of time. Any mandated vaccine must be approved through the right channels to allow accountability and as of now, there is none. If my son or daughter get ill from a side effect it all falls on me. In the end you will lose more students and push parents away from your education system. Stand up for what's right in this world, we need leaders not dictators.

Thank you,

Freddy nestor
360 522-2811

From: Kathie Salonen
Sent: 1/5/2022 7:21:40 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Mandating the "jab " for children is nothing but child abuse!!! Our children are NOT in danger. This is nothing more than government control. It has been for two years. It must stop. This is against the Constitution and all of our God given rights and freedoms. When will our corrupt government wake up and do the right thing? Living in Washington has become a nightmare and a joke!
Kathie Salonen

Sent from my iPhone

From: Nancy
Sent: 1/5/2022 8:26:47 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear WSBOH,

The United States 5th Circuit Court had ruled that you can not mandate the Covid vaccine and if you do, it is coercion, which is a felony. You will be liable for each and every child that has an adverse reaction to this experimental Covid vaccine you mandate.

Children are not at a high risk category to contract Covid.
These experimental Covid vaccines have a much higher risk of giving children life altering conditions or death.

See the 5th Circuit Court ruling below and know that you will be prosecuted if you mandate and cause injury to children under your care.

<https://www.ca5.uscourts.gov/opinions/pub/21/21-60845-CV0.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ca5.uscourts.gov%2Fopinion%2F21-60845-CV0.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C407303cfffca4f0b590e08d9d0681ff9%7C11d0e2>>

Sincerely,

Nancy Friend
Olympia, WA

From: Diane Neill
Sent: 1/4/2022 4:45:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am totally against mandates of the vaccine for school attendance! If you do that, your schools will end up empty eventually. Our children are not at risk for this virus. Why don't you look at the real science instead of suppressing it?

Diane Neill

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: yousnorker@gmail.com
Sent: 1/5/2022 7:45:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear Board,

I believe it to be unwise to make COVID vaccines mandatory for children in childcare and school admission. Children have low risk of getting COVID. All the children I know who have gotten COVID had mild symptoms. Also the COVID vaccine is still only authorized as a vaccine under Emergency Use. A few minors have had mild to severe side effects from the COVID vaccine. If the vaccine is made a requirement, then you force parents to risk their children's health safety - under pressure - of your new immunization requirement. A parent needs to decide what's best for their child, weighing the risks. Their decision should not be pressured by the Board. Is the Board willing to take responsibility for any ill affects on children due to parents' compliance to the Board's requirement? I think you would be wise to hold off on requiring the EUA COVID vaccine for school and childcare admissions.

- Mary Staab

From: J. L.
Sent: 1/4/2022 5:46:23 PM
To: DOH WSBOH,Connie Lander
Cc:
Subject: Public Comment

External Email

To Whom It May Concern:

I am writing to request that the COVID-19 vaccine not be added to the list of required vaccines for children and students. It is way too early in this vaccine's history and development to require them. As time goes on and studies are completed, a more sound decision can be reached. Do not rush into adding it to the list for our most vulnerable citizens. Thank you.

Connie Lander, mom and teacher

From: Davis, Michelle (SBOH)
Sent: 1/5/2022 3:02:25 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

Michelle Davis, MPA (she/her)

Executive Director

Washington State Board of Health

michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov>

360-236-4105

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C019>

| Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH9>

| Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 1:21 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Michelle Davis,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see

the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:26:52 AM
To: DOH WSBOH
Cc:
Subject: FW: Oppose the Covid vaccine in kids!!!!

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

From: Dan B <danachka16@yahoo.com>
Sent: Friday, December 31, 2021 8:19 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Oppose the Covid vaccine in kids!!!!

External Email

I oppose the Covid vaccine in kids that go to school!! Kids do not need this vaccine!

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:49 AM
To: DOH WSBOH
Cc:
Subject: FW: Oppose mandated Covid vaccine/

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

From: Bogdana Ostapenko <bogdanaostapenko@icloud.com>
Sent: Thursday, December 30, 2021 9:58 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Oppose mandated Covid vaccine/

External Email

Hello,

Upon hearing that hearing that there was a meeting held with almost no public notice, and that a conclusion was made to mandate all public/private school children to be vaccinated I would like to oppose this decision. Vaccination or any sort of medical choice should never be mandated! It is a personal choice and parents are the ones who should decided what goes into their child's body. This is a country that was founded upon freedom, not oppression and manipulation; no matter the circumstance! I strongly disagree and oppose your decision to go behind the backs of parents to perform medical procedures on children who are not even your own. You should be ashamed of yourselves and not go any further with this ridiculous and disgusting decision of yours.

Thank you,

Bogdana

From: Alyssa McCartney
Sent: 1/5/2022 6:40:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Good morning to the board members,

I am emailing to express my extreme concern for mandating covid shots for children to attend school. The shot is only approved under an emergency order, and I do not believe that we should be forcing children and families to choose between attending school or getting a vaccine. Covid shots should absolutely NOT be requirement for children to attend school!

Alyssa McCartney
Sismccartney@gmail.com <<mailto:Sismccartney@gmail.com>>
360-349-1240

From: donna cook
Sent: 1/4/2022 10:26:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am a parent of a public school 3rd grader.

I write today to request that the covid immunization not be added to the required immunizations for public school.

Covid is not showing to be a large risk to children and is still under emergency use authorization.

I am concerned and torn about my son's future if this trial vaccine becomes required as my son thrives in the public school environment but I can't with good conscience give him an immunization that is so new, no long term studies and for a virus that has been proven to not cause significant damage to the younger ages.

I will be forced to home school if this immunization becomes required. Washington state has already lost 55,000 enrolled public school children this school year. I am active and involved in multiple mothers groups in my community and the large majority are in the same situation, I fear if you make the immunization a requirement you will loose many many more thousand enrolled students, which will drastically decrease federal funding and cause voters to no longer approve bonds and levies; therefore, impacting the children still in the public school system.

I fear that the communities of color will be the hardest hit by the loss of these funding sources, as statistics and history have proven those communities do not have resources to home school, they will have no choice but to immunize their children to continue attending public school which will be struggling due to the loss of federal funding and the inevitable loss of bonds and levys.

Please consider my words and look at the big picture when you vote on the immunization requirements for this next school year.

Thanks for your time
Donna Cook
Auburn, WA

From: Aundi Egleston
Sent: 1/4/2022 2:10:22 PM
To: DOH WSB OH
Cc:
Subject: Public Comment

External Email

To whom it may concern;

I would like to officially comment on the matter of requiring mandatory COVID-19 vaccines for children in order to attend school or daycare.

I feel this requirement is a significantly inappropriate overstep by the government to impede on our rights of choice as written in the U.S. Constitution. Not only would this measure take away the parental rights of health choices for each individual family- but it would also be infringing on our right to access equal education.

I, personally, am outraged at the actions of the American government during this pandemic. I feel that power has been abused under the facade of "emergency". While COVID-19 is a real virus- I do not feel that it is anymore urgent than the flu. As a person who has been infected, and recovered from COVID without medical intervention- I feel confident in my opinion that the political push surrounding this pandemic and vaccination is inappropriate and out of line.

The United States of America was built on the idea of FREEDOM of CHOICE. It was written into the constitution. There were safeguards put into place to prevent the abuse of power. During this pandemic, it has been clear that loopholes need to be addressed as it appears those in office feel that there are no limits in a "state of emergency". If this measure is allowed to pass, where does this abuse of power end? What other freedoms will be slowly stripped away from the people of the United States of America?!

Blocking people from basic needs and services because they choose not to do what the government has decided for their health is WRONG! It is a manipulative abuse of power, and it needs to stop NOW!

I refuse to allow my family to be vaccinated with the COVID-19 vaccine. We will not participate in this political vaccine push.

Sincerely,

Aundrayah Egleston
Ph (360) 982-7139
aundi.egleston@icloud.com

From: Robert Gottbreht
Sent: 1/4/2022 12:53:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it concerns,

I would like to express my concern of mandatory COVID shots for children. It should NOT be mandatory for a child to get a COVID shot in order to attend school or child care. Here is why the shot does not stop you from transmitting or being infected by the virus, it only reduces symptoms or sever illness. Most all children present withe mild to no symptoms and are not at high risk of sever illness or death from COIVD. With that being said common sense should prevail and the shot should not be mandatory. Let's leave it up to children's parents to decide if their child is at risk or need to receive the COIVD shot, not government official that have no idea of someone's medical history or beliefs. So let's stop thinking the COVD19 vaccine is a one size fits all solutions because its not. The vaccine is great for certain at risk populations and children are not one of them. Please let's stop this non sense and let parents make a decision for their families. Please no mandatory shots for children. Thank you.

From: Melissa Gest
Sent: 1/4/2022 9:14:32 PM
To: DOH WSBOH
Cc:
Subject: Potential vaccine requirement

External Email

#MissSchoolMissOut
#NotMissTheVaccineMissOut
#StandForChoice

From: Jeff Daniels
Sent: 1/5/2022 6:18:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do Not mandate these shots for our kids. They are not at risk from the virus and the shot does not prevent transmission. Only big Pharma will gain from giving EUA drugs to our kids. Stop this madness.

Jeff Daniels
509-430-1260

Sent from my iPhone

From: Grant Corrow
Sent: 1/4/2022 4:26:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello, I am a VERY concerned mother of a young child. I would like for your panel to actually listen to the parents of the children in our state. Please stop ignoring how we feel about topics that effect our families and children! I beg that you do NOT add the experimental covid shot to the required shots for kids to attend school!! Not enough is known about this shot and the long term effects to our children. My child has a disability and I am terrified that the shot could make it worse!! We truly don't know how this will effect each child. Let it be the individual choice of each family, stop taking away the rights of parents who know what is best for THEIR children. PLEASE LISTEN TO THE PARENTS AND LET THIS SHOT CONTINUE TO BE THE CHOICE OF EACH INDIVIDUAL FAMILY!!

Sincerely, Kareena Corrow

Sent from my T-Mobile 5G Device
Get Outlook for Android

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

From: Gail Brimhall
Sent: 1/5/2022 9:33:37 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please vote no on the vaccine mandate. This vaccine is not one size fits all. We can't say for sure what the effect will be on the future if our children! How can anyone take this responsibility? It will send many families into private& home school and that'll cost the state in funding. Vote against this vaccine!

Sent from my iPhone

From: Terri Durham
Sent: 1/4/2022 6:46:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not require mandatory vaccinations for children. This is not in the best interest of our children or parents. This is a personal/family decision. This is a gross overreach, not to mention it is politically charged. The flu kills thousands and thousands of people each year and the vaccine does little to help that and that is a vaccine that has been studied for long-term issues. I have taken the flu vaccine and then I stopped because I saw no difference. The COVID-19 vaccine has no long-term data. It is only approved for emergency use. Who is liable for the damages and deaths caused by this vaccine because it was rushed onto the market?

I know numerous people, including friends and family, that have died or been injured by this vaccine. One had a heart attack when there was no heart malady prior to the vaccine. One may have nerve damage from where the vaccine was injected in the arm. One had severe blood clots in her lungs and was hospitalized and nearly died after vaccination. All these are vaccine reactions. I don't fear COVID-19 as much as I fear swelling of the heart/sac around the heart, blood clots, and heart attacks. Parents should have the right to chose. These are our children, not yours to make this decision for. We have more of a vested interest in keeping them safe than you do.

I ask you to do the right thing and let the parents decide. If parents wish to subject their children to this vaccine, it is on their own conscience.

Sent from my iPhone

From: Kd Morgan
Sent: 1/5/2022 8:19:42 AM
To: DOH WSB OH
Cc:
Subject: Public Comment

External Email

I adamantly oppose give kids mandatory covid "vaccines".

Watch this <https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCeyT?si=wuvGk4j-RGumFIzMrzxjw>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F3SCsueX2bZdbEzRtKOCeyT?si=wuvGk4j-RGumFIzMrzxjw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc9559983f3c2485d26fa08d9d0672d429>>

Sincerely,

Fourth generation Washingtonian Tamila

Sent from my iPhone

From: lunder1@comcast.net
Sent: 1/5/2022 8:01:46 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Covid vaccines should not be mandatory in order to get an education in Washington. The long term safety for children is unknown and Covid is not a serious health threat for this demographic. There is little public health benefit, since we now know the vaccines don't prevent transmission of the virus. Vaccine mandates will never stop Covid and are causing more harm than benefit to society.

Mark Lunder
Covington, WA

Sent from my iPhone

From: David McDonald
Sent: 1/4/2022 2:12:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Afternoon all,
I am writing to express my belief that our state health officials should not mandate COVID vaccinations for our public school children in order for them to attend public school.
It appears to not be a " children " virus so gambling with a child's health is not warranted.
Thank you, Dave McDonald

Sent from my iPhone

From: Mike Crabb
Sent: 1/4/2022 4:40:02 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am staying that mandatory covid vaccines for children school age is unnecessary because kids are not at risk for dangerous illness. Please consider not mandating vaccines for kids. Sue Crabb

From: Laura Ferrel
Sent: 1/4/2022 2:05:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am writing to voice my opposition to the proposed requirement for children to have the Covid vaccine to participate in education. Children continue to be at extremely low risk, the current vaccines are proving to be ineffective against the virus and there are too many unknown long term risks. The presence of cardiac injury is much more troubling than a virus that presents with cold/ flu symptoms in young people.

Students are struggling so much academically and emotionally already. It's time to get our schools back on track teaching core academics, personal responsibility and resilience in the face of challenges. Let's focus on good hygiene, healthy lifestyle choices, daily exercise and social connections.

Thank you,
Laura Ferrel

From: Adriana Rizo
Sent: 1/4/2022 8:38:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

If you put a jab mandate into public schools i will pull all 3 of my kids. They have great grades, are thriving and will not get that jab. Don't do it!!!

From: timtooders
Sent: 1/4/2022 9:19:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

No. Do NOT require the vaccine to attend schools

Sent from my iPhone

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2
NdbOGD30eODRWnaqJ5UmteuJcNAiQhS2BKpAd-
deX2JeWAXZmX152Zp9lIqjHmcyaGO9r6uy8yCIElftCWvF6E1GjJxkJIxRHOE49jgBMWJx7UITNaMQPZUd8Ya
uksxwNa30z1cZsdvaZ7p00uKOdbwmBW8sLZUwqseSC2tYspVoaPdI2gddWn4Va4EZMPyFD-
_kddef8pGFxy3Fx2uBivkr2nN74Oh0-VnlUZId5Wx6u2_Js8r5ructtygPYZMfInuDhbXK-
u7cJy3Zj718LX-DbbabXSo3uSrgQeZRrp4uDl9Z1u_ba_411CiQzZu_0Z3Ob6eUTS8f3_-
seBnv-MtTRiWON1p36a5Uu-f6dX-6aU8SBBCECKUIBjFMfOSHCAhh3XCE6rQRPPGv6uh-
vthFApoj_K9D3khuVFGnfAVGR9eqe94hq1zsJyXtXAIF605wYsdJePyxEHe21VEoMbpB4RW1BEYBSGAQHDEE8A

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FzrYXYx410bGgSvsuCRJjZxjCPMZhoS61arVkwXEuvHYtInDLi08bFsG13S_SW4prObejbDtdjqAE513bSTljgA0y60mB71uexfsBWw3EDF5NPjCfKwJ2WLURFu5td83-VOT7K6Q9Y_Gr89abnmd4oI1A66UUAq-CtXjr0fMxd9ZNJJLIaQcpAAat-kY2Xc-dcFOQ0g0Thr55p9IJJeNEN-HMWzX8EIs2vTbZOPshbXN86-5XmWONzT5GOEZn1CwZDeUdGIinHuOMCXMVN4yWjFDAewHQachFRbhKBEOig8Dq8BhrVfJnBQuBn9YGor

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FzrYXYx410bGgSvsuCRJjZXjCPMZhoS61arVkwXEuvHYtInDLi08bFsG13S_SW4prObejbDtdjqAE513bSTljgAOy60mB71uexfsBW3EDF5NPjCfKwJ2WLURFu5td83-VOT7K6Q9Y_Gr89abnmd4oI1A66UUAq-Ctxjr0fMxd9ZNJJLIaQcpAAat-kY2Xc-dcFOQ0g0Thr55p9IJJeNEN-HMWzX8Els2vTbZOPshbXN86-5XmWONzT5GOEZn1CwZDeUdGI4inHuOMCXMVN4yWjFDAewHQachFRbhKBEOig8Dq8BhrVfJnBQuBn9YGor

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FzrYXYx410bGgSvsuCRJjZXjCPMZhOS61arVkwXEuvHYtInDLi08bFsG13S_SW4prObejbDtdjqAE513bSTljgAOy60mB71uexfsBW3EDF5NPjCfKwJ2WLURFu5td83-VOT7K6Q9Y_Gr89abnmd4oI1A66UUAq-CtXjr0fMxd9ZNJJLIaQcpAAat-kY2Xc-dcFOQ0g0Thr55p9IJJeNEN-HMWzX8Els2vTbZOPshbXN86-5XmWONzT5GOEZn1CwZDeUdGI4inHuOMCXMVN4yWjFDAewHQachFRbhKBEOig8Dq8BhrVfJnBQuBn9YGor

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FQMZPEBAwFE5Z8_ZqkIVrJmiPPfeaM4BrOdTuypu60NYUjw0wBUNXgtbQWn0HbSpz5vrE9xzt3KGfCL8zJJdem
yLA3D09i_I-l6AEMlhBO9YKrJJdtG66mfNtRhbmddqYrrLtxMXu-
qzTXFxtUVfGxBtp5A0bMSUz8OjppQUupn5mzkLVzA4h3GJBdmPR1Jeo6LG8T1y4mLLxOMgxffwni_C5tdr5MXz
I--vy0Y4K7mWyyE_RDrebujqvKOTv3D2cooX1f6SOB9NRqg8bexELi5o-_L2s_j9nvzY-
Mf6Btvbcv5Z4EjtiiL4SPwxO-
5W3GzC63WVdnXfCjDT_N3DH30FueyracppfEsyggjGhIQEUx8HNrHdAGU4O-
WEZOEJ8sAe1Nm0cdMziqoz_m-
xVsuvXHfjmUDw1jDz0BumU4NVr6QeU1A8KyFnuu3B0s87etRPz6CqNfeVp1wz7FEUYEp dHyP85NxcCfVI6KEw

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Bq0ATSQLTx1xe1ndkycIFzv-aeOZxZOOh-pJ021ruZ0o4dUAUX04C10HuDgb6UgoYxjqMgj1B_RjzuPKKkfc9QMtkQ71uqBrJmZVa3aNJEOTEq2mAExIISFI_UvEwQhVvhODk0ZQNQoLiQOEM_agVeA2tre3MJPGywQu3jXWuk-wNr2dmqIxL_DTjunWuzh3t8qbId2t6ZpxLBVMBzNZmKtXU6MHwk2Ax2LZ0757DJMj-FZng6Ia3IOTQOvw-z1-Qa2VB2vt0zXpwKOO3CT8BVp_g9ofxo-J4O77j5pQfNSqueVAcl0EXxiR_Tq9ikXYf8zwqst242uwuq83J5G1TC4ctNzt_mR1-F9kbKuRFsneXfdSSf9vK181Pf5UtUTHPTa4KtJN5IKunMw_eLG-39S740VWYyP3bbKkbnV-PKR9ePr7-motNvBYvTxmTQbzUuknXG7V-rl63x6v2JMU-RgjjFCMSo2SGZ2HiV6jaC4yrda8imV3UwVU-2wnx2wp6j3Wvp1emmPPCLs56R_8ddzJwrLXtoKQdS1CsakBQ2w_g2Yfi7vyWB1DQO_GJklmKIuIniJAwrJ56CM

He sent me this Zerohedge article

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FCDIpgAcDvPQY6DWUDtLOQ5OWM4NcEof36G6OA_BgoIXpHcMQHa1IZ654X8a9IPPDv3dL6S4gVuhs_GomIOvWo8f2v_6DVx6n9GirMJSdesZ5RytjMqJB06lg3TL2h5uEYM_MD3NRdYTVMvLAR_bHSLheTUDvnhzIJl6lcHXV8-xupUCd541XCp9ijB43uBoM0OTmEqQPC7oZvUskKAVDfnFo2KjqKfqBCDPd39qln1FyObx36eSR3sYq0KKmMV9ITts_2VesvQ&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C2f6d339626e74453f59d08d9cbe49dae%7C

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Fmo1LjJO82yynCZT7c-gQ2cl9x0Xk-70MEEnGp8ugNLCK5Fgyv4PTPV7nNFikKaEUKop4ZKonvZCYUfcFCh1eoKg-lecHeXPeuN4m8kvjlA23zbaFvkob3Mj9_S3_samtyMu9T1CtG6FYGo-

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FQ6kIgaJE0MJSU16OAC1XDbOGuWiU4Fr13WPaDRzPtc4MJPUoCE5kKUuoEbgyoAFFZeAhRMLyScpnqaATwOAktZAXNxZTSHVxIsG8seXVs5G9zv0KyeC5R0LclOpKnjS4_Tn9hJL4mTLjcl3sIfuQmH79fYT6PTst2fbtt9PcVtc5amxPKImqP2n0hVN1U_xoti-

548 Market Street PMB 72296, San Francisco, CA 94104

<https://email.mg1.substack.com/o/eJwUEmOwyAQfM1wtKDD5gNvQSyNg2LjCHAI5_VD4INJ1aWuJbiOy15fu6YJZTzTgXilFGoqEKgvIkN5sq_vSGPA-_5uB63ovN0QIub4KTu_GJJx0gahdmKIFakkInx4NUoDQT5Gtg3REzloAGX1jPveBFj0dcwizpPJNsgAJjADMwrpie>

From: Mandy Evans

Sent: 1/5/2022 8:55:50 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), lindsey.herendeen@sboh.wa.gov, tracy.schrieber@sboh.wa.gov, Kahler, Kelie (SBOH)

Cc:

Subject: Opposing Vaccination | School

External Email

WA State Board of Health,

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

This is not okay. Let the parents decide what is best for their child. God trusted each parent with their child and they have the right to decide.

Mandy

From: Charity Psaradelis
Sent: 1/4/2022 6:57:39 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This is my emphatic resistance to our public school system overreaching their scope of authority over the bodies of our children and future generation.

Mandating understudied AND unapproved human vaccines - especially on the children who have less than 1% of 1% death rate is criminal on EVERY LEVEL!

I acknowledge those of you who are in the position to try to make this stick truly believe you are doing the right thing & what's best for the greater good, but you are following the tyrannical agenda of the "follow the science" narrative that has done nothing but prove to be ever-changing at best, but more realistically - fatally flawed.

This will end badly for all. Parents who comply will be putting their children (who have little to no risk of serious I'll was or death) in danger, and the VERY LARGE group of parents that will not comply will pull our children from the already economically hurting public school system.

Please DO NOT consider passing this mandate. It would be the nail in so many coffins - figuratively & literally.

~ Charity Psaradelis
Concerned Ballard Parent

Sent from my iPhone

From: Alan Altman
Sent: 1/4/2022 6:34:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

January 4, 2022

Re: EUA Covid 19 vaccine mandate for school age children

To the Washington State Board of Health,

It has come to my attention that the Washington State Board of Health is taking comments on the potential mandate for school children to be vaccinated for Covid 19. I strongly protest this move until long-term studies are done. If the Board of Health proceeds it will cause more distrust of our current health officials, a reduction in public school attendance by forcing parents to home school their children and potential life-long harm to our children. I am not anti-vax, as an adult, I am vaccinated for most well studied vaccines and Moderna's

Covid 19 vaccine. I have spent 39 years in healthcare as a dentist in Pierce County. I know how to read the science and you will be making a big mistake if you proceed with mandated vaccines for Covid 19.

Please use some common sense on this issue. If parents want to get their child vaccinated for a vaccine with only an Experimental Use Authorization, that is their choice. Do not force parents to choose between public education and home schooling because they are concerned about their children's health. Think about it, why has Pfizer's Comirnaty vaccine not been released in the US? The FDA has authorized only one vaccine for use outside of the EUA. Here is a link to the ages it is authorized for and the side effects.

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

As I hope you know, Comirnaty isn't even authorized for those kids under age 16. Now nearly 5 months has passed and Pfizer has not released Comirnaty for use in the US. You need to ask yourself why. If this is the same vaccine and we're in a pandemic, why haven't they released it for use in the US?

I believe it is short-sighted and unwise to mandate a vaccine for our children that is not even authorized by the FDA. Please, wait for the science. Weigh the pros and cons of waiting for further science. If you don't mandate it, what is the potential harm? Who is at risk? Children with high BMI's, diabetes, heart disease are the kids who could be at risk. Why not spend our dollars and your time, targeting the population

at risk? There are just too many unknowns the vaccine could cause for children that are not at risk.

My children are grown and starting their own families. They are now struggling with the potential

mandate for this vaccine for Covid 19 to allow their kids to go to school. Our kids our vaccinated and

most of our grandkids are too - for the FDA approved vaccines. Our family will not comply with this mandate.

Finally, think about how you'll feel if your child or grandchild is harmed by the EUA vaccine that

you voted to mandate. Would you want that on your conscience? Again, educate families on getting

the vaccine if their children are at risk. Please do not mandate the EUA vaccines for all school age children.

Respectfully,

Alan Altman, DDS, PC

From: Lys
Sent: 1/4/2022 12:22:34 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please consider the risk for children is extremely low. These vaccines are still under Emergency Use Authorization; they are not even fully FDA approved. By taking this action, you will certainly decrease student enrollment and cause great financial distress to the school system as well as countless families who will move towards homeschooling or private schooling. The VAERS reporting system clearly indicates that these vaccines are NOT safe & effective. Sadly, more and more of our children are victims of adverse events that they could have avoided. Please be on the right side of history! Protect our children by allowing this to be up to each individual family. These are guiding principles of our great nation.

Sent from Mail

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

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:29:26 PM
To: DOH WSBOH
Cc:
Subject: FW: Opposing

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

From: Oksana Pitchenko <ksushazaika@hotmail.com>
Sent: Friday, December 31, 2021 12:11 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Opposing

External Email

Hello,

Me and my family and parents and my sister oppose mandatory vaccination for all kids!

There is not enough evidence of this vaccine working for kids, plus there is a lot of side effects, and bad reporting of them! Kids survived in a lot of case please save our kids!

We strongly oppose this mandate in any way, shape or form!

We parents know what is best for our kids!

Stop this madness!

Sent from my iPhone

From: Deanna Hodson
Sent: 1/4/2022 8:18:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

It is not appropriate to mandate any vaccine NOT approved by the working advisory committee. The committee advised NOT to use the vaccination for children.

Mandates are probably illegal. I am not an attorney, but giving a vaccine to children against the advice of the advisory committee seems very reckless, especially for a vaccine only trialed on about 1300 children and, I think, produced one death.

Children are NOT little adults. Given the limited trial period, would we expect one child out of every 1300 to die?

Thank you,

Deanna Hodson

From: Gayle Yeadon
Sent: 1/4/2022 1:11:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not mandate this vaccine for our kids. It is not proven and kids do not need it!

Sent from my iPhone

From: Andy Campbell
Sent: 1/4/2022 3:02:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I do not support our children being vaccinated. It should definitely not be mandatory for our children to be enrolled in school. I like many others will fight this and remove my children from the school district if this were to take place.
Thank you.

Andy Campbell

From: Crystal Campbell
Sent: 1/4/2022 2:09:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I vote no against taking away parental medical rights over our children's education. I strongly stand against this proposal. Mandatory Covid vaccination for a public education. I am a nurse. Here's your education: the vaccine will NOT protect anyone from getting Covid. Especially as it mutates and new variant s come out. Crystal Campbell, Tumwater, WA Sent from Yahoo Mail on Android

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

From: Jaime Schreiner
Sent: 1/2/2022 8:04:59 PM
To: DOH WSBOH
Cc:
Subject: Please read

External Email

To the committee:

As many of us have seen the latest variant is not affected by vaccine causing many people to get it. However it seems very mild, similar to a common cold. Our current vaccines are not effective against many the variants we have seen which begs the question why should we make it mandatory to attend school. Children have only recently been added to the list allowed to receive the vaccine don't you think we need more data then just a few months to show us that it works and doesn't cause any harm long term. By making the decision to require the vaccine you will see 1,000s of children pull out of school. Drastically reducing your funding. Why not wait a few years and do what is best for our children. Protecting them is not allowing something so new to be required. This does not stop people from getting the vaccine. Parents who are comfortable can still get their children the vaccine but still allowing a vast majority of parents the time they need to assess the data and effectiveness. This allows for time for other vaccines to become available that will be more effective. Examples: the Novavax vaccine. Why not wait. You may think you are saving lives but ultimately you are also hurting children with horrible side affects that affect their heart! This is something that should allow adequate time to review that it is indeed safe. One year is not enough. These are our children!

Thank you for your time,

Jaime Schreiner

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:59 AM
To: DOH WSBOH
Cc:
Subject: FW: Please oppose mandatory vaccination for children

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

From: Fast Auto <fast.auto@comcast.net>
Sent: Thursday, December 30, 2021 9:55 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Please oppose mandatory vaccination for children

External Email

Hello,

I'm writing with a heavy heart about new mandates which want to implement.

We are asking you , please do not make it a as a mandate for all children.

Everyone can get it who decided for their children.

Thank you .

Larisa Kutsar

Sent from my iPhone

From: Ron Crawford

Sent: 1/5/2022 3:38:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Potential vaccine requirement for children

External Email

I am writing in opposition to any mandate for children in the state. Data shows that the health risk to children is de minimis. Also, the current dominant variant is much less virulent than the prior ones as evidenced by a recent NY Times morning briefing discussing the less severe nature of Omnicron, both in terms of hospitalization and death.

Furthermore, there are risks from taking the treatment. Families should be the judge of what to do to promote their children's health.

Please do the right thing and not mandate this vaccine for our state's children.

Sincerely,
Ron Crawford

Sent from my iPhone

From: Nikki Brummond

Sent: 1/5/2022 3:51:33 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Public Comment

External Email

Hello -

This is my public comment for the upcoming meeting on adding the Covid Vaccine to the line of up required vaccines for K-12 education.

According to the Board of Health's own criteria, a vaccine must be fully FDA approved in order to make it mandatory for school attendance. The current Pfizer vaccine in use for children in this country is still an Emergency Use Authorization only vaccine, so I do not see how this meets the Board of Health requirements. I recommend against mandating for school until the vaccine proves immunity to stop transmission like other common vaccines do, which was the requirement under consideration in the 1905 Jacobson vs. Massachusetts SCOTUS case in which it stated mandates could only be considered which "prevent the spread of contagious disease." So far, it is evident that this vaccine does not stop transmission and, therefore, should NOT be added to the list of vaccines needed.

More and more parents are pulling their children from public school due to the mandates and vaccine requirements. I know I'm just one person but what goes in my body and my children's body is my choice. I'm sure you wouldn't like being forced to take Heroin or Meth even if just once. Please consider our children and that they determine our future. Vaccine mandates will lead to unhealthy children who don't make it out of high school.

Thank you for your time.

Nikki Brummond

From: Samantha Olson
Sent: 1/4/2022 10:35:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

I am writing this to urge you against mandating this vaccine for our children. I say that as a parent of a fully vaccinated 6 year old.

I feel at this time, until we have the long term effects and more accurate data of the vaccine in Children and more data that it's actually necessary, that we allow parents to choose for their children.

Just as it should be a choice for us adults it is not the job of the government to mandate me to put a foreign substance in my ore my child's body when there is no recourse if something goes wrong.

Samantha J. Olson
Sent from my iPhone

From: Gary Brown
Sent: 1/4/2022 5:01:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

NO Covid mandates for school kids. Why is the FDA wanting to keep data silent for public inquiry over the next 55 years! Why not promote known therapies? Leave it up to the parents! Will you allow law suits when down the road this experimental process shows a lot more long-term problems? And by the way, I am fully vaccinated.

Sent from my iPhone

From: Craig Fletcher

Sent: 1/3/2022 7:54:44 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH)

Subject: Opposed to mandated vaccination for children!



attachments\5927775088184C67_IMG_1828.jpeg

External Email

Dear board of health member,

I am strongly opposed to mandating an experimental vaccine to children which have a very low chance of dying or getting deathly ill from COVID-19. The Omicron variant is proving to be very contagious but far less deadly for both adults and children.

Vaccinating now is pure insanity. Forced injections for children would be a pure fascist move and is against the Nuremberg code and fully stand against them.

Below are some stats to support my basis for my resistance to these vaccines for children. This is beyond the fact that it is purely unconstitutional, and corrupt to use our children in this mass experiment! Can you confidently say what the long term effects are? No! So, are you willing to put their future health at risk without clear long term results in kids like myocarditis? We know how COVID behaves in children, and it is not deadly, these vaccines are a huge unknown. Do what is right, or be held responsible!

JUST THE FACTS!

In 1976, US regulators pulled the swine flu vaccine after it was linked to 25 deaths. In contrast, between December 14, 2020 and October 1, 2021, American doctors and bereaved families have reported more than 16,000 deaths and a total of 778,685 injuries to the Vaccine Adverse Event Reporting System (VAERS) following COVID vaccination. The Europeans' surveillance sites tallied 40,000 deaths and 2.2 million adverse reactions. Due to chronic undercounting by VAERS and its European sister system, those numbers are almost certainly only a fraction of the true injuries. To illustrate how unprecedented this harm and death is, look at this "hockey stick" effect in CDC's own graph of the 30-year history of deaths reported to VAERS from all vaccines.

Sent from my iPhone

From: Renay Bennett
Sent: 1/4/2022 10:18:42 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

PLEASE do not require kids to get the Covid shot. The data say that kids are at extremely low risk. This shot is untested by time and is not a true vaccine. PLEASE protect our kids!
VOTE NO on covid shots for kids!

Renay Bennett

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:28:55 PM
To: DOH WSBOH
Cc:
Subject: FW: Oppose mandatory vaccine for kids for Covid

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

From: Liliya Sokolov <l.sokolov@students.clark.edu>
Sent: Friday, December 31, 2021 12:48 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Oppose mandatory vaccine for kids for Covid

External Email

Hi, this is Liliya Sokolov. I am against mandatory vaccination for kids in schools. Its not safe, the study on it hasn't been completed, already evidence of growing numbers of pericarditis in vaccinated kids. Stop experimenting on kids.
Sent from my iPhone

From: thomas evans
Sent: 1/4/2022 7:34:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Concerning Covid Shots a requirement for kids to go to school is not ok. Please do not do this to our children.

Thomas Evans

From: Natalie Meadows
Sent: 1/4/2022 8:45:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello there,

I am writing as a former public school teacher of 10 years, a wife of a physician, and a mother of 3.

Under no circumstance would I send my children to a school where the SARS-CoV-2 vaccine is mandated. There is absolutely no data to support that a healthy child will benefit enough from this vaccine to mandate it. I hope it is made very clear that there are many families who would pull their children from public school and seek education elsewhere, myself included. Mandating this vaccine would be extremely detrimental to our public schools. Please don't force us to leave our schools. We will.

Natalie Meadows

From: Marilyn Yamada
Sent: 1/4/2022 8:48:16 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

MY COMMENT:

NO to state mandated

Covid-19 shots for children!

Marilyn Yamada
Marilyny@live.com
Randle, WA

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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

From: Amanda Cornwell
Sent: 1/4/2022 5:07:48 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My comment is about the agenda of the immunization criteria for child care and school entry. I think children shouldn't be government guinea pigs and be forced to have a covid shot just to attend child care or school. These covid shots are still under the emergency uses authorization.

From: Chelsea Q.
Sent: 1/4/2022 7:03:02 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Do not approve the vaccine mandate for children. It is illegal and unconstitutional
A mandate is not a law. Do not make an experimental vaccine a requirement for children
to get an education.

From: Lang, Caitlin M (SBOH)
Sent: 1/5/2022 3:04:22 PM
To: DOH WSBOH
Cc:
Subject: FW: Parent Letter Re: Child Vaccine Requirements

From: Amy Molen <amyfowers@hotmail.com>
Sent: Wednesday, January 5, 2022 3:26 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Parent Letter Re: Child Vaccine Requirements

External Email

Jan. 5, 2022

Dear Caitlin Lang,

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.

Our children can not carry on wearing masks to school indefinitely. It has caused interruption to learning for my 2nd grader. She was learning to read just as schools closed in 2020. Through all the zoom, partial open schools and irregular teaching lessons. She did not learn to read as she should have as a 1st grader. If the student can not see the teachers mouth to hear her pronounce and sound out words, learning to read is going to be extremely difficult. These youngest students are losing learning that they will never get back! Now she is a year behind in reading and I am doing everything I can to catch her up, because this affects all her other learning subjects too! I even hired a private tutor because I was so concerned about her falling behind. I am lucky that I have the means to pay for a tutor. But many parents do not, therefore their kids will just stay a grade behind. There is no clear evidence that masks are affective in the school environment. I don't know if you have been in a school lately... but you should really go and spend time in these classrooms. You will see that the kids are not even wearing their masks appropriately and the job of the teachers should not be "the mask police". They should just be able to freely teach their students.

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. 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: Tracie Marsh
Sent: 1/4/2022 9:43:18 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Covid vaccine should NOT be a requirement for children. This decision is not logical.

Thank you.

Sent from my iPhone

From: Aundria Roberts
Sent: 1/5/2022 1:08:04 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am commenting on the proposed talk to vaccinate children to attend school. This vaccine has not been used on school aged children for even 1 full year yet! I understand there is science and have had the other required vaccinations given to my child. I myself was given the shots at school age. I am now 37. There is not enough testing to prove to me that this doesn't have long term effects on our children's well being in the future. The 11 other vaccines that are required have been around for decades and have proven to be necessary but have had many many years of research to show whether there are side effects. My 8 year daughter is in 3rd grade and knows about the vaccine is legitimately terrified! I would ask yourselves...can you imagine your little girl or boy who is so afraid to get this and you yourself (me) do not believe this is right...holding your child down and watching that needle go into their poor helpless arm as they scream and cry and plead to not have to get the shot?!! Please I encourage you to stop and think how scared these kids are. Haven't they been through enough? They are already suffocating everyday wearing a mask. Please do not punish them anymore. You all need to stop for one second and remember you were all in school once. Put yourselves in that position. Let them be kids they just want to go to school and get an education just like we did and not have to worry about these politics!

Sincerely,
Aundria Swan-Roberts
Aunroberts@gmail.com <<mailto:Aunroberts@gmail.com>>

From: Haley Kubeja
Sent: 1/4/2022 6:43:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

If vaccines are mandatory my child will be removed immediately.

Haley Kubeja

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 3:15:57 PM
To: DOH WSBOH
Cc:
Subject: FW: Please no

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

From: Dawn Easley <dawnshealingwaters@hotmail.com>
Sent: Wednesday, December 29, 2021 3:11 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Please no

External Email

Please don't mandate vaccines for all children. I'm sure the ones that wanted them got them or will get them. It makes no sense to harm kids that can't take the vaccines or their parents don't think it's right for them. Please please no vaccines for kids. They are precious and have their whole lives ahead of them. We don't know the long term affects. Please no I'm really begging here.
Thank you ,
Dawn Easley

Sent from my iPhone

From: Ashlee Asher
Sent: 1/4/2022 7:51:51 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

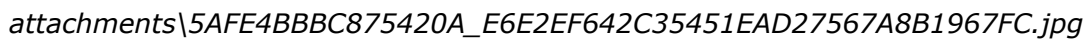
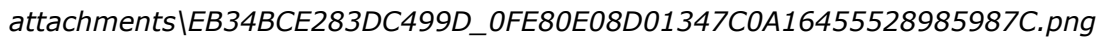
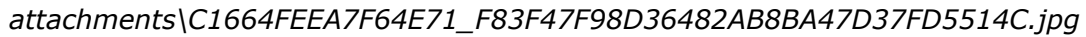
External Email

Hello,

This email is to inform you all that the covid shots should not or ever be mandated for our children or adults, period!! The fact that this is even being considered is disgusting and bringing us back to Hitler days. We have a constitution for a reason...to protect each and every one of us. Whomever feels these should be mandated are completely brainwashed and taken over by fear. Turn off your tvs and open a Bible to find truth.

Ashlee A.

From: Robert Anderberg
Sent: 1/4/2022 9:02:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



External Email

Dear Washington State Board of Health,

I wanted to voice my concerns before your January 12th meeting regarding the possible inclusion of the COVID-19 vaccine for children in their vaccinations in order to attend public schools. As someone who was a career molecular biologist and hold a M.S. degree in biological sciences as well as a B.S. in Microbiology, I have done a lot of research on the mRNA vaccines that have Emergency Use Authorization for COVID-19. I have several points to make:

Vaccines have taken the form of religious zealotry, ignoring scientific evidence as a way to end the pandemic. We all want to believe something will get us through this and that we will end up unscathed. Vaccines serve this role as the government-anointed solution to the pandemic, hell or high water that's the narrative. These mRNA vaccines have been rushed through in less than a year, when typically it takes 5-10 years

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcoronavirus.jhu.edu%2Fvaccines%2Fvaccine-approval> to fully approve a vaccine. We are seeing the consequences of this with a vaccine that:

* Works in an unconventional manner not seen by previous vaccines that have proven safety and efficacy records like polio and measles vaccines. This is because a typical vaccine will be comprised of a dead or attenuated virus. mRNA vaccines work by delivering a genetic message that gets inside your cells and instructs your own cells to produce the insidious viral "Spike Protein". There are several fundamental problems with this strategy. One is that when your cells produce a foreign protein, your immune system can aggressively act to destroy those cells, much like they do against cancer cells. This is why there are so many adverse events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb2ab1ab1e081492eb19108d9d00833ab%7C11d0e2>
from this vaccine compared to others. We all know people that felt sick after getting the COVID-19 vaccine. More deaths have been reported that are associated with the COVID-19 vaccines than all other vaccines combined for the past 30 years. We have no idea what the long-term effects of this vaccine are, but we know the spike protein it makes inside us is toxic

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Feuropepmc.org%2Farticle%2FMED>
because of this immune response, and also because it damages vascular endothelium
(the inner lining of blood cells), and can inhibit DNA damage repair in cells

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticle/pii/S0950268821007000&cid=7d9e3f3c-404d-4100-a000-000000000000>, which is important in innate immunity responses. It is common knowledge now that the vaccines lead to increased risk of myocarditis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F%2F10.1101%2F2021.04.26.2110.04626>, especially in young men. Myocarditis is not a trivial disease and can be fatal several years down the road.

* Does not prevent the spread of COVID-19!

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2F16-studies-on-vaccine-efficacy%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb2ab1ab1e081492eb19108d9d00833ab%7C>

Repeat, does not prevent the spread of COVID-19!!! Some countries like the U.K. that are transparent with their vaccinated case data are actually showing negative vaccine efficacy against the spread of COVID in most adult age ranges. Because they don't stop the spread of the virus, they would better be defined as an experimental prophylactic gene therapy, not vaccines in the first place.

* There is no correlation between increased vaccination rates and lowered prevalence of COVID-19

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scribd.com%2Fdocument%2F45819488-in-COVID-19-are-unrelated-to-levels-of-vaccination-across-68-countries-and-2947-counties-in-the-United-States%23from_embed&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb2ab1ab1e081492eb19108d9d00

. You could make a case for a correlation between increases in vaccination rates and higher COVID-19 cases, there are dozens of examples of U.S. states and European countries that look like this (the orange line is the percentage of adults that are vaccinated):

* There is a positive correlation between countries with high vaccination rates and increased vaccine-resistance mutations

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Farxiv.org%2Fpdf%2F2110.04626>, causing potential wide-spread vaccine resistance. This is hardly surprising, prominent vaccine scientists like Geert Vanden Bosshe

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.voiceforscienceandsolidarity> have warned against vaccinating with a "leaky" vaccine that doesn't stop the spread in the middle of a pandemic will give rise to these mutants, which have a danger of becoming even more virulent than the original Alpha COVID-19 variant.

* We are lucky that the Omicron variant is less lethal than others, so far it has caused very few recorded deaths, but according to the CDC, 80 percent of cases in the United States are vaccinated. Creating a vaccine to only one protein on the virus will lead to these Spike Protein Mutants which will be resistant to the vaccines. This is akin to Antibiotic-resistant Staph Aureus infections which are endemic to hospitals because so many antibiotics are circulating there. Nature finds a way to select for organisms that adapt to their environment. Because of this, vaccines should be saved as a tool to protect the elderly and vulnerable against serious symptoms and death, while younger, healthier people that are extremely low risk should be best left alone. As you get older, the vaccine should be a risk/reward calculation best determined by you and your doctor, not a nationwide or statewide blanket mandate.

* For all the reasons above, vaccines are a general failure to prevent the spread of COVID which explains why you need a booster, and countries like Israel and the U.K. are advocating for a fourth shot, not to mention re-boosting every three months. How much spike protein do you want to inject into your bodies each year? If Omicron is resistant to the vaccine, why would you get yet another booster??? That's the definition of insanity!

* Vaccine companies don't care about you, they care about making money. That's a fact. In my own experience, Eli Lilly kept a promising drug that could treat Diabetic Kidney Disease on the shelf because their bean counters determined it would not make them any money. Pfizer was fined 2.3 Billion dollars

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nbcnews.com%2Fid%2Fwb>
for illegal drug promotions in 2009, the same company that has negotiated immunity
from civil liability for it's Emergency Use Authorization vaccine. The FDA has slow-rolled a
Freedom of Information Act request for Pfizer's vaccine clinical trial data and will release
it in 75 years

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp%2F>
doubles-down-asks-federal-
judge&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb2ab1ab1e081492eb19108d9d00833ab%7C11d0e2
! If you want get people to take the vaccine, building trust is a key component of that
process.

* Vaccines do not reduce all cause mortality, meaning your chances of death do not
go down by getting the vaccine. This was shown by Pfizer's 6 month follow up study on
their clinical trial, where the placebo group had 17 deaths, while the vaccinated group
had 21 deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15173>
(see page 23). This shows that COVID-19 does not have a high mortality rate, and that
hidden adverse effects may have contributed to some deaths in the vaccinated group.

You can also see this on the CDC's excess death page

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2F>
.

The vaccines have been shown to help keep the previously uninfected from developing
serious symptoms, hospitalization and death compared to unvaccinated, un-immune
individuals. Since the vaccine does not stop the spread, it is not a public health issue to
get people to take it, because there is no benefit of developing community herd immunity
like a sterilizing vaccine such as measles or polio, or protecting others from infection. It
becomes a personal choice of whether you believe you are better off taking the vaccine
to keep you out of the hospital. Children are at extreme low risk of hospitalization for
COVID-19, and this decision should be left between a parent and the child's doctor, not
the State Government.

I strongly oppose mandatory COVID-19 vaccinations for my children (who currently have
all the other shots needed to attend school, I know the value of an effective vaccine) to
attend school. My children have all had COVID-19, had mild symptoms and recovered.
Now they have natural immunity and don't need a vaccine. To deny natural immunity is a
denial of basic immunology. Much more long-term safety data needs to be gathered
before making these vaccines mandatory. Thanks for taking the time to read my
concerns.

-Robert Anderberg

Sent from Mail

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

From: emersonservices306@gmail.com
Sent: 1/4/2022 12:04:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I would like to address the Technical Advisory Group regarding vaccinations for school children.

This group is not made up of professional doctors that I am aware of. They should not be advising schools of anything regarding the heat of the students. Requiring our children get vaccinated is not there job and it is a parent's decision not some arbitrary board

Sent from my iPhone

From: Susie Schumacher
Sent: 1/5/2022 8:04:28 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

STOP attempting to push and mandate Covid shots on our children. Children are at extremely low risk and it is obvious the vaccines do not work on adults and can actually be harmful. Look at the data and use critical thinking skills. Childrens' bodies are not fully developed and no vaccines which are not fully tested should ever be forced on them. Let parents be in charge of their children. NO forced Covid shots on children.

Sent from my iPhone

From: Rebecca Toy
Sent: 1/4/2022 4:35:57 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We live 2 blocks from a good school and everyone in our neighborhood is 100% opposed to forced covid shots for kids to attend school. These are 'leaky' experimental gene therapy injections that carry a greater risk to our kids than covid by far and certainly cannot stop covid infection or spread. Case in point: Everyone I know is vaccinated and most have covid right now or have had it. We also have several in our family that are injured from taking these shots, one, a young healthy woman who had a major stroke 10 days after her Pfizer shot and is now paralyzed and in a wheelchair! Our kids have a far better chance with natural immunity than an experimental shot that is and has been causing injuries at an alarming rate! NO!!!!

From: Shirley Jag
Sent: 1/4/2022 9:04:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not pass any agenda to give children Covid shots!! Children are much less likely to get the virus and the show are not proven to help. Children are already over immunized and their bodies don't need chemicals that haven't got due process behind it. Masks should be unmandated since they have been proven not to work.

Our children need their education and interaction with others for an environment that promotes learning. Do you care more about your agenda or what is needed for the children?

We need our economy working and mandated shots have shut down too many businesses!! Mandating shots for children will shut down the schools. Then nobody wins.

Sincerely,

Shirley Jagelski
Mother, grandmother, voter
Goldendale, WA

From: Jennifer Goldsworthy
Sent: 1/4/2022 11:46:38 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To Whom It May Concern,

I am vehemently against the mandating of the Covid-19 vaccination in order to attend public or private school in the state of Washington.

Children are shown to have very low risk for deleterious effects from Covid-19. The vaccine is also not fully FDA approved and there are no long term studies performed on this new technology vaccine at this time. The risks of the vaccine outweigh the risks of the virus at this point. Not to mention that those who are vaccinated are still catching it and transmitting it at a high rate. Lastly, the risk of myocarditis from the vaccine in normally healthy teen boys has been documented and again, this risk outweighs the benefit of the vaccine for young, healthy boys.

Please reconsider your stance or there will be a mass exodus of students from the state of Washington (my family included).

Sincerely,
Jennifer Goldsworthy

Sent from my Iphone

From: Abby Kucera
Sent: 1/1/2022 4:41:54 PM
To: DOH WSBOH
Cc:
Subject: Opposition to mandatory vaccines for K-12 Schools

External Email

Good afternoon,

I am writing to voice my opposition to mandatory CoVid vaccines for K-12. The WHO has stated that the vaccine is not necessary for healthy children. Both of my sons have had CoVid this year and had very mild symptoms and recovered quickly in two days. They are both males so the occurrence of myocarditis is higher for them. While I understand it is a small risk it's not one we are willing to risk. Medicine should never be a one size fits all approach especially in this case. We are now seeing that you can get CoVid even fully vaccinated so the reasoning to protect others isn't solid either. I appreciate your time and hope that you will take my concerns as well as the concerns of other parents to heart.

Sincerely,
Abby Kucera
Sent from my iPhone

From: Crystal Collins
Sent: 1/4/2022 2:23:25 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

If the vaccines work, why are people who are vaccinated still getting sick? Why would you ever enforce an experimental shot on anyone. (By Pfizers own provided data Comirnaty is not even being offered in the US - we are being used as guinea pigs) I am so overwhelmed with sadness as I watch our beloved County go down the drain. Businesses will close, schools will go bankrupt if you mandate this injection. There will be utter devastation to the wonderful people of this region. Please, please think about the consequences before you move forward with a decision. Remember, the liability lands on someone at the end of the day. Keep that in mind and look at ALL the data Pfizer was ordered by Judge to provide. Did you know the CDC no longer recommends PCR testing due to faulty results (false positives because it is unable to determine Covid 19 from other influenzas)? I wonder how many positive cases were misdiagnosed? Please think. Think about the children who just want to go to school. The parents who need to work to provide. The families that depend on their businesses to survive. This board has the ability to cause utter chaos or provide a secure future for our county. What will you do?

Sent from Yahoo Mail on Android

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

From: Erin Thornton
Sent: 1/3/2022 7:23:23 PM
To: DOH WSBOH
Subject: Parent statement, urgent

External Email

Board Members:

In regards to the agenda item regarding children in PreK- 12 and child care centers, in my opinion and as demonstrated daily by the health departments own data and current statistics, there is NO evidence of the necessity in adding C-19 jabs as a requirement for attending any school or care center, private or public.

The facts of the matter are that the current Covid jabs being produced by the pharmaceutical companies do NOT prevent catching the virus and are therefore not eligible for inclusion in the list of vaccine preventable diseases. The current C-19 jabs and the astronomical "breakthrough" cases in those who have had single, double and then received booster doses proves that the touted vaccines and their supposed cure all, do NOT prevent or stop transmission Nor developing illness. It may, for some, reduce the severity of the illness, although there are still going to be deaths in those who are immunocompromised or otherwise unhealthy and as such are naturally more susceptible to death from an array of illnesses and diseases.

Looking at the list of other illnesses that have a vaccine, like chickenpox, et all, there is no prior outbreaks of "breakthrough" cases which renders the COVID jabs itself a non-vaccine preventable illness.

For the last two years, the average child suffers similar symptoms to the common cold and the normal seasonal flu, the long term effects are unknown and will not be known until well into adulthood, this fact far outweighs the benefits for most. The seasonal flu is a similar illness with similar outcomes for the general population, with children catching and spreading the illness. There is and has never been a mandate for the flu shot in our children, there is no logical or science based reasoning to treat Covid any differently.

As a parent of children within the WA State public school system, I object to being forced to subject my children to a "vaccine" that does not prevent them from getting ill, prevent transmission of any illness and of which there is ZERO known understanding of the long term effects this will have on my child and their future. The subjection of children to a experimental chemical being introduced to their bodies remains the sole decision of the parent of each and every child within this state.

If this is passed by the Board, I will withdraw my children from attending public schools and thus withholding funding from the school district system the depends upon enrollment for funding.

I respectfully request the board to reject this matter wholly and exclude Covid from WAC 24-105-030.

Regards,

Erin Thornton

A very concerned parent.

From: Lydia Fletcher
Sent: 1/4/2022 10:12:29 PM
To: DOH WSBOH
Cc:
Subject: Please Oppose the Vaccine Mandate on Students

External Email

I am writing to request that you please not impose a COVID-19 vaccine mandate for kids to go to school. Medical decisions like this should be left to parents, and there is not enough evidence showing COVID-19 to be a dangerous threat to kids to justify this type of overreach. Please respect the right of parents to determine what is best for each individual child.

Thank you.

Lydia Fletcher

Tekoa, WA

From: D Blain
Sent: 1/5/2022 5:16:58 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please give the Covid vaccination option to the parents of school aged children and not make it mandatory in school aged children.
Our school is handling the infection rates as is and we do not need this requirement.

Danielle Blain

From: MARIANNE KARUZA
Sent: 1/4/2022 11:46:26 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello

Covid vaccine mandates for children is wrong. These are still experimental emergency use only vaccines. No, Pfizer's is not official yet. It needs more testing and has a different name if and when it is approved.

Children are the least likely to get very sick from covid and we do not know the longterm complications yet and won't for years.

This should be a parental choice and not forced on the public as a mandate. I do not want to pay taxes to schools that are forcing experimental drugs on children.

Thank you for your consideration and please vote against any such mandate for Washington State public schools.

Marianne Karuza
Bellingham

Sent from my iPhone

From: Lvirginia
Sent: 1/4/2022 8:57:29 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am addressing the issue of forcing our children to receive covid shot to have an education. Working as a school nurses assistant on the past, we have never forced our children to have vaccines. They have always had an option to be exempt for religious or personal or medical reasons. We are talking MMR, Polio or chicken pox. And these children have not been kicked out of education because their family made a personal choice for their own reason. Some people no matter what the mandate, can not receive the covid shot, because of a medical. Our schools have protocol and are running fine. Let our children be.

Thank you

LeAnne GrosJacques

Staff- Lopez Island school district

From: pianotricia
Sent: 1/4/2022 12:07:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am opposed to mandating the COVID19 vaccine for children in schools. The risk of children dying from COVID19 is so very low. The vaccines available haven't been proven to be effective or safe. In fact, children have a much higher risk of injury or death from the vaccine than from the disease. Pharmaceutical companies cannot be sued for injuries or deaths caused by the vaccines, but schools that mandate them can be. It would not be in the best interest of the school to mandate the vaccine in light of this. The other factor that seems to be lost amidst the fear of a disease that has 99% recovery rate is the loss of freedom of choice. Parents should have the final say when it comes to their children's health. Basically, if you want the vaccine, you should be able to get it. But if you don't want the vaccine (because you've made an informed decision), you shouldn't be forced to. It's unethical, it's coercion, and in my opinion should be illegal. Thank you.

Sent from my T-Mobile 5G Device

From: Melissa Gest
Sent: 1/4/2022 8:18:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I do not agree with requiring Covid vaccines for children to attend school. Children are rarely affected by this virus and at way less severity if they are. The numbers are so drastically low for this age group that requiring a vaccine for it would be asinine. I stand for choice and what is best for individuals and families.

From: Terisa Rivera
Sent: 1/5/2022 9:04:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

This email is being sent to strongly oppose mandating the Covid "vaccine" for children to be able to attend school and/or preschool and/or daycare.

There are too many unknowns regarding the long term affects of this "vaccine".

Children are not at serious risk if they do catch Covid...and the "variants" appear to be getting weaker with each new variant.

Children may be at more risk from the "vaccine" than they are from Covid per the Vaers report (which is under reported). This could create liability for your organization should children be harmed by mandated experimental "vaccines" (the approved "vaccine is not available).

Sincerely,
Terisa Rivera

Sent from Yahoo Mail on Android

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

From: N Hardy
Sent: 1/4/2022 10:55:26 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

How can you legally force an experimental jab? If you don't realize that there has been zero FDA approved COVID-19 jabs, you all need to do some research. Haven't you already abused these kids enough? Now you want to be charged with murder in the upcoming Nuremberg trials? You are not exempt from being responsible for children's death and injuries from this EXPERIMENTAL VACCINE!!!
May God have mercy on your souls!!!

Mimi of 7!!

From: slatick34@juno.com

Sent: 1/5/2022 5:29:15 PM

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

Cc:

Subject: Proposed Policies

External Email

Dear Michelle, Melanie, Christy, Stuart, Samantha, Kaitlyn, Caitlin, Lindsay, Tracy, Hannah, Kelie, Nathaniel,

The following proposed policies are very disturbing and makes my blood run cold.

PROPOSED POLICIES: Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040)

This country is "The land of the free and the home of the brave." These proposed policies are completely contradictory to what this country was founded on and why it was found. People fled totalitarianism. Please consider that we live the United States of America.

We do not need these kind of laws and regulations, this is just simply going too too far. This makes me think about the Nazi's in Germany "detain" "refusal to voluntarily comply" "isolated in a quarantine facility". None of this belongs in America. America fought to liberate individuals being treated in this manner.

Sincerely,
Marlena Slatick

From: Mary Austin

Sent: 1/5/2022 4:38:31 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Pandemic response or Panic response?

External Email

□

Thank you for hearing my input regarding the rules and regulations you are considering for mandatory covid-19 vaccinations for school age children. These actions look like panic responses, not rational, reasoned responses.

I am vaccinated, but that is my own voluntary decision. The vaccine is too new, and the lethality of the disease in youth too low for us to even be considering mandatory vaccinations of our youth. Please be calm and rational as you look into this issue, and DO NOT increase the panic with draconian forced vaccines on an unwilling public.

As is common in viruses, the mutations are becoming less lethal. The death rate for the Omicron variant is nearly non-existent. Omicron may be a blessing in disguise, providing natural immunity that may be much more robust than the vaccines, while hardly causing more than a mild, cold-like experience.

I know we WANT to help solve the problems, but be aware of the higher omicron infection rate in the vaccinated, be aware of the serious incidence of heart complications in vaccinated young athletes, and be aware, there are always unintended consequences of every action. Yes, there can also be consequences of inaction, but weighing the information available to us at this time makes it clear; it is WRONG to be considering vaccine mandates and forced compliance.

Mary Austin
Leavenworth, WA
Mothramay@gmail.com

From: Bonnie Stecher
Sent: 1/4/2022 9:08:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

When is this going to stop?

It should be a parents decision to have their kids receive the Covid vaccine. These vaccines have not been around long enough to compare them to regular childhood vaccines.

Stop interfering in parents decisions.

Bonnie Stecher

Sent from my iPhone

From: Melanie Kay
Sent: 1/4/2022 10:48:13 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I would like to submit my strong disapproval and disagreement with a covid vaccine requirement for school aged children. We have known from the beginning of this pandemic that children are not at any significant risk for either contracting or passing Covid. Furthermore, according to Dr. Fauci in an ABC interview two weeks ago, of the 2 million reported cases of covid for children, less than 200 have died. That's a mortality rate of .005%. It's insane to mandate a shot, and continue to give in to so much fear, for such a statistically insignificant risk. I implore you to refrain from mandating the covid shot for school-aged children. Thank you for your consideration.

Melanie Kay

From: Jason Bishop
Sent: 1/4/2022 10:05:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Regarding your discussion in your upcoming meeting about Immunization Criteria for Childcare and School Entry:

This discussion should not even be on the table. Children are at an extremely low risk for Covid, therefore the risks completely outweigh the benefit, given the injuries that have happened so far with these injections. Why would we choose to experiment on our own children rather than take the necessary precautions of animal experimentation first when the virus has a death percentage that is statistically zero amongst that population?

I urge you to proceed with caution on behalf of our kids.

Jill

From: Cheryl Richards
Sent: 1/5/2022 5:42:28 AM
To: DOH WSOBH
Cc:
Subject: Public Comment

External Email

Good morning,

I am writing to ask the Board not to issue a mandate requiring children under the age of 16 to be required to be vaccinated for COVID-19 as a requirement for entry to a day care, preschool, or K-12 school. While other required vaccinations for enrollment, such as Hepatitis B and MMR, have a considerable amount of safety data, both short and long term, the COVID-19 vaccination does not. The long term effects of this vaccination are not known for adults or children due to the short time the vaccination has been available, and the health and safety benefits to children under 16yrs who contract the COVID-19 virus or any of its variants is extremely low. The proposed benefits for children receiving the vaccination don't outweigh the unknowns for this new medical preventative. Long term effects for fertility or other health factors (growth and development) are not known or understood as of yet, and until they are, the vaccination should be offered only on a voluntary basis with the known risks and benefits clearly communicated to parents seeking to have their children vaccinated. Furthermore, early data for effectiveness of the COVID-19 vaccine on preventing the latest Omicron variant seems to indicate that it is lacking in protection, with fully vaccinated individuals still contracting and succumbing to the virus and disease.

Again, until proper vetting of the vaccination has been completed, as is typical for any new vaccine, this vaccine should not be required.

Thank you for your consideration and continued work toward maintaining community health and safety.

Regards,

Cheryl L Richards

Sent from my iPhone

From: Kelli Gardner
Sent: 1/4/2022 12:30:09 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\1F71871512114F26_Public comment SBOH Jan 2022.docx

External Email

Dear Sir or Madam,

Attached is my letter for public comment that I would like submitted for the Jan. 12 meeting. Please confirm that you received this email and this comment will be submitted.

Thank you!

Kelli Gardner

From: Daniel and Cheryl Yocum
Sent: 1/4/2022 7:09:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello!

I want to express my thoughts on mandating the Covid-19 for children.

1. The vaccine is still experimental, in emergency use.
2. The vaccine is not proving to stop the transmission of Covid or of getting Covid.
3. Public education should not have hoops to jump through for kids to get an education.
This is not a highly deadly disease.
4. Fear has hurt our children more than Covid-19.
5. The Covid-19 vaccine has created seclusion which is fought so hard to be rid of and yet the government keeps bringing it back it different ways.
6. Long term side effects are still not known.

Have a great day!
Cheryl Yocum

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:27:49 PM
To: DOH WSBOH
Cc:
Subject: FW: Opposing Civid Vaccine for kids.

From: Vitaliy Ustemchuk <vitautoff@gmail.com>
Sent: Friday, December 31, 2021 1:27 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Opposing Civid Vaccine for kids.

External Email

As a Mom and a Parent, I strongly oppose Covid vaccines for kids.

From: Rachel Hall

Sent: 1/5/2022 5:16:04 PM

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

Cc:

Subject: Proposed policies for Jan 12th meeting

External Email

To whom it may concern,

I am writing to express my concern over all of your proposed policies.

People should have the right to make their own medical decisions. It is not up to the government to decide if a person chooses current medical practices or not. This is a direct violation of many religious entities, which are protected by the United States constitution.

The Washington school systems have already lost a significant amount of enrolments due to current rules. I fear that instilling an additional mandate for COVID 19 vaccination will cause even more to remove their children from public school, which could eventually cripple that system.

Best regards,

Rachel

From: Brandy Gove
Sent: 1/5/2022 7:44:16 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To Whom it May Concern,

I absolutely do NOT support mandatory covid vaccinations for children. Children are at low risk of hospitalization and death of covid and these shots are still under EUA.

Brandy Lindeman
Mother of 3 boys

Sent from my iPhone

From: Jen Anderson
Sent: 1/5/2022 4:57:40 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Having a mandatory shot for our children is unacceptable. I absolutely disagree and say NO to make this a requirement!!

Jen Anderson
Branch Manager/VP of Mortgage Lending
jen.anderson@rate.com
www.rate.com/jenanderson
C: (206) 853-5100
O: (425) 318-3290
F: (773) 649-9850
1612 4th Street Suite 201 Marysville, WA. 98270
NMLS ID: 380437
Guaranteed Rate

From: brian@blossomonlopez.com
Sent: 1/4/2022 7:51:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Regarding any proposal to require any child in this state to receive one of the three covid vaccines, let me say: requiring this is a terrible idea. Covid does not affect children in any significant way. The vaccines are not FDA approved. Their long term safety has not been established.

If I still has kids in the schools, I would pull them out over such a mandate. It would also push me even closer to leaving this state for another, freer state with a more common sense public policy.

Do the right thing. Leave the kids alone.

Brian Kvistad

Owner - Operator

Blossom On Lopez, Inc.

295 Village Rd <x-apple-data-detectors://2/1>

PO Box 838 <x-apple-data-detectors://2/1>

Lopez Island, WA 98261 <x-apple-data-detectors://2/1>

360-468-2204, ext 200 <tel:360-468-2204;200>

www.blossomgrocery.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.blossomgrocery.com%2F&data-source=filtered-message>>

From: Michele Wainwright
Sent: 1/5/2022 3:38:51 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I oppose wac 246-100 rule making that would expand any authority to involuntarily quarantine individuals. I also oppose adding a COVID van to the wac 246-105 schedule of required vaccines for children to attend schools.

Thank you,
Michele wainwright
Port orchard, Washington

Sent from my iPad

From: Bret & Rozana Knutson

Sent: 1/5/2022 3:13:29 PM

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

Subject: Please No Shot Mandates for kids

External Email

All,

I worked everyday as a substitute bus driver for the last 4 years and all thru Covid. Not once was there an issue with a massive amounts of sickness. Kids playing with masks off and on, crammed on a bus, you would think there would be more cases.

2 years of Covid, without kids getting it, why would we now need to give them a shot for it? Ludicrous.

Even the districts' stats showed less then 0.1% cases. Survival rate is over 99%.

The public schools have already bred 3 generations of kids that can't think and are just cookie cutters and too many weak male characters. Some teenage girls told me they like the mask so they can hide behind them. There is some real self-confidence!

I actually homeschooled my kids for 20 years because I grew up in the system that is flawed.

Please provide data that proves all this masking, jabbing is necessary.

Thank you,

Rozana Knutson
Concerned Citizen & Taxpayer
425-445-6995

From: Mary Stuart
Sent: 1/4/2022 12:00:58 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We are pleading with you to NOT REQUIRE VACCINES for our kids of any age!

Sincerey,
Mike and Mary Stuart

Sent from my iPhone

From: Rich Fisher
Sent: 1/4/2022 6:19:38 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

WSBOH,

I am submitting this comment with regard to the possible Covid-19 vaccine requirement for children to attend school and day care. Many Covid-19 studies have shown this virus is not a threat to children with a statistically insignificant chance of serious illness developing. A child has a higher chance of serious harm on the way to school or playing sports than from Covid-19. This vaccine is still experimental and not comparable to other required vaccines for children. This decision must be left up to parents and their doctors, not the state. Please don't damage children further with policies that are worse for them than the virus itself.

Thank you,

Rich Fisher

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:30:18 PM
To: DOH WSBOH
Cc:
Subject: FW: OPPOSE COVID VACCINE

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

From: Olesya Kalymon <okalymon90@gmail.com>
Sent: Friday, December 31, 2021 11:36 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: OPPOSE COVID VACCINE

External Email

Hello Kelie,

I strongly oppose the Covid vaccine being forced on children. Please take into consideration all the oppositions because this is completely not okay and shouldn't be forced, especially on children.

Thank you.

From: Emily L
Sent: 1/4/2022 10:41:56 PM
To: DOH WSBOH
Cc:
Subject: Opposition to vaccine mandate for children

External Email

Department of Health:

I strongly oppose vaccination mandates for everyone, but particularly for children in order to attend school. Scientific data has shown repeatedly across the world that children are at low risk of substantial illness or death from Covid 19. Studies have also shown they are not super-spreaders of Covid nor do they substantially contribute to transmitting Covid to adults. We should have a choice in the US and in particular in WA whether to vaccinate our children for a virus that does not carry a high risk of illness or death for this demographic.

Additionally, testing positive for Covid and acquiring natural immunity against the virus should be considered as an alternative to the vaccine. The following study demonstrates that children develop robust and sustained natural immunity following SARS-CoV-2 infection.

The science from numerous studies regarding Covid around the world show what we have learned so far during this pandemic. Data from these studies should be considered in shaping policy decisions WA. This especially applies in regard to vaccine mandates.

Here is the link to this study in Nature:

www.nature.com/articles/s41590-021-01089-8

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nature.com%2Farticles%2Fs41590-021-01089-](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nature.com%2Farticles%2Fs41590-021-01089-8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2654241999b54f68080c08d9d0165c7d%7C11d0e21720)

[8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2654241999b54f68080c08d9d0165c7d%7C11d0e21720](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nature.com%2Farticles%2Fs41590-021-01089-8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2654241999b54f68080c08d9d0165c7d%7C11d0e21720)

I strongly oppose Covid vaccine mandates for everyone, including children in WA state, especially in regard to their ability to attend school or take part in any activities in the state.

Sincerely,
Emily Ling

From: Laura Gonzalez-Covert
Sent: 1/4/2022 4:15:59 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I firmly believe that having the covid vaccine should not be a requirement for children to go to school in person. Do not continue to hurt the mental stability of all the children who are not able to or the choice of the parent is to not get it

Laura Gonzalez-Covert

From: jibolt
Sent: 1/4/2022 8:53:56 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not make getting a vaccine mandatory for children in order to attend school. Children are at very low risk of dying from covid. More children die of the flu each year than have died from covid. The vaccine for children is under an emergency approval by the FDA.

Thank you for considering my input.

Sincerely,
Julie Bolt

Sent from my Galaxy

From: Jim Christensen
Sent: 1/4/2022 10:51:10 AM
To: DOH WSBOH
Cc:
Subject: opposition to mandated vaccines for children, and new Kaiser Permanente study results link

External Email

The vaccines have a place and have been useful in preventing severe disease among higher risk groups, BUT they should especially not be required for children, this should be a decision made by the parents in consultation with a pediatrician.
We now know for certain that the vaccines do not prevent infection or transmission of Covid 19, but do have a benefit in preventing severe disease among higher risk people.

The latest data from a Kaiser Permanente study dated 12/27/21 (see below) from Dr Katie Sharff (et al) from Portland shows an increased risk of myopericarditis among young males than the CDC has previously reported.
In light of this new and reliable data, in addition to the low risk for children (especially with the Omicron variant, which typically presents as 'cold like'): the decision to get this vaccine (or any vaccine or therapeutic) should be made via a risk/benefit analysis on an individual basis, through consultation with a physician, specific to the patient.
Forcing a child who has recently recovered from a mild case of Omicron to start receiving a series of mRNA vaccines is ridiculous, but a higher risk child who has been advised by their pediatrician to start taking 'the jab' makes perfect sense.

thank you.

James Christensen

link to the Kaiser Permanente study posted 12/27/21 below.

<https://www.medrxiv.org/content/10.1101/2021.12.21.21268209v1.full.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

From: dmarietmv@aol.com
Sent: 1/4/2022 4:44:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear Washington State Board of Health:

I don't believe that children should be mandated to get the antiCOVID19 injections to attend school for the reasons listed below:

Children are less likely to catch COVID19; and if they do, they usually get a less severe case.

It is still possible to catch or transmit COVID after getting one or more shots.

There have been sudden deaths in children due to myocarditis shortly after receiving the injections.

Some children have developed severe reactions from the injections according to the CDC's VAERS website.

We don't yet know what long-term side effects may come from the shots or how it may affect future fertility.

Thank you for your consideration.

Sincerely,

Diane Thom

From: eugene justice
Sent: 1/5/2022 8:13:33 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Sent from my iPhone shots for kids. No way kids should be required covid shots no one knows long term effort

From: Bronwyn Wallace
Sent: 1/4/2022 6:51:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I will pull both my sons from school if COVID vaccines are required for school entry.

Bronwyn Wallace

Sent from my iPhone

From: Lydia Zibin
Sent: 1/4/2022 6:10:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\D832ED423BB74637_The-COVID-19-Inoculations-More-Ha_PRDPOOL_NAMETOOLONG.pdf

External Email

Immunization Criteria for Child Care and School Entry

Please:

Covid shots should absolutely NOT be a requirement for our children. I remind you that children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorization).

I say NO to state mandated Covid shots for children. See attached for in-depth data.

Thank you,

Lydia Zibin
425 894-7467

Kelli Gardner
4027 W Center Lane
Spokane, WA 99208
Gardner6pack@gmail.com

January 4, 2022

State Board of Health – Washington

Re: Public School Vaccine Mandate

Dear Sir or Madam,

I am writing this letter to you in regards to your upcoming discussion you will be having on the vaccine mandate for WA students at the public meeting convening on January 12.

As much as there are concerned parents about Covid and the way public schools are handling the pandemic, there are equally, if not more, parents who have felt silenced and our hands tied in what we feel is best for our children and their education in the public school system here in Washington State. Issues revolving mandates for teachers and staff, the curriculum, and testing endlessly are some of the matters the come to the forefront of my mind. We are stealing moments from our kids' experiences in school and decreasing individualism, creative thinking, human relationships and trust in others.

I am sure many parents have been citing resources to you about the science. New studies have found that even those vaccinated with the Covid-19 shot will not resist getting sick again due to only having the one of the five properties, the spike protein. Those with natural immunity actually will resist all sorts of variants, due to carrying all five types of defense properties, and this for sure needs to be evaluated and considered in any decisions. Below you will see some links of articles for your review and reading.

- https://www.theepochtimes.com/is-natural-immunity-more-effective-than-the-covid-shot_4188524.html
- <https://www.westernjournal.com/johns-hopkins-doc-says-natural-immunity-27-times-effective-vaccine/>
- <https://www.theatlantic.com/health/archive/2022/01/covid-test-shortage/621149/>

My family recently moved to Washington in the past three years. The beauty of this State and the weather is quite enjoyable! What I have found however, is that there are so many RULES. WOW...it's crazy to think how many things you can and can't do here! Governing a family unit is a microcosm of governing a body of community and State. What we have found in parenting our four children is, that the more rules you have, the more rules are going to be broken. Treating each person as a valued member of our family and learning how each person ticks is essential. Making compromises and having expectations is ok, and the respect is then earned back as well. By the State not respecting people's own health decisions when it comes to something with a 99% survival rate is a horrible idea, and so disrespectful of your patrons.

Promise after promise has been made, and then retracted. By doing this, you are devaluing a person's word, and quite honestly, encouraging mistrust in others. At some point, each State needs to look at their reflection in the mirror and truly see what is working, and what is not. Why does Washington State have a higher homeless population? Why is Washington State one of the top 10 States that have teen marijuana use? All of this starts with these students' environments, at home and at school.

Character, loyalty, integrity, empathy, hardworking, and respect for others are all attributes that we want to teach our kids so that they can be contributing patrons of a community as they grow into adults. Morality and ethics are part of these teachings, and is imperative to have these characteristics in individuals to have a strong community, to have a strong America. I think we should all be able to agree on that?

I firmly reject the idea of mandating a vaccine at the age levels we are discussing here. Teaching people how to eat and exercise is SO VITAL to living a healthy life. Please do what is right, and don't impose rules that will cause even more unnecessary distractions.

Sincerely,

Kelli Gardner
Concerned Parent

Chance of Surviving Covid-19 By Age and Sex

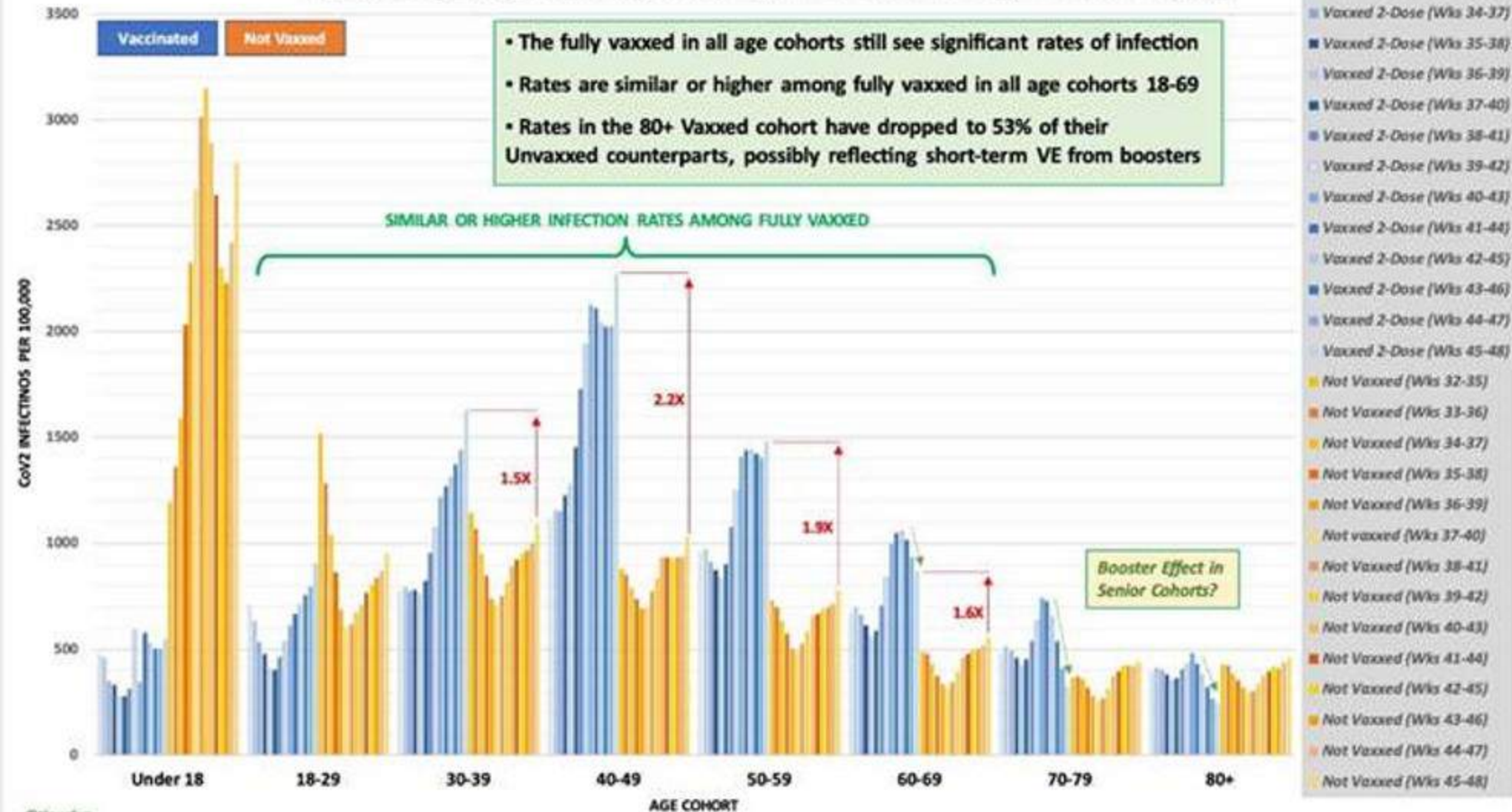
AGE	FEMALE		MALE	
	No Underlying Conditions	One or Greater Underlying Conditions	No Underlying Conditions	One or Greater Underlying Conditions
0-9	99.99996	99.9639	99.99996	99.9603
10-19	99.99996	99.9639	99.99996	99.9603
20-29	99.9998	99.9466	99.9997	99.9037
30-39	99.9991	99.8636	99.9986	99.79
40-49	99.998	99.8153	99.9965	99.6943
50-59	99.9888	99.3647	99.9815	99.2135
60-69	99.9562	98.7605	99.8895	97.9992
70-79	99.8251	97.6094	99.5245	95.6517
80+	98.9087	92.8152	96.3318	79.9154

"Predicted COVID-19 Fatality Rates Based on Age, Sex, Comorbidities, and Health System Capacity, Stockholm University", June 2020

UK CoV2 INFECTIONS Per 100,000 by Vaccination Status (Dec 8, 2021)

source: UK HSA/PHE COVID-19 Vaccine Surveillance Reports: Weeks 36-49

<https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports>





The Vaccine Adverse Event Reporting System (VAERS) Charts

Request Form

Results

Map

Chart

Report

About

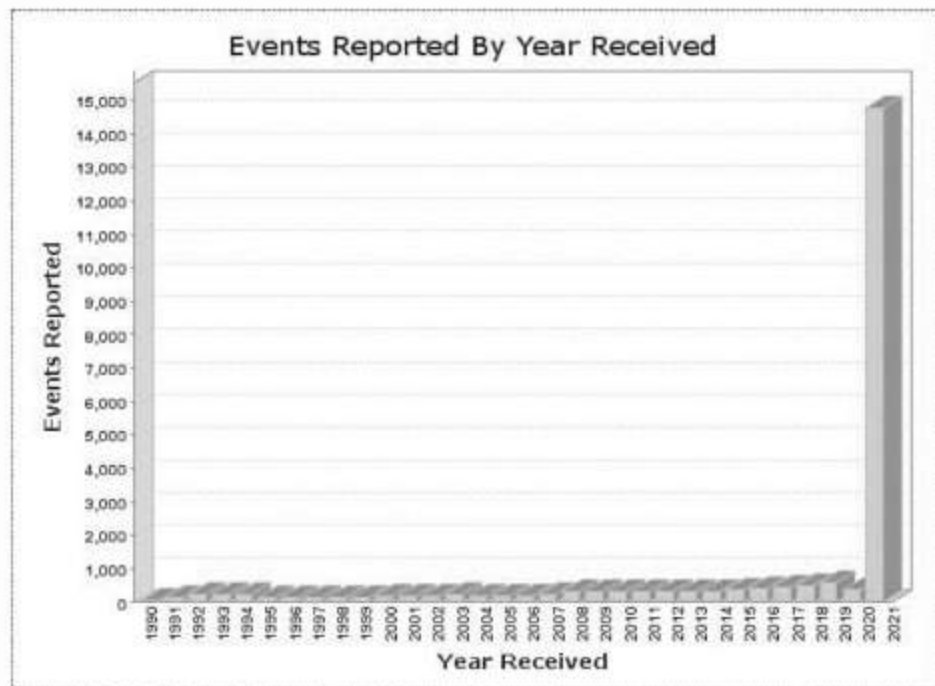
[Dataset Documentation](#)

[Other Data Access](#)

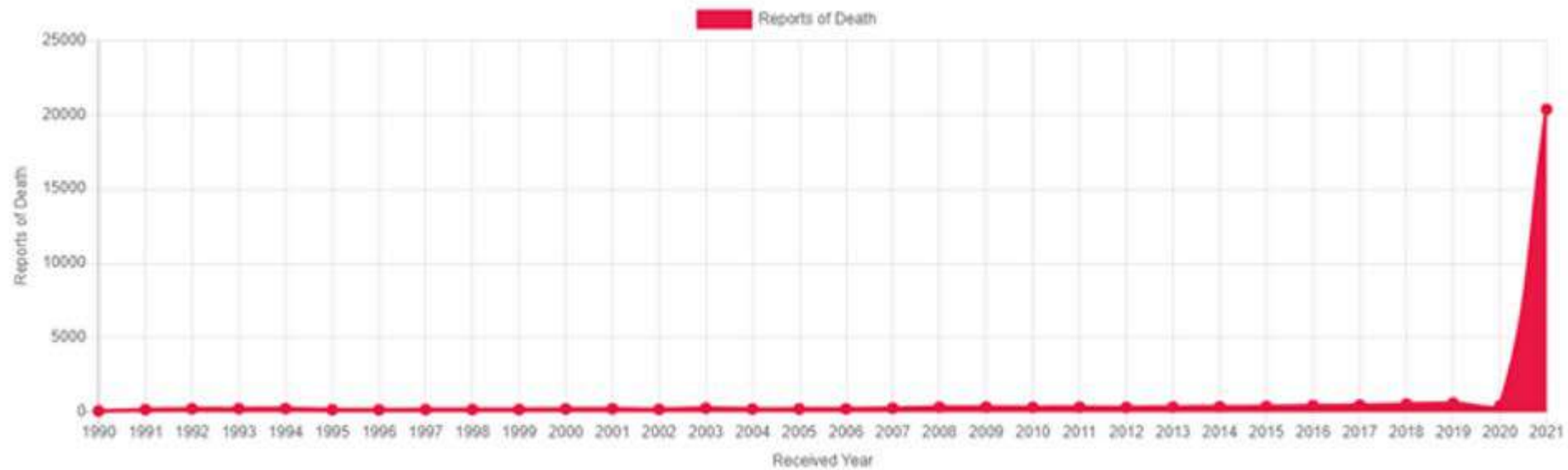
[Help for Charts](#)

[Printing Tips](#)

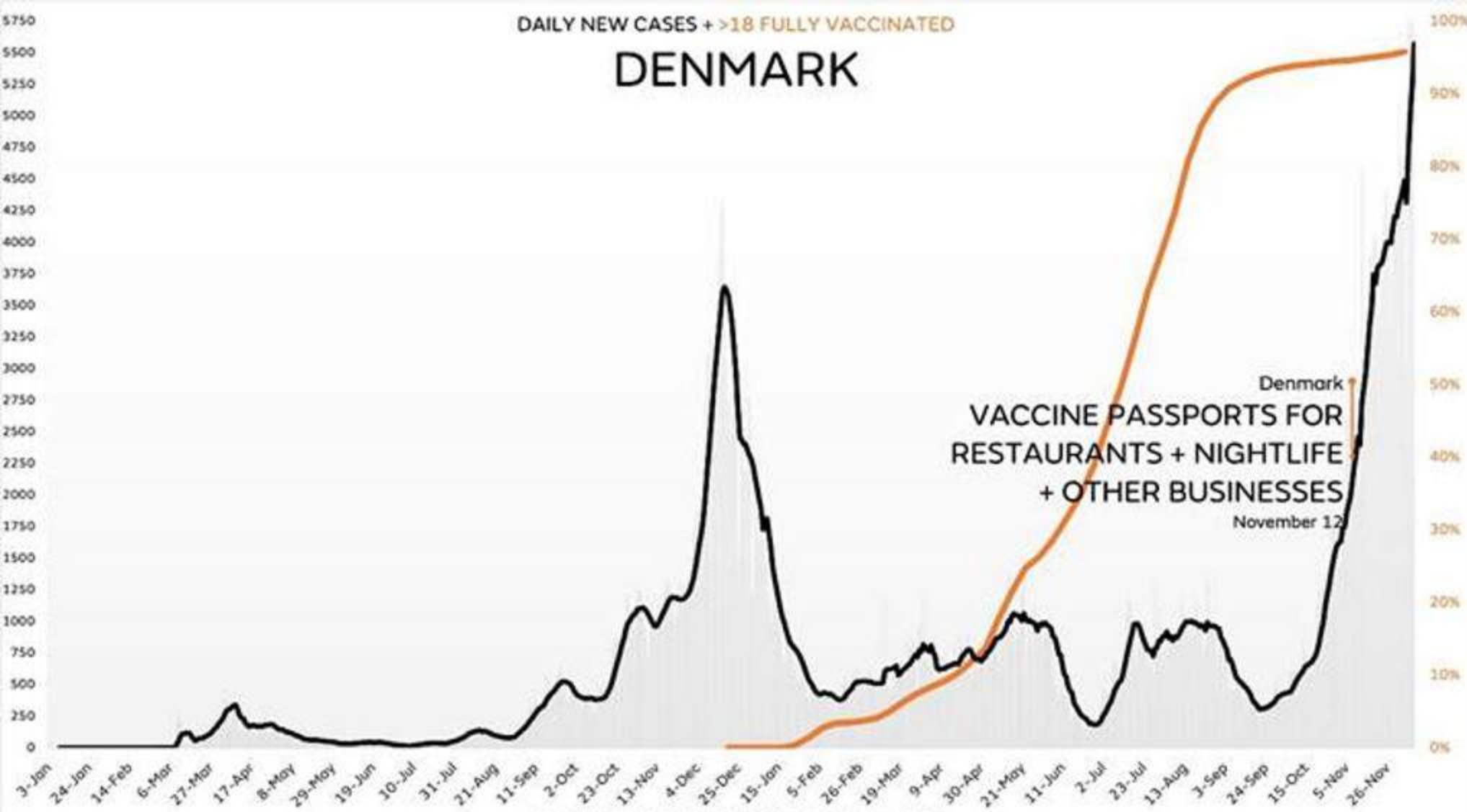
Chart Options



All Deaths Reported to VAERS by Year



Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R_0^*	2.0		4.0		2.5
Infection fatality ratio (Estimated number of deaths per 1,000,000 infections) [†]	0–17 years old: 6 18–49 years old: 150 50–64 years old: 1,800 65+ years old: 26,000		0–17 years old: 80 18–49 years old: 1,700 50–64 years old: 20,000 65+ years old: 270,000		0–17 years old: 20 18–49 years old: 500 50–64 years old: 6,000 65+ years old: 90,000
Recovery rate	45%	70%	45%	70%	60%





From: Wade Sanders
Sent: 1/6/2022 1:06:31 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 WAC Adaptations

External Email

To the Washington State Board of Health,

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.

Wade Sanders

From: islandviewda@gmail.com
Sent: 1/6/2022 3:30:14 PM
To: DOH WSBOH
Cc:
Subject: COVID Policies

External Email

I am totally against our government passing any attempt to control people as if we are a communist country. These police are overreaching.

I'm against the proposed following:

WAC 246 100 070

WAC 246 100 045

WAC 246 100 040

Thank you for your consideration.

Sandra Simmons
7815 E Hamilton Rd
Chattaroy, Wa 99003

Sent from my iPhone

From: Christina Lutovsky
Sent: 1/6/2022 4:32:18 PM
To: DOH WSBOH
Cc:
Subject: Against proposed Covid policies

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. "

Sent from my iPhone

From: Cris Entrop

Sent: 1/6/2022 1:43:27 PM

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

Cc:

Subject: Covid concerns for Webinar 1/7/21

External Email

I am emailing to express my EXTREME feelings on the upcoming webinar to discuss Covid 19 policies suggesting possibilities of mandatory vaccines for school, as well as isolation in a quarantine facility for refusal. This is not only immoral and far overreaching of governmental control but also will create further hate and division within our society!

Why are we even considering this possibility for a virus that is 99% survivable - ESPECIALLY for children??!!

I would like it noted that I am completely against any of the Covid policies proposed in WAC: 246-100-070, 246-100-045, 246-100-040, 246-100 & 246-105

I would like to point out a very important quote in your mission statement "We strive to help people make choices that allow everyone in Washington live a long, healthy life, regardless of income, education, or ethnic background. " please keep in mind that having CHOICES remains to be something that needs to be revered & upheld!

Thank you~

Cris Entrop

From: melanie hyatt
Sent: 1/6/2022 4:20:55 PM
To: DOH WSBOH
Cc:
Subject: Covid policies

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. "

Sent from my iPhone

From: Kyle Marsh
Sent: 1/6/2022 2:44:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. Kids are hardly at risk
2. the total death rate is still less than one percent. If we mandate shots for anything with a less than one percent chance of death, then we should enforce shots for alcohol, sun tanning, and diarrhea.
3. what happened to "my body, my choice"
4. this "vaccine" is still an experiment with no long term studies
5. It doesn't stop anyone from getting it or spreading it. Notice the "breakthrough cases" term is not being tossed around anymore
6. If it's so safe then why are the pharmaceutical companies exempt from any liability.
7. If it's so safe then why have there been almost 900,000 reports to VAERS regarding the vaccine. These include almost 20,000 deaths and almost 130,000 "serious injuries" and that was as of november 2021.

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

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

8. How about you try and focus on learning instead of pushing agendas.
9. How about you focus on learning instead of playing doctor.
10. If you wanted to listen to "The Science" , we all would have been back to work after we stayed home for 15 days. Then Dr. Fauci said ""I do not recommend that you wear a mask, particularly since you are going to a very low risk location".

<https://www.msn.com/en-us/news/us/fauci-said-masks-not-really-effective-in-keeping-out-virus-email-reveals/ar-AAKCZ0c>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Ffauci-said-masks-not-really-effective-in-keeping-out-virus-email-reveals%2Far-AAKCZ0c&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C94729c2bc2da49c2acc208d9d165fefe%7C11d0>

After that, "The Science" said to wear 2 or 3 masks. Then "The Science" said to get a vaccine, then two, then a booster, then multiple boosters. "The Science" is bull#%\$&! It's just a term they are using to keep moving the carrot and see where the breaking point is. IT'S HERE!

11. IF it's so safe, why are losing record numbers of medical staff for not following the mandates. The same with police, sheriff, fire, and military personnel.

12. If it's so safe then why did DR. Robert Malone (the guy who invented the MRNA technology) get taken off of social platforms for speaking out against the vaccine mandate.

13. If it's so safe, why has the J&J vaccine been taken off the market twice, temporarily.

14. The death rate has not increased or been reduced by any of the tactics that have been implemented. The death rate was less than one percent before vaccines and it's still less than one percent since they have been forced on people.

15. If the vaccine was the best thing since sliced bread, why does it need to be forced on people? Pretty sure sliced bread was not a tough sell to people.

16. Why was president Biden against taking the vaccine prior to him "winning the election"? <https://townhall.com/tipsheet/rebeccadowns/2021/09/09/flashback-biden-was-against-vaccine-mandates-when-he-was-running-for-president-n2595631>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftownhall.com%2Ftipsheet%2Freb-biden-was-against-vaccine-mandates-when-he-was-running-for-president-n2595631&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C94729c2bc2da49c2acc208d9d165fefe%7C11d0>

17. Why has this become such a political divide? It is assumed that, if you don't want the vaccine then you must love Trump. TRUMP WAS THE ONE WHO PUSHED THE VACCINE THROUGH SO FAST!!! Wake the f&%\$ up! It's about control and making the rich richer. While ma and pa shops were forced to close, the big box stores flourished.

From: Denise Perkins
Sent: 1/6/2022 2:50:48 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

It is against our right as US citizens to have the freedom of choice to make informed medical decisions for ourselves and our children... so far I don not feel that we have adequate information to make a safe informed decision. Please consider the following:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

Also, a vaccine mandate would go against thousands of parents and end in a massive exodus of children out of the public school system in favor of other alternative education resulting in funds being taken from public schools. Not a good trickle down effect.

Don't violate our rights. Don't mandate the covid vaccine for children

Sincerely,
Jason and Denise Perkins
Concerned parents

From: Tracee Gorman
Sent: 1/5/2022 8:38:26 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccination requirements for children

External Email

Dear WA State Board of Health Members,

I'm writing this email to urge you not to approve the requirement of the covid vaccine on children in order to attend school. This vaccine is still under emergency use authorization and requiring it for children would be an abuse of power. These experimental vaccines are unnecessary for children who have a survival rate of 99.998% to this virus. I hope you have done enough research on this subject to make an informed and moral decision.

Sincerely,
Tracee Gorman

From: Katie Wuitschick
Sent: 1/6/2022 12:51:21 PM
To: DOH WSBOH
Cc:
Subject: Covid Policies

External Email

To Whom It Concerns,

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

Katie Nicole Wuitschick

From: DOH WSB OH
Sent: 1/6/2022 3:23:13 PM
To: DOH WSB OH
Cc:
Subject: comment



attachments\8146EC3E592748E3_WASBOH COVID Comments 1-2022.pdf

From: Jim Fulton <jimtomfulton@gmail.com>
Sent: Thursday, January 6, 2022 3:17 PM
To: DOH WSB OH <WSBOH@SBOH.WA.GOV>
Cc: Jim Fulton <jimtomfulton@gmail.com>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Comments on Proposed Inclusion of COVID Vaccination Requirements Within the Washington Administrative Codes for Enforcement Under Revised Codes of Washington (RCW).

External Email

As a legally documented resident and registered voter residing within Washington State, I am respectfully providing my comments regarding the discussions being held by WA State Board of Health in consideration of including COVID-19 vaccination requirements within the Washington Administrative Codes for lawful enforcement under the Revised Code of Washington (RCW). I have also attached a PDF file of the comments if that is helpful.

My comments follow in order of personal priority with references provided to proposed topics of discussion by the State Board of Health.

1.0 WAC 246-100-070, WAC 246-100-045, WAC-246-100-040 in regard to detaining, isolating or quarantining a person or group of persons (families) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling and vaccination.

1.1 I object to any amendment or modification of WAC 246-100-070 which would permit law enforcement to detain, isolate, or quarantine a person or group of persons; including

families, who are themselves; or the minor dependent, of a legally registered citizen of the United States of America, following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling or vaccination for any disease. I encourage the members of the Washington State of Health to disregard this proposed amendment which I believe tramples the fundamental provisions of the United States Constitution and the rights of legal citizens granted by the Bill of Rights.

2.0 WAC 24-105-030."Discussions to add Covid-19 to the list of child immunizations required for school attendance.

2.1 In principle, mandated treatments including this proposed action represents an egregious over-reach by the State and potentially tramples parental rights to administer their family's health decisions with full and factual "Informed Consent".

2.2 Further, consideration of any proposed amendments to the WAC for including Covid should provision "Parental Informed Consent" and reasonable exceptions, (i.e.; natural immunity, alternate treatments including emerging oral drugs, religious beliefs, medical, and private/home education).

2.2.1 In my view there is a complete lack of evidence of the necessity of inclusion of a COVID vaccination requirement in WAC 246-105. Quoting from 246-105-010: "The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes the immunization requirements of children attending schools and child care centers." The facts are the current COVID vaccines do not prevent catching the disease or any of its variants, and therefore are ineligible for inclusion in the list of "vaccine-preventable" diseases. The current COVID "vaccines", as is demonstrated by the vast number of "breakthrough" cases, are not able to prevent COVID to a comparable level as actually effective vaccines for the section 030 listed diseases, but merely amount to a pre-treatment for the disease that may generally reduce the severity or death.

2.2.2 Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. Who has heard of multiple breakthrough cases of chickenpox? Diphtheria? Rubella? Measles? Mumps? Pertussis? And the rest of the list, for that matter. The simple fact is, the number of "breakthrough" cases associated with currently listed diseases is so small they are considered negligible - it would be major local news of an outbreak of Measles or Mumps in our local schools, yet these are all but unheard of. Yet the number of COVID cases that breakthrough the current vaccines is significant. Therefore, as a matter of definition, COVID is not a vaccine preventable disease.

2.2.3 Considering that the best available evidence and international focus of treatment the COVID vaccine was to treat the elder community with comorbidities that increase their risk of hospitalization and potentially death. As of this writing reported data indicates that on average, children suffer no worse from COVID than the normal seasonal flu, and considering the unknown potential long term side effects of the current COVID vaccines as an emergency treatment, the risk-reward profile indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them.

2.2.4 In your discussions of amending the WAC to include a vaccine mandate please compare the current policy for seasonal flu: Flu is an equal, if not a greater risk to children yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease, COVID, that is equal or lower risk to children AND has a vaccine with an unknown long term risk profile? That seems illogical and would indicate other non-fact-based motivations for such a mandate. I respectfully urge the board to not add COVID to the list of diseases in WAC 24-105-030.

Regards;

James T. Fulton III; Washington State Resident;

Residing at 106206 E Tripple Vista Dr.

Kennewick, WA 99338



James T. Fulton III
106206 E Tripple Vista Dr,
Kennewick, WA 99338

January 6, 2022

To: Washington State Board of Health; wsboh@sbh.wa.gov

CC: WSBOH Members:

Tracy.schreiber@sbh.wa.gov; Michelle.davis@sbh.wa.gov; Melanie.hisaw@sbh.wa.gov;
Christy.hoff@sbh.wa.gov; Stuart.glasoe@sbh.wa.gov; Samantha.pskowski@sbh.wa.gov;
Caitlin.lang@sbh.wa.gov; Lindsay.herendeen@sbh.wa.gov; Tracy.schreiber@sbh.wa.gov;
Hannah.haag@sbh.wa.gov; Kelie.kahler@sbh.wa.gov; Nathaniel.thai@sbh.wa.gov

CC: WSLeg Representatives:

matt.boehnke@leg.wa.gov; brad.klippert@leg.wa.gov; skyler.rude@leg.wa.gov;
Perry.Dozier@leg.wa.gov;

SUBJECT: Comments on Proposed Inclusion of COVID Vaccination Requirements Within the Washington Administrative Codes for Enforcement Under Revised Codes of Washington (RCW).

As a legally documented resident and registered voter residing within Washington State, I am respectfully providing my comments regarding the discussions being held by WA State Board of Health in consideration of including COVID-19 vaccination requirements within the Washington Administrative Codes for lawful enforcement under the Revised Code of **Washington** (RCW).

My comments follow in order of personal priority with references provided to proposed topics of discussion by the State Board of Health.

1.0 WAC 246-100-070, WAC 246-100-045, WAC-246-100-040 in regard to detaining, isolating or quarantining a person or group of persons (families) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling and vaccination.

1.1 I object to any amendment or modification of WAC 246-100-070 which would permit law enforcement to detain, isolate, or quarantine a person or group of persons; including families, who are themselves; or the minor dependent, of a legally registered citizen of the United States of America, following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling or vaccination for any disease. I encourage the members of the Washington State of Health to disregard this proposed amendment which I believe tramples the fundamental provisions of the United States Constitution and the rights of legal citizens granted by the Bill of Rights.

2.0 WAC 24-105-030."Discussions to add Covid-19 to the list of child immunizations required for school attendance.

- 2.1** In principle, mandated treatments including this proposed action represents an egregious over-reach by the State and potentially tramples parental rights to administer their family's health decisions with full and factual "Informed Consent".
- 2.2** Further, consideration of any proposed amendments to the WAC for including Covid should provision "Parental Informed Consent" and reasonable exceptions, (i.e.; natural immunity, alternate treatments including emerging oral drugs, religious beliefs, medical, and private/home education).
- 2.2.1** In my view there is a complete lack of evidence of the necessity of inclusion of a COVID vaccination requirement in WAC 246-105. Quoting from 246-105-010: "The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes the immunization requirements of children attending schools and child care centers." The facts are the current COVID vaccines do not prevent catching the disease or any of its variants, and therefore are ineligible for inclusion in the list of "vaccine-preventable" diseases. The current COVID "vaccines", as is demonstrated by the vast number of "breakthrough" cases, are not able to prevent COVID to a comparable level as actually effective vaccines for the section 030 listed diseases, but merely amount to a pre-treatment for the disease that may generally reduce the severity or death.
- 2.2.2** Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. Who has heard of multiple breakthrough cases of chickenpox? Diphtheria? Rubella? Measles? Mumps? Pertussis? And the rest of the list, for that matter. The simple fact is, the number of "breakthrough" cases associated with currently listed diseases is so small they are considered negligible - it would be major local news of an outbreak of Measles or Mumps in our local schools, yet these are all but unheard of. Yet the number of COVID cases that breakthrough the current vaccines is significant. Therefore, as a matter of definition, COVID is not a vaccine preventable disease.
- 2.2.3** Considering that the best available evidence and international focus of treatment the COVID vaccine was to treat the elder community with comorbidities that increase their risk of hospitalization and potentially death. As of this writing reported data indicates that on average, children suffer no worse from COVID than the normal seasonal flu, and considering the unknown potential long term side effects of the current COVID vaccines as an emergency treatment, the risk-reward profile indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them.
- 2.2.4** In your discussions of amending the WAC to include a vaccine mandate please compare the current policy for seasonal flu: Flu is an equal, if not a greater risk to children yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease,

COVID, that is equal or lower risk to children AND has a vaccine with an unknown long term risk profile? That seems illogical and would indicate other non-fact-based motivations for such a mandate. I respectfully urge the board to not add COVID to the list of diseases in WAC 24-105-030.

Regards;

A handwritten signature in blue ink that reads "James T. Fulton III". The signature is fluid and cursive, with the first name "James" being the most prominent.

James T. Fulton III; Washington State Resident;
Residing at 106206 E Tripple Vista Dr,
Kennewick, WA 99338

From: A. Nitz

Sent: 1/6/2022 2:16:59 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanna.haag@sboh.wa.gov, kelile.kahler@sboh.wa.gov, nathaniel.thai@sboh.wa.gov

Cc:

Subject: Against ANY NEW Covid Shot Regulations for the State - Kids & Adults



attachments\8DC3C5C8E5934819_image.png



attachments\FB6CFA1A04E94070_image.png



attachments\7FD04967E0264830_image.png



attachments\A413F6C49EBE43EF_image.png



attachments\B95597D9463C4657_image.png



attachments\FB49FCBDB2EB4042_image.png

External Email

All,

It has come to my attention that that there is yet another potential new over stepping of power from the state in the veil of covid safety.

I am against 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, vaccination (WAC 246-100-040). These specifics come from (WAC 246-100). If health officers hold this much power, this power should be coming from the people not the position. It is bad enough the governor will not let go of his emergency powers as the state enters a third year of an emergency while most other states have returned to living without all the hubbub of the virus.

I am against including the Covid-19 injections as part of school immunization requirements using (WAC 246-105.). Kids are already least effected group from covid, all this shot is going to do is increase and speed up deterioration of their bodies, create a hardship for the families who will then have to take care of the kid because of the vaccine immunity with no thanks to HR 5546 (see below) protecting the pharmaceutical companies over the safety of the children.

This virus does not go after children as it goes after the older adults with comorbidities. The children who have fallen ill are ones who are already compromised or have been injected with this untested shot in the name of health. Especially when children have a less then .5% chance of dying from this!!

This entire procedure is yet another overstep of those who were elected and making sure those who they appointed pushes forward an agenda that is not in the best interest of the people or the children.

Do the right thing and not pass these proposed WACs

□

<https://www.muhealth.org/our-stories/how-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd5e1cfce498c406ac55e08d9d162383a%7C11d0e2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd5e1cfce498c406ac55e08d9d162383a%7C11d0e2>

How Do We Know the COVID-19 Vaccine Won't Have Long-Term Side Effects? - MU Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd5e1cfce498c406ac55e08d9d162383a%7C11d0e2>

One of the reasons some people haven't signed up to receive the COVID-19 vaccine is that they're worried there might be unknown side effects that will show up months or years later. Although it's true there are still a lot of things we're learning about the vaccines — like how effective they are against variants and how long their protection lasts — there are plenty of things we do ...

www.muhealth.org

H.R. 5546:

Passed House amended (10/14/1986)

(Measure passed House, amended)

National Childhood Vaccine Injury Act of 1986 - Title I: Vaccines - Subtitle 1: National Vaccine Program - Amends the Public Health Service Act to establish in the Department of Health and Human Services a National Vaccine Program to: (1) direct vaccine research and development within the Federal Government; (2) ensure the production and procurement of safe and effective vaccines; (3) direct the distribution and use of

vaccines; and (4) coordinate governmental and nongovernmental activities. Requires the Director of the Program to report to specified congressional committees.

Establishes the National Vaccine Advisory Committee to recommend: (1) ways to encourage the availability of an adequate supply of vaccines; and (2) research priorities.

Authorizes appropriations for FY 1987 through 1991.

Subtitle 2: National Vaccine Injury Compensation Program - Part A: Program Requirements - Establishes the National Vaccine Injury Compensation Program as an alternative remedy to judicial action for specified vaccine-related injuries.

Prescribes the contents of any petition for compensation.

Grants U.S. district courts authority to determine eligibility and compensation. Requires the district court in which the petition is filed to designate a special master to serve as an adjunct to the court. Sets forth the responsibilities of the court.

Lists factors to be considered when determining the amount of a compensation award. Sets forth a table of injuries deemed vaccine-related for compensation purposes. Permits the Secretary of Health and Human Services to: (1) promulgate regulations to revise such table; and (2) recommend changes to the vaccines covered by the table.

Provides that compensation awarded under the Program shall be paid out of the National Vaccine Injury Compensation Trust Fund. Limits awards for actual and projected pain and suffering and emotional distress to \$250,000. Prohibits awards for punitive damages.

Establishes the Advisory Commission on Childhood Vaccines to: (1) advise the Secretary on the implementation of the Program; (2) recommend changes to the Vaccine Injury Table; and (3) recommend research priorities.

Part B: Additional Remedies - Sets forth procedures under which the person who filed a petition for compensation under the program may elect to file a civil action for damages.

Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where: (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care. Permits punitive damages in such civil actions under certain circumstances.

Part C: Assuring a Safer Childhood Vaccination Program in the United States - Requires each health care provider who administers a vaccine listed in the Vaccine Injury Table to record certain information with respect to each such vaccine. Requires each health care provider and vaccine manufacturer to report certain information to the Secretary.

Requires the Secretary to develop certain vaccine information materials for distribution to the legal representatives of any child receiving a vaccine listed in the Vaccine Injury Table.

Directs the Secretary to promote the development of safer childhood vaccines.

Sets forth recordkeeping and reporting requirements for vaccine manufacturers. Imposes civil and criminal penalties for destroying, altering, or concealing any such report or record.

Part D: General Provisions - Allows any person to commence a civil action against the Secretary where the Secretary allegedly has failed to perform a duty under this Act.

Provides for judicial review of the Secretary's regulatory actions in a court of appeals of the United States.

Allows the Secretary to provide licensing for unpatented vaccines for naturally occurring human infectious diseases under certain circumstances.

Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies.

Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines.

Directs the Secretary to review the warnings, use instructions, and precautionary information presently used by manufacturers of vaccines listed in the Vaccine Injury Table. Directs the Secretary to require manufacturers to revise and reissue any warning, instruction, or information found inadequate.

Grants the Secretary recall authority with respect to any licensed virus, serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or other licensed product which presents a danger to public health. Establishes civil penalties for recall violations.

Directs the Secretary to make annual reports to specified congressional committees on the impact this Act has on the supply of vaccines.

Title II: Miscellaneous - Provides that certain Federal provisions designed to reduce paperwork shall not apply to information required to carry out this Act.

Age group

Deaths as a percent of total cases

0-4

0.0043%

4-9

0.0057%

10-14

0.0000%

15-19

0.0016%

20-24

0.0096%

25-29

0.0201%

30-34

0.0485%

35-39

0.0680%

40-44

0.0968%

45-49

0.2141%

50-54

0.3504%

55-59

0.5232%

60-64

1.0644%

65-69

2.0645%

70-74

3.9417%

75-79

6.7996%

80-84

11.5887%

85-89

12.8286%

90-94

23.9318%

95-99

30.3089%

100+

30.7888%

Respectfully,
Annette Nitz

From: Jesse Ratcliff
Sent: 1/5/2022 7:30:48 PM
To: DOH WSBOH
Cc:
Subject: Concerned community member

External Email

Hi WSBOH,

I'm writing in to let you know as a community member, father, and teacher, I am vehemently opposed to any form of COVID-19 vaccination mandate for children, specifically including, but not limited to adding any Emergency Use Authorized (EUA) product or any licensed product that lacks completed Phase 3 trial studies to the school required list at any time.

If there are any other avenues to have my voice heard please let me know.

Thanks,
Jesse Ratcliff

From: Donna Wolfe
Sent: 1/6/2022 3:29:24 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am *very* supportive of making Covid-19 shots mandatory for school admission. This is the only way we will defeat this virus.

With Covid-19 rates increasing faster than ever with the Omicron variant, this is really the only way to keep schools open safely!

The vaccine has been shown to be VERY SAFE as more than half the population of the world has been vaccinated already.

Many, many other vaccines are already mandatory. There is no reason Covid-19 should be any different. In fact, given how much more dangerous this virus is than other viruses, this is all the more reason why the vaccine should be mandatory!

Those against making Covid-19 shots mandatory do not understand the science. Their movement is purely political.

Please mandate the Covid-19 vaccine so that our schools, our teachers, and our society at large, can stay safe!!!!

Thank you for your consideration.

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 3:09:28 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination

From: Brenda Linth <bmlinth@yahoo.com>
Sent: Thursday, January 6, 2022 3:48 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: mary Laiti

Sent: 1/6/2022 3:37:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: concerned citizen

External Email

I want to say I oppose this requirement the maker of the mRNA who you canceled is already giving dire warnings but you guys just double down and want to force people's hands. Go figure we are not stupid not anti-vax but just concerned that this is being foisted on our youth and you will have blood on your hands if you do. I do not say this with animosity but as an observation. You all are in my prayers.

Mary Laiti

From: Sarah Stewart
Sent: 1/5/2022 10:55:58 PM
To: DOH WSBOH
Subject: COVID vaccine mandate for school children

External Email

I'm writing to OPPOSE the proposed mandate for the COVID vaccine for school children.
First, kids are not a high risk for COVID.
Second, we don't need more vaccine mandates than we already have.
Third, the vaccine is still young and we don't know the long term side effects of the vaccine that could affect our kids for years to come. Please do NOT pass this rule.
Finally, this should be brought to the Legislature for a vote so that we the people can hold someone accountable for such a major decision affecting nearly every family in our state.

Sincerely,
Sarah Stewart
Olympia, WA

From: Kris Quinn
Sent: 1/6/2022 3:07:56 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Washington State Board of Health,

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. Statistics by the CDC show that children are at a very extremely low risk for Covid and the death rates amongst children are close to Zero related to Covid. We have to distinguish for children those who died with Covid and as such other underlying health conditions vs. those that died because of Covid.
2. The Vaccines are still only Emergency use authorized.
3. There are no long term studies that document safety. We need years before we can determine the effects on children and their futures.
4. Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore, The vaccine apparently does not stop the spread of the disease.

We cannot use our children as human shields against Covid they are least susceptible and also recover the fastest, building their own natural immunities. Covid is not like MMR or Polio. We simply need more and more information.

I am opposed to making Covid-19 shots mandatory for school admission

From: Damien Fogassy
Sent: 1/4/2022 10:43:17 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 vaccines

External Email

As a parent of a young daughter, I am concerned about the exaggerated potential risk that covid is claimed to present to young children, and the equally exaggerated need for vaccination. The risk of severe disease or death from COVID is many times lower than the risk of severe injury and death from the vaccines (1/1300 from the Pfizer clinical trials). Considering that the vaccines don't prevent infection and the possibility of spreading the disease to others, I strongly feel that the risk to benefit ratio is highly in favor of leaving children vaccine free. Mandating such a risky medical treatment is unconscionable. Let our children live, naturally. The long term effects of the vaccines remain unknown. Our children are not guinea pigs, but rather our future.

Regards,

Damien Fogassy

From: Benicia Mershon
Sent: 1/6/2022 1:58:21 PM
To: DOH WSBOH
Cc:
Subject: Against proposed COVID policies

External Email

I am completely opposed to all 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.

Thank you.

From: Eric Lundberg
Sent: 1/6/2022 4:22:20 PM
To: DOH WSBOH
Cc:
Subject: Covid policies

External Email

To whom it may concern,

It has come to

My attention that there will be a meeting to engage many of the policies listed below in regard to your tyrannical Covid overreach. As a citizen, parent, taxpayer, business owner and pastor in my community I am appalled and embarrassed over my state leaders and their disregard for the constitution and their constituents' liberty and privacy!

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. "

Do not let these policies be activated in our state.

The voters are watching you!

Thanks-

Eric Lundberg

From: Sharon L THAUT
Sent: 1/6/2022 4:15:08 PM
To: DOH WSBOH
Cc:
Subject: against proposed Covid Policies

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. Please do not vote these in.
Thank you, Sharon L. Thaut

From: Amber Leavitt
Sent: 1/6/2022 9:02:52 AM
To: DOH WSBOH
Subject: Covid Vaccine Mandate in Schools

External Email

Hello,

My name is Amber Leavitt and I am a mother to three fully vaccinated children, one in primary school, one in middle school, and one in high school. I am also a Registered Nurse. I recently spent 4.5 years working for Battle Ground Public Schools as a School Nurse, so I have first hand knowledge on the importance of vaccinations in keeping children healthy and in the classroom.

Now that the Pfizer Covid vaccine has been approved for children as young as five, why is it even a question that this should be a required immunization for school attendance? A disease that has killed over 831 thousand Americans, including over 1000 children, and has a vaccine available yet we are questioning whether it should be required. This is nonsense! The impacts this pandemic causes continues to wreak havoc despite kids being "in school." The sports teams in our district continue to shut down events as the virus spreads through teams. The social events of high school are few and far between. Our children are being denied the important experiences of childhood. A vaccine requirement would improve this.

Battle Ground and surrounding areas are notorious for having a low vaccination rate and without a school vaccine mandate that will not change. But here's the thing, the state always allows a religious or personal exemption. I cannot tell you the amount of falsified religious exemptions I would receive for the regular vaccines (MMR, TDap, Polio, etc) and the school districts are too afraid to fight back against these dishonest parents. The only exemption should be a medical exemption and those are so rare they should also be under scrutiny when received.

I'm tired of those of us that are making the right medical decision, backed by science, suffering for the sake of those that think it's their right to not comply. No one is forcing you to vaccinate your child. Just keep them out of the schools. My child's education should not continue to be at risk for shutting down due to the selfish choices of other parents. It's time Washington state shows once again that we are a progressive state and does the right thing in requiring the covid vaccine for school entry.

Thank You,

Amber Leavitt

From: Jake Greger
Sent: 1/6/2022 4:25:08 PM
To: DOH WSBOH
Cc:
Subject: Covid rules

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.

Jake Greger
7610 116th St. E.
Puyallup Wa. 98373

From: Brynn K. Wilson
Sent: 1/5/2022 6:51:11 AM
To: DOH WSBOH
Subject: COVID vaccination recommendation for WA students

External Email

Good morning,

As the child of two lifelong WA public school teachers, and the parent of two current WA public school students, I am writing to express my concern over the possibility of imposing a COVID vaccine requirement to attend public school in our state.

Where there is risk, there must be choice.

1. US research from 2021 medical data provides that boys aged 12-15, with no underlying medical conditions, are FOUR to SIX times more likely to be diagnosed with vaccine-related myocarditis than ending up in the hospital with COVID.
2. As of July 2021, the COVID-19 mortality rate for ages 0-19 was 0.0027%, which is a 99.9973% survival rate. Children have the lowest rates of hospitalization and deaths.
3. Why are we debating a vaccine mandate for a "vaccine" that does not stop the spread of a virus? The efficacy of COVID-19 vaccines is less than compelling, and constantly waning.
4. How can the department of health dictate that healthy children take an Emergency Use injection that is not FDA approved? This is unethical government overreach. We are the experiment, and we will not know the true side effects for years to come. The COVID vaccine should not be lumped into the same school-required vaccine list as vaccines that have been clinically tested and FDA approved for decades.
5. Imposing more mandates breeds discrimination and segregation. How will schools handle students with vaccine exemptions? Will they be treated different than those who are vaccinated? We are already seeing this play out with regard to close contact quarantine and testing protocols. This is discriminatory. Parents who rely on public school services will be forced to comply, leaving zero option for discernment. This is coercion.

Experimental vaccine mandates have no place in a free society. Vaccine mandates leave little to no option for personal, philosophical and even religious exemptions. Medical exemptions are often hard to come by depending on the doctor's opinion and influence. Parents should not have to co-parent with the government. This feels criminal and unconstitutional.

I ask you to research vaccine injury data from multiple sources, including VAERS. I ask you to question efficacy and analyze the infection rate of populations that are highly vaccinated, like Israel. The narrative doesn't match up if you're willing to look at all sides. Do the work. Lead without fear, propaganda or media bias. The future of WA public school students (and staff) leans on your decision.

Sincerely,

Brynn Wilson

Spokane, WA
brynnkara@yahoo.com
509.994.5505

From: Joseph Collins
Sent: 1/5/2022 10:25:00 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccination of children

External Email

Covid is not a risk factor for children. Covid deaths on children under age 18 since the beginning of the pandemic stands at a little over 700 deaths out of the 700,000 deaths total in the U.S.! ie .07 %! The ability to treat Covid infections is better every day. DO NOT FORCE COVID VACCINATIONS ON OUR CHILDREN! Please follow the science! Don't politicize our children!

From: ALICE JOHNSON
Sent: 1/6/2022 2:06:51 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:
It's against our personal rights and freedom. Also our constitutional rights. Most parents will probably keep them home.

From: Michael King
Sent: 1/5/2022 2:18:17 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccination mandate for school children

External Email

I am writing to express my STRONG opinion that school children should not be required to be vaccinated. I think that it is wonderful that we have vaccinations for Covid that do lessen the symptoms of Covid and I agree that for many people getting vaccinated is the correct decision. However, it is important to look at the risk-return tradeoffs in all scenarios, especially for our youth.

Pro of Mandating Vaccination of School Children

* Probably only 1.6 fewer school age deaths in WA: According to the CDC, from January 2020 to December 25, 2021, 558 school aged children (4-18) have died with (not necessarily due to) Covid in the whole country. There are 55.63mm children (4-18 and under) in the US so that is an annual death rate of 0.0010502%. In 2019 the US influenza/pneumonia death rate among the same age group was 0.000349% (194 deaths). According to the CDC, on an annualized basis, there have been an additional 85 deaths due to Covid among 4-18 year-olds. This means that the incremental death rate among school age children as a result of Covid is only 0.000153%? There are 1,074,464 K-12 school children in Washington state...that means that you could expect an additional 1.6 covid deaths in the ENTIRE STATE of WASHINGTON for one year!

Con of a Vaccine Mandate for School Children

* The vaccinations are not without their own risks: the CDC reports there have been 4,274 serious medical events related to vaccinations among 3-17 year-olds

* 36 Deaths (WA is 2.3% of the US population so this might equate to an additional 0.8 deaths in WA)

* 293 Life Threatening (6.7 children in WA)

* 142 Permanent Disability (3.3 children in WA)

* 1,457 Hospitalized (33.5 children in WA)

If you net out the expected 85 additional deaths from Covid with the 36 deaths from vaccinations, you only have a net 49 deaths in the WHOLE COUNTRY. In order to potentially "save" these 45 lives, you are not only taking away the right of citizens to decide what to do with their own body, but you are also putting 1,457 children in the hospital, exposing 293 to life threatening situations, giving 142 children permanent disabilities, and who knows how many other problems for other children.

It is also helpful to look back at history. A mumps vaccine was first developed in the late

1940s and was not recommended for children over 12 until 1977. It did not become mandatory for children until even later. We had decades of data to look at before mandating the vaccine for all children. These vaccines were rushed thru, with emergency approval, with the drug companies being granted no liability for any resulting problems, and the FDA is asking for a 55 year exemption from FOIA requests from the public. Does this sound like something we should have 100% confidence in???

When looking at the Risk-Return tradeoffs of mandating that our school children get vaccinated for Covid, I do not see how anyone can come to the conclusion that it is clearly the right thing to do. Please make sure that all families have access to the full set of information regarding the pros and cons of vaccinations, and then let the families decide what is right for them given their own unique situations.

Thank you,

Michael King

concerned father of 4

Sources

<https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=82D89E200EE7975B8A1D21F9B0D6>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwonder.cdc.gov%2Fcontroller%2F>

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3/data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-juj3%2Fdata&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4472bd106fe4bb522d908d9d0994532%7C>

From: Davis, Michelle (SBOH)
Sent: 1/6/2022 3:43:37 PM
To: DOH WSBOH
Cc:
Subject: FW: Concerns for Vaccine mandates in children and TAG rules development



attachments\EDDC99A61EAD4282_Washington State Board of Health letter signed.docx

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

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

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Thursday, January 6, 2022 3:43 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Concerns for Vaccine mandates in children and TAG rules development

External Email

From: Jamie Johnson
Sent: 1/6/2022 2:29:21 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

It isn't effective against children.

It isn't really FDA approved, not that FDA approval means anything anymore.

It is just one more regulation to add to the endless regulations for zero to negative net gain. Why are you handicapping yourselves in this way?

Sincerely,

Jamie Johnson

Sent from my iPhone

From: Ed Krikawa
Sent: 1/6/2022 11:17:29 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine for school

External Email

To Whom it May Concern,

I received information that the Board of Health in Washington is considering imposing a Covid-19 vaccine on children as a requirement for attending school.

The vaccines are still experimental, children are largely unaffected by the virus, and the efficacy of the vaccine has severely diminished as new variants have come into play. You need to ask a pediatric cardiologist how many children they have treated post vaccine for myocarditis vs how many have been in danger from the virus. We have no understanding of the long term side effects of this experiment. That will not be known for years. It may be very little....or it may be devastating. No one can know that.

Our son will be pulled from public school if it becomes a requirement take the Covid vaccine to attend school

Sincerely,
Meg Krikawa
(Mother and RN/retired)

From: Kimberley Duncan
Sent: 1/6/2022 11:19:13 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for children

External Email

To Whom it may concern;

I am a constituent, community member and resident of Washington State and have three children in the public school system. I am writing to let you know that I DO NOT agree that children should be required to have the Covid vaccine in order to attend school. I implore the Washington State Board of Health to reject any such mandates and/or requirements. Due to the following reason:

1. Covid Vaccines remain under Emergency Use Authorization(EUA), the FDA is amending the EUA to include children - Coronavirus (COVID-19) Update: FDA Takes Multiple Actions to Expand Use of Pfizer-BioNTech COVID-19 Vaccine | FDA
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-fda-takes-multiple-actions-expand-use-pfizer-biontech-covid-19-vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1a50d2a7bdd249eb0f0008d9d149620c%7C11d0e>>

2. Children under the age of 18 have a survival rate of 99.995% from Covid infection

3. Children have a higher chance of death or adverse reaction to the Covid vaccine than Covid-19

If a vaccine mandate is forced upon children attending tax funded public schools, it will leave me no choice but to pull my children from school and home school. It's heartbreaking to even have to think like this. My children love school but with the side effects this drug has on children and the lack of knowledge on the long-term effects, I do not feel the vaccine is safe for my family. I thought we lived in the country of the free but all these mandates that are being imposed on the people makes it feel much more like a dictatorship. Washington State has been under a state of emergency for the last two years. The mandates are unconstitutional, we the people have had enough. If the vaccine is so great and it's what we must do to protect the people, why are our elected officials exempt from Biden's Vaccine Mandate? Why is the postal service exempt? The needs of the few should not outweigh the needs and wants of the many. What about natural immunity, why is that not being taken into consideration? I am concerned, just as you should be, that the vaccine doesn't even work. As many vaccinated people I know are now getting sick with the latest variant. People that are considered "fully vaccinated" plus have the booster shot are getting sick, clearly the vaccine is not the answer. Judges across the country are ruling that the mandates are unconstitutional and I truly hope that you make the right decision when deciding if the Covid Vaccine should be forced upon our children, the future of the world.

Kindly,

Kimberley Duncan

kduncan829@gmail.com <mailto:kduncan829@gmail.com>

From: Paige Claiborn
Sent: 1/5/2022 7:11:07 PM
To: DOH WSBOH
Cc:
Subject: Considering COVID-19 Vaccine Mandate in Schools

External Email

I am a physician in the community and a parent of two school age children, 8 and 5. Based on the medical community's current knowledge concerning COVID-19 in children and limited understanding of the short- and long-term effects of COVID-19 vaccination, I am strongly opposed to a COVID-19 vaccine mandate for school age children. Currently, there is no data to support vaccinating healthy children against a disease which poses negligible risk of severe illness or death. It is irresponsible to compare the COVID-19 vaccine to our well understood, routine vaccines such as MMR or DtAP which provide long standing immunity against devastating diseases in children. We simply do not know enough about COVID-19 vaccines nor do we have data that shows a clear benefit to vaccinating children against COVID-19.

Pfizer's initial trial in children ages 5-11 was significantly underpowered, only 1,517 children were vaccinated during the initial trial. A sample size this small means that serious adverse events could go undetected. Pfizer even admits this in their published results stating that the long-term immune response, efficacy and safety of their vaccine is unknown and that they did not have a large enough sample size to detect potential rare side effects.

In addition to having an inadequate sample size, the trial length was remarkably short compared to standard vaccine trials in the US, which can take 5-10 years, with Phase 2/3 testing combined, the trial was completed in 2.3 months. This is inadequate time to ascertain any identifiable long-term risk.

All of this means, we do not have the data to claim these vaccines are unquestionably safe in kids. This trial did not prove a clinical benefit to vaccinating kids ie: less severe disease or death, the endpoint of the trial was purely the efficacy of preventing infection by COVID-19 over a two-month period. As has been clearly demonstrated in the COVID vaccines administered to adults, efficacy diminishes overtime and does not provide long lasting immunity, it would be reasonable to expect vaccination in kids to have waning protection as well. We know these vaccines can cause harm including myocarditis and other documented adverse events, long term effects are entirely unknown, and we currently have no data showing that COVID-19 vaccination benefits kids in terms of overall outcome. The benefit to risk ratio of vaccinating all children against COVID-19 is clear, it is all risk and no benefit which is why as a parent and physician I am adamantly opposed to mandating this vaccine for children.

Paige Flett, MD

From: Shayna Lander
Sent: 1/6/2022 4:05:57 PM
To: DOH WSBOH
Cc:
Subject: Covid Policies to be voted on the 13th

External Email

Dear Representative,

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

Shayna Lander

From: isaacstutes@yahoo.com
Sent: 1/6/2022 12:01:56 PM
To: DOH WSBOH
Cc:
Subject: Consideration Of Adding C-19 to Infectious Disease WAC

External Email

Hello,

As a Pierce County resident, I am reaching out to notify you that I and all of my peers, as well as the vast majority of Pierce County are completely against covid 19 being added to any WAC, especially those that would authorize a health official to detain any citizen. Such a move would backfire and those who would usually be compliant, would believe that their rights were being violated. Please make the right decision and vote against adding c-19 to any WAC.

Thanks,

Isaac Stutes
Pierce County Resident

Sent from my iPhone

From: Lesley Nelson
Sent: 1/6/2022 10:11:59 AM
To: DOH WSBOH
Cc:
Subject: Comments for upcoming BOH meeting

External Email

Hello,

My name is Lesley Nelson, I live in Kitsap County and have a elementary age child. I am reaching out to share my comments to the BOH. I strongly OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period! I am for medical freedom that allows people to choose what is best for them based on medical, philosophical and religious reasons. I am also writing in SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you for your time and consideration on these matters.

Sincerely,

Lesley Nelson

From: Herendeen, Lindsay (SBOH)
Sent: 1/6/2022 1:49:56 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Public Comment

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, 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: Alison Handsaker <handsakerhome@gmail.com>
Sent: Thursday, January 6, 2022 1:16 PM
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.


It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=...>
have occurred:

* After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

* More often after the second dose

* Usually within a week of vaccination

* Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

* Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

* Chest pain

* Shortness of breath

* Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: Diane W
Sent: 1/6/2022 3:06:14 PM
To: DOH WSBOH
Cc:
Subject: Covid Mandate

External Email

Both of my kids already had covid. It impacted them little. Vaccines however have harmed them both very much! These should NOT be forced. The VACCINE is far more terrifying than the COVID. VARES reports only gets 5% of vaccine damages reported yet shows the COVID Vaccine to be far more harmful than all vaccine injuries combined for the last decade! THIS IS ONLY PUSHED BECAUSE LAWSUITS IN AMERICA AGAINST COVID VACCINES ARE NOT ADMISSIBLE. This is pure evil and greed. Sincerely, Diane W

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: Dean Fries
Sent: 1/5/2022 7:24:16 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Consider mandating experimental vaccines?

External Email

To whom it may concern:

The COVID vaccines remain experimental. And I'm asking you to respect personal choices in whether or not someone chooses to get it or chooses to have their children get it. These are unprecedented times, and I respectfully ask you to consider the information I'm sharing.

I appeal to your common sense, your faith in your fellow humans, and the need to become your own expert and reject fear-based propaganda. The experts are driven by an agenda that has everything to do with control and nothing to do with our health. Simply note the focus on waiting for vaccines rather than early treatments to see that reality.

As a public official, you work for the PEOPLE who you govern, not the governments who put you in place. As such, it is your responsibility to become the expert, read opinions both similar and dissenting to your own. Do not be a cog in the big machine that seeks to strip individuals of our freedoms.

The easy lie is that you're doing what you're doing for the common good. Taking away people's freedoms to "protect" them, and using coercion to take a medical product against one's will, are NEVER for the common good.

It is easy to lie to ourselves and project only good motives on our actions. But take a good hard look at every decision and action you made in the last 2 years. If you made that decision out of a sense of fear, then you made the wrong decision. If you don't have any faith in your fellow citizens, that is your real problem with your decision making.

Love and respect your fellow citizens enough to make their own risk calculus. Demonizing the "other" is exactly what the Nazis did. Do not fall into their trap. Know the difference between propaganda and truth and don't accept the easy lie.

Act with integrity and make conscious choices based on your own knowledge rather than following experts. If you don't have time for that, you don't deserve your position of trust.

You can start by reviewing this 30 minute video prepared by Canadian doctors using Pfizer's own data taken from a Freedom of Information request that shows the harms, especially to children: <https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdc1fac36b0854a22951608d9d0c403bc%7C11d0e2>>
.

I also ask that you look into what our own FDA says and the VAERS numbers.

Dean Fries

From: Sheryl Querin
Sent: 1/5/2022 6:33:15 PM
To: DOH WSBOH
Cc:
Subject: Concerns about freedoms that are being considered to be removed

External Email

I am a concerned citizen, and a nurse and I have serious concerns regarding the agenda of the 1/12/22 meeting by the DOH. I must ask why it is necessary to make changes to our Washington regulations concerning Covid and the failure to coerce citizens to "comply" with health recommendations.

We are a republic, not a dictatorship. Why are the rights and the sovereignty of our person being questioned? This also includes our right to decide medical decisions we choose to have done. This seems like a rather radical move of this government body. Why are we moving towards an Australian way of public control, and why you are trying to implement a crack down "US" the citizens of Washington State.

Placing free citizens into concentration camps for non compliance of Imposed recommendations seems like a rather drastic measure. To what end is this coming to??? Why is it necessary to takeover our constitution and strip us of our individual freedoms??? You are are "elected" to represent us, not "rule" over us. This does not follow any type of science.

Why is natural immunity not being recognized as protection from this virus. Why are immunizations being forced onto the citizens when the people who are vaccinated and boosted are not protected from getting Covid. If the vaccine works, and protects us, why do we still need to wear masks , and social distance??? Immunity by vaccine and naturally acquired, are the standard for all immunology and illnesses. Why is it not good enough for this virus?? Why is that??

This current variant is mild and survivable by the majority of the people. We are naturally acquiring immunity on a large scale and will soon have herd immunity. This will make vaccines unnecessary. We are monitoring the wrong numbers. We are Making decision without all the data, and silencing anyone who has another opinion or evidence of a different way to look at what's going on. Why are we not finding treatments to prevent serious affect? Why are we stopping scientists from studying all the facts???

This is dividing our country and is discriminatory against people for no reason other then hate and fear. Isolation of people by vaccine status is wrong and no better then what was done to the Jewish citizens of Germany.

Nothing is scientific about any of this. The science of immunology is not being followed. I have heard this hearing is to put laws into place to incarcerate non compliant citizens in quarantine facilities. You really think that taking the right for free people to make medical decision for their bodies that don't go against our religious beliefs is a good thing???

If this is the purpose of this meeting and forum, to take away freedoms and make changes to our regulations, this is very concerning to me and others I know. I would respectfully ask and pray that this is not your agenda, and that someone is able to help stop this tyranny.

Sheryl Querin

Sent from my iPhone

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 9:19:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 11:04 AM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Lang,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: KIM BURKE
Sent: 1/5/2022 1:45:57 PM
To: DOH WSBOH
Cc:
Subject: Covid Vac

External Email

To Whom It May Concern

I am writing as a mother of two in the public school system of Washington State. I am very concerned with Sate Superintendent Chris Reykdal and State Secretary of Health Umair A. Shah motive this coming week. I feel they will be wanting to mandate all Washington State school age children to be vaccinated to attend public school. This mandate goes against our constitutional rights. Please do not let this happen.

I will have no choice but to pull my kids out of the public school system if this should happen and possible out of Washington State. This saddens me to no end, both my husband and I are 5th and 6th generations of Washington State and the public schools.

I hope for the best, no one wants to be controlled or wishes for others to be controlled for their own beliefs.

Thank you
Kim

From: Hisaw, Melanie (SBOH)
Sent: 1/5/2022 5:09:47 PM
To: DOH WSBOH
Subject: FW: Comments on upcoming mtg

Hi Nate,

I'm assuming you saw this, she stated she'd like to give public comment on item 11.

--Melanie

From: Lisa Eastman <Lisa_Eastman@hotmail.com>
Sent: Wednesday, January 5, 2022 4:48 PM
Subject: Comments on upcoming mtg

External Email

Hello,

In regards to your upcoming meeting on January 12, 2022, I would like to comment on agenda #11 regarding immunization and children. I am deeply opposed to making COVID vaccinations a requirement with school-aged children and do not support this measure. Not only does COVID pose a zero-to-low risk for children, but the vaccine testing data are starting to show moderate to significant risk to some children. I believe it would be unethical and irresponsible to mandate COVID vaccinations of children.

Please do not endanger our vulnerable next generation.

Thank you for your time,

Lisa Eastman

From: Becky Kornell
Sent: 1/5/2022 8:37:08 AM
To: DOH WSBOH
Cc:
Subject: Concerns from a teacher

External Email

Please don't make it a requirement for our school aged children to receive the covid-19 vax. State-wide our school districts already have seen a decline in enrollment and state funding. If this covid-19 vax is required, you will lose more students from public schools. Have you surveyed families in our state?

If they are required what does the exemption process look like? What about those with religious beliefs?

Let's give our families a choice!

Thank you,
Becky Kornell
Vancouver Public Schools

From: Jay McAfee
Sent: 1/5/2022 12:45:56 PM
To:
Cc:
Subject: Covid 19 Vaccine Consideration for 5-12 yo

External Email

Dear Unelected Person assigned by the WA B of H to Evaluate this Vaccine:

As you consider the Covid Vaxx mandate for school age children in WA this Friday, please consider:

Mandating an Experimental vaccine goes against the Nuremberg Code, Federal and State Statutes.

There IS NO APPROVED vaccine AVAILABLE within the US. Mandating this vaccine is therefore breaking laws at all levels, including international. This can then qualify as crime against humanity. Individuals are therefore liable for their own decisions within this matter; legally, "just doing my job" is not a defense.

Have you ever heard of Thalidomide? It may be before your time. Look it up. THAT WAS AN APPROVED medication. There are people still alive living with the detrimental results of that approved medication. This experimental gene modification therapy is not.

More Children have ALREADY died from this vaccine than EVER died since the first lockdown, per VAERS--which is notorious for drastically suffering under-reported adverse events.

The PCR test, per Kary Mullis (the inventor of the PCR test); was never to have been used to diagnose ANYTHING. Flu and colds virtually disappeared the past 2 years. WHY? The CDC no longer recommends the PCR test and admits it gave far too many false positives, which have been the justification for all of this medical tyranny. Using these numbers to REQUIRE an EXPERIMENTAL 'vaccine' is ethically wrong on all levels.

I implore you to DO THE RIGHT THING. STAND for LAW. STAND for FREEDOM and our liberty--while there is still some left. DO YOUR JOBS.

Jay McAfee
Bellingham, WA

--

Jay McAfee

From: Darrell Bredehoeft
Sent: 1/6/2022 3:24:17 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccinations for Youth and Children

External Email

Hello,

I am a grandparent with elementary grade grandsons, two amazing boys that my wife and I often care for since they reside only 1/2 mile from us. Knowing that the Washington State Board of Health is currently considering Covid vaccination requirements for school age children, I wanted to express my concern not only for my two grandsons, but also for all the school age kids throughout Washington State.

I understand the public health need for school age children to receive vaccinations to prevent the outbreak of infectious diseases that represent a serious threat to their health. For that reason, we've historically vaccinated children against polio, smallpox, measles, etc., diseases that are a significant health threat to these children. But these vaccinations were years and even decades in testing to determine their efficacy and safety for the children before they were widely used. So, I have supported vaccinations for school age children for decades after knowing they were necessary, safe and effective.

These Corona virus vaccines are another story entirely: Covid does not represent anywhere near the threat to children's health like smallpox and measles. Current Covid vaccines have not undergone years of testing to determine their safety and their efficacy has not yet been adequately proven. There is a growing body of evidence that there are health and safety concerns that may outweigh the benefits of the vaccines. I truly believe that we need a lot more time to study and monitor the safety of the Covid vaccines before they are universally required.

We all know the statistics: elementary age school children are at a very minimal to no risk for severe covid-related illnesses. We can all afford to hold off on requiring any vaccine until we know that it is absolutely safe and effective.

Bottom line: I oppose any mandate that requires school age children, or young adults for that matter, to receive Covid vaccines until our medical communities have patiently exhausted all avenues of research to determine their safety and efficacy.

Sincerely,

Darrell Bredehoeft

3203 NW 130th St

Vancouver, WA

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 1:55:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination

From: Brenda Linth <bmlinth@yahoo.com>
Sent: Thursday, January 6, 2022 1:49 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: Erica Kelley

Sent: 1/6/2022 4:05:02 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Concerned Parent Regarding Vaccine Mandates for Children

External Email

Greetings to the Washington State Board of Health,

I am writing as a concerned parent opposing the Covid-19 vaccine mandate for school-aged children. As someone who has immersed myself in the available data and literature from medical journals, pharmacological reporting, and reports regarding the Covid-19 virus and vaccines via foreign and domestic institutions as well as journalism, there is simply no justification for mandating this vaccine for children (or any adult under the age of 45). Instead, all citizens should be free to make this medical decision for themselves and their children.

I am pro-vaccine, and am not in any way a Covid-denier. In the beginning of this pandemic, institutions were clamoring for data to inform behavior regarding the massive and conflicting interests of public health, economy, mental health, and public policy. But the data began to reveal the low and continually decreasing IFR (infection fatality rate) of Covid-19 and subsequent variants, the highly infectious nature of this virus, and those who are truly at risk for serious illness and death. Not all public and private institutions responded rationally and, instead, implemented debilitating rules and mandates that were aimed at stopping the spread, but were ultimately ineffective as seen by record case counts in the last 30 days. Moreover, much of what the public has been told and coerced into by threat or force about the SARS-CoV-2 virus and available vaccines has been either augmented or fully reversed in public statements from the CDC, White House, FDA, DOH, WHO, and NIH and other public health figures just in the past few weeks alone:

1) Vaccines do not prevent infection or spread. Source: CDC director on CNN

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.realclearpolitics.com%2Fvideo%2Fcdc-director-on-breakthrough-infections>

<<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%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d>

2) Masks are ineffective against the Omicron variant. Source: NPR reports on consensus by "medical experts"

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fhealth%2Fshots%2F2021%2F12%2F23%2F1066871176%2Fmask-n95-omicron-contagious&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d>

; Leanna Wen on CNN

3) Children are not at risk for serious illness or death from Covid-19 @ 0%-0.03% (with especially low risk regarding Omicron and, likely, subsequent variants) Source: American Academy of Pediatrics Data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdownloads.aap.org%2FAAP%2F2021%2F20Children%2F20and%2F20COVID-19%2F20State%2F20Data%2F20Report%2F2012.23%2F20FINAL.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d>

; NYT Omicron Less Severe

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F01%2F06%2Fhealth%2Fomicron-less-severe.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d>

risk-milder-

pandemic.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C

4) Children are at greater risk for adverse effects from the Covid-19 vaccines than other demographics. fda.gov on update to fact sheet showing increased risk of adverse effects
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-june-25-2021&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>

5) Natural immunity is extremely effective in protecting from the disease and combating subsequent variants. Source: NIH.gov
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nih.gov%2Fnews-events%2Fnih-research-matters%2Flasting-immunity-found-after-recovery-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>
; Johns Hopkins School of Medicine
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.citizensjournal.us%2Fjohns-hopkins-medical-prof-explains-natural-covid-immunity-is-very-strong%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>

6) The definition of "fully vaccinated" may become a moving target as vaccine efficacy wanes over time. Fauci Interview
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F12%2Ffauci-says-a-redefinition-of-fully-vaccinated-is-certainly-on-the-table.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>

7) CDC cuts isolation period in half from 10 to 5 days. Source: cdc.gov
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmedia%2Frelease-isolation-quarantine-guidance.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>

8) This virus is reaching the endemic phase in 2022. Source: WHO
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.express.co.uk%2Fnews%2F19-endemic-pandemic-coronavirus-WHO-lbc-2022-forecast-cases-video-vn&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>

9) There is no federal solution for the pandemic. Source: Biden - White House
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtontimes.com%2Fnews%2Fjoe-biden-declares-no-federal-solution-u%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cdf7444f3636c46ab9bec08d9d1712cc3%7C11d0e21720>

These facts are well established at this time by our public health institutions/experts and to ignore them is to embody the very definition of a "science denier", the phrase that has been weaponized against skeptics, advocates of personal health management and therapeutic treatment plans, and even foremost top medical experts throughout this pandemic. It is, therefore, not only morally wrong but a violation of the individual rights to medical freedom, informed consent, constitutional liberties, and basic common sense to force parents and children into an irreversible medical decision especially when the full impacts of negative events are still outstanding but, even as yet, are trending toward something that has a risk of being permanently dangerous for children. It is tempting to assign malicious intent and moral culpability to those who have participated in the seemingly coordinated effort to silence, shame, gaslight, ostracize, and demonize those who wish to make their medical decisions with caution and discernment, only to have the bureaucratic and political messaging shift out of convenience after lives are destroyed, but that attitude helps no one move forward in conciliation as we reach the endemic stages of this pandemic. I only insist that you not be so foolish with our children.

Respectfully,

Erica Kelley, King County Resident

From: Denise Trivelas
Sent: 1/6/2022 3:11:59 PM
To: DOH WSBOH
Cc:
Subject: comments on covid vaccine

External Email

I am wholeheartedly against a mandate that requires children to get a covid vaccine. No one really knows if the vaccine is effective. They are still required to wear a mask, so how is the vaccine preventing the virus? We don't know if there are long-term side effects. that could affect an entire generation. I don't hear much about the folks that have died from the vaccine, or those that are showing long-term damage due to receiving the vaccine. In my conversations with people that have been vaccinated I have heard these things. I can imagine you feel a lot of political and possibly financial pressure on making this decision. I am assuming you all have an education in medicine. Does this really seem right to you? This often feels more like an agenda than a health crisis. Let's not use this generation as guinea pigs.

Sincerely,
D Trivelas

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 9:18:21 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:02 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Hoff,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Christine Kerns
Sent: 1/6/2022 3:45:21 PM
To: DOH WSBOH
Cc:
Subject: AGAINST PROPOSED POLICIES WAC 246-100-070 and 246-100-045 and 246-100-040

External Email

I'm against all of these policies, this is preposterous. What are turning into. Seriously!

From: Alysha Santos
Sent: 1/6/2022 1:56:08 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

The longterm health effects and or side effects from any of these covid vaccines have not been studied, and that is my number one concern. What we have seen though is that these vaccines have not done anything to stop or even slow the spread. I am strongly against the requirement for covid vaccines, especially in children.

Sent from my T-Mobile 4G LTE Device

From: Sarah Dible
Sent: 1/6/2022 3:31:45 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons:

There are no long-term effects data or studies on this vaccine.
The children are not at any high risk of dying from this and are more likely to die of drowning than die of covid.
Even adult survival is 99.7%, so there's no need to require vaccines for this illness.
Adverse events and risks are well known at this point for this vaccine.
Anything with risk will always require informed consent and not be forced.

I oppose mandatory vaccines and medical interventions of any kind as I support bodily autonomy and personal freedom of health decisions. I have zero tolerance for any medical intervention without full informed consent and choice. It is bodily rape to force any person to be injected against their will and I will take any and all legal actions against the state and the schools should this be proposed.

It goes against best medical practices and best medical advice to ever coerce or strong-arm, detain anyone into any medical procedure or intervention against their will.

Sarah Dible,

From: Sabin Hogue

Sent: 1/5/2022 4:32:58 PM

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

Cc:

Subject: Covid concerns

External Email

Sirs and madams, I am writing as a very concerned parent and American.

I am writing in regards to the upcoming January 12, 2022 meeting.

It is time to stop the hysteria. From masks, to forced vaccines (threatening people with job loss is not a choice, it's extortion.). and now the covid camps.

WAC 246-100-070 is a gross overstepping of the government and breaks civil rights.

We are only 80 years post WWII and the hoocaust. Have we learned nothing? How can the voices of millions of people be silenced when the data shows Covid is not the mass death threat it was toted as.

Ignoring natural immunity, and suppressing side effect data is irresponsible.

Omicron is 40% less dangerous than the original strand and yet the hysteria by the media and government is still being spilled out.

Please vote AGAINST mandatory covid vaccines for school, jobs, and absolutely against the covid camps.

Sabin Hogue

From: Herendeen, Lindsay (SBOH)
Sent: 1/6/2022 9:52:09 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, 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: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:04 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Herendeen,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work

staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Russell Nance
Sent: 1/6/2022 3:13:27 PM
To: DOH WSOH
Cc:
Subject: 1/12/22 Comments Against Proposed Covid19 Policy Changes

External Email

Dear Board of Health Members,

I am writing to ask you to NOT implement ANY policies that utilize tyrannical actions (involuntary quarantines, testing, treatment, counseling, and vaccinations) in what will be a failed attempt to "contain" Covid19. This virus will never be contained, it is a part of our ecosystem now. The only defenses against it are REDUCING CO-MORBIDITIES. Have you as a board, recommended spending any public service announcement resources on telling people to live a healthy lifestyle as the best defense??? If people are healthy, YOU KNOW THEY ARE AT MASSIVELY REDUCED RISK OF LONG TERM EFFECTS FROM THIS DISEASE.

We also know that the vaccines are ONLY GOOD FOR SHORT TERM PERSONAL PROTECTION from significant symptoms, but do not stop transmission or infection. My taking a vaccine DOES NOT save anybody else from Covid19, so forcing vaccines on people becomes nothing more than a form of medical authoritarianism, not health care. If WA's health care systems are stressed due to COVID patients, it is ONLY because hundreds of qualified health care professionals were unnecessarily terminated from their jobs (many with natural immunity), and due to that there are not enough people to provide care.

Please DO NOT implement any actions that will only hurt/divide/anger your fellow citizens and DO NOTHING to reduce the spread of this disease. HAVE COURAGE AND PLEASE TAKE A STAND AGAINST TYRANNY.

Russell Nance

Kelso residents

From: Jace Steckel
Sent: 1/6/2022 12:30:24 PM
To: DOH WSBOH
Cc:
Subject: Covid policies!

External Email

I Jace Steckel, 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. "

These proposals along with much of the other already implemented proposals are criminal. And we won't stand for it.

Sent from my iPhone

From: Sandi McClafferty
Sent: 1/6/2022 3:11:44 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

These mandates are violating Congressional approval requirements.

Children are at-risk developmentally, and these vaccines have not been studied long term; side-effects and long-term affects are unknown and can possibly cause health problems for future generations.

The Omicron variety is currently the culprit and the evidence has proven that present Covid-19 injections are absolutely innaffective against this strain, making immunizing moot at this time.

I do not cite CDC and WHO at this time because this information is currently in the news and presented by these organizations, as well as from other countries. Currently, at least six physicians have worked together to write a letter to President Biden regarding the inneficacy of fighting this virus with immunization rather than affective medications and other remedies at our disposal.

I am vehemently against requiring children to be vaccinated with these yet-experimental drugs, unless by parental decision.

Thank you for including this, my professional and personal opinion, during your consideration of whether to accept or decline mandatory vaccinations for schools.

Respectfully,

Sandra E McClafferty
BSHD, MA, CPC

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 9:45:07 AM
To: DOH WSB OH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:03 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Pskowski,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the

vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: allyson hansen
Sent: 1/5/2022 3:51:53 PM
To: DOH WSBOH
Cc:
Subject: Covid Shot

External Email

Hi,
I'm writing to voice my opposition to mandating the Covid shot as a requirement for my kids to attend school! This shot is dangerous and has caused serious health issues in people, including death. Most people that I know who have taken the shots have gotten covid afterwards, so it doesn't even prevent someone from getting covid. A vaccine is supposed to prevent a disease. By all definitions the covid shot is not a vaccine, which is why the definition has been changed! This shot should never be required for our children. I believe there will be many parents taking their kids out of school if this happens! What goes into my children's bodies is not up to the government or anyone else! There will be alot of opposition to this. And the fact that families aren't being made aware of this is unacceptable! Why is this not being made public far and wide!!? Do the right thing and do not require this shot!
Allyson Hansen

From: nsandoval2010@hotmail.com
Sent: 1/5/2022 2:11:06 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Mandate

External Email

To whom it may concern,

And absolutely no way should this should this mandate for school children go through! This so called vaccine is still an EUAIs and children are at low risk to even get covid 19! Please stop this madness as you're overreach Is not going to be tolerated! LEAVE OUR CHILDREN ALONE!

Concerned Patriot,
Nicole Coziah

From: Haag, Hannah R (SBOH)
Sent: 1/6/2022 9:22:03 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:05 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Haag,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Jamie Macdonald

Sent: 1/5/2022 2:13:32 PM

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

Cc:

Subject: covid vaccine requirements in school

External Email

To whom it may concern,

I'm a mother of two healthy and happy girls who are currently in district 81 in Spokane Both my children are and always have been up to date on needed vaccines to attend school.

That being said, those vaccines have been out for many years and have been tested on millions.

I do have a concern like millions of others over the new covid -19 vaccine and dont feel we have enough research to make this mandatory on young children. This should be a choice made by the parents/guardians not government, school boards or local health officials. I do understand side effects are rare and data for now is showing it to be mostly safe, my major concern is the long term effects this vaccine could have. I'm asking you to please take in consideration the parents who feel this way and let the vaccine BE A CHOICE AND NOT A REQUIREMENT.

Thank you,

Jamie MacDonald

A concerned mother in Washington.

From: Michelle Cruz

Sent: 1/6/2022 3:22:21 PM

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

Cc:

Subject: Re: Against school requiring COVID vaccine - a parent

External Email

Another video to add to my previous concern about my kid getting the vaccine. This video is a study this one doctor has done showing blood work before, after 1st vaccine and 2nd vaccine. THIS IS SCARY!

<https://rumble.com/vrg9nv-dr.-nathan-thompson-bloodwork-on-vaxxed-patient-is-terrifying.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvrg9nv-dr.-nathan-thompson-bloodwork-on-vaxxed-patient-is-terrifying.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7>>

On Wed, Jan 5, 2022 at 3:47 PM Michelle Cruz <michellecruz.654@gmail.com>
<<mailto:michellecruz.654@gmail.com>> > wrote:

I am a parent. I am a mom. I am a wife. I am a employee. I am a friend. I am a daughter. I am a niece. I am many many more things than these things. I am my own person. I believe in the United States of America. I believe in our rights as an America. I also believe it is my decision on what I get to put into my child's body.

I got the COVID vaccination because I wanted to see my parents who I had not seen since the start of COVID. I missed out on so much throughout the pandemic, and yet this vaccine was suppose to be the end to having to wear mask. At least that is what Governor Inslee said. Get the vaccine and you can quit wearing a mask. Well, that was shortly lived. I am vaccinated and yet, I still have to wear a mask when I go into places. I still have to show my vaccination card to eat anywhere in King County.

I have heard so many different things about the vaccines and kids. These things are about the myocarditis that kids are getting. Not all of them, not half of them, but some of them. As a parent, I do not want to do anything that could cause any heart condition in my child. Her dad has heart issues and this vaccine has me on edge for her. She is 13. I have heard things from people who work at Valley Multicare. People who have seen teenagers come in with side effects from the vaccine, that they didn't have before. Healthy kids. I have heard stories from nurses who refuse to get the vaccine for their kids as well. Because of the people they have seen come into the ER/hospital with problems from the vaccination. I have also read once about not knowing if this will cause fertility issues in our kids. I know that was a long time ago that I read that, but you can't

honestly tell me that you know for a fact that this vaccine WILL NOT cause any issues in my kids fertilization when she decide to have kids. I am 41 years old. I am done having kids. If it messed with my fertility, so be it. But I refuse to get a vaccine for my kid who the long term side effects are not know.

I do not believe that this should be a requirement for children to be able to attend schools. What baffles me is this:

You get COVID you can spread COVID.
You get the vaccine, you can STILL spread COVID.

So, why should YOU choose for my kid a vaccination that us parents are not comfortable with? Especially since they can spread COVID with or without the vaccine. Let us parents deal with our decision to vaccinate or not to vaccinate. When my child turns 18, I will definitely let her make her own decisions about her body, but until then, I feel like it is my and her father's decisions on what goes in her body and what doesn't. We have talked to her about the vaccine as well and right now she does not want to get it.

I really hope you listen to US parents. We know what is best for our kids, even if you think our decision is not the best. I grew this child in my body. I delivered her and together with her father we have raised an incredible young lady. I do not want to put something into her body that doesn't have enough studies showing what long term side effects will be.

Below are just some articles I found and some research that I have found about some of my concerns. Yes, these numbers have limited number of students, but with her father's history with heart conditions, this scares me to death!

Thank you for listening and please do what is right and DO NOT require the vaccination for COVID to be a requirement at school.

Thank you!
Michelle Cruz

A very Concerned Parent

diseases/coronavirus/covid19-vaccine-what-parents-need-to-know

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hopkinsmedicine.org%2Fhealth-and-diseases%2Fcoronavirus%2Fcovid19-vaccine-what-parents-need-to-know&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C11d0e2

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html?s_cid=11372:covid%20vaccine%20side%20effects%20kids:sem.ga:p:RG:GM:gen:PTN:FY21

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Frecommendations%2Fchildren-teens.html%3Fs_cid%3D11372%3Acovid%2520vaccine%2520side%2520effects%2520kids%3Asem.ga%3

<https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1.full.pdf>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F

<https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94892>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medpagetoday.com%2Finfectiousdisease/covid19vaccine/94892

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8270733/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles/PMC8270733/

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/70/wr/mm7027e2.htm

<https://www.frontiersin.org/articles/10.3389/fcvm.2021.758996/full>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.frontiersin.org%2Farticles/10.3389/fcvm.2021.758996/full

<https://www.sciencedirect.com/science/article/pii/S187854092100181X>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience/article/pii/S187854092100181X

<https://www.hindawi.com/journals/cric/2021/6806500/>

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

<https://publications.aap.org/aapnews/news/17152/CDC-confirms-226-cases-of-myocarditis-after-COVID>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.aap.org%2Faapnews%2Fnews%2F17152%2FCDC-confirms-226-cases-of-myocarditis-after-COVID&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C11d0e>

https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/?fbclid=IwAR1LqOujCzcRm35oTEPM_V12lqYqKi8IRMBdAVkjiN2o9FpuKsKS7cZIXM

<[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%3Ffbclid%3DIwAR1LqOujCzcRm35oTEPM_V12lqYqKi8IRMBdAVkjiN2o9FpuKsKS7cZIXM&data=](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%3Ffbclid%3DIwAR1LqOujCzcRm35oTEPM_V12lqYqKi8IRMBdAVkjiN2o9FpuKsKS7cZIXM&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C11d0e)

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccines adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Michelle Cruz - Federal Way Washington

Sources/links for above claims:

* <https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386/download>>

* Doctor analyzes death rates in Pfizer's trial:
<https://m.youtube.com/watch?v=crAyJvyDyGM&feature=youtu.be>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3DcrAyJvyDyGM&data=04%7C01%7C6A9B0617-444F-4242-9D0C-6A9B0617444F%7C6A9B0617-444F-4242-9D0C-6A9B0617444F%7C%7C>

* Pfizer's 6-month data shows they do more harm than good:
<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>
 <[http://%20https/rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html](https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html)>

* <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Fthings-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C1>

* <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F25%2Fvaers-summary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C110>>

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F360bbb-3&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C11d0e2172>

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmailchi.mp%2F118bc0066125%2FsXMkDIINyGtJFLGpgDFIT6uU5P1WF6-x_8_U4Diyw9cDcAWY&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16a

*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedc>

*
https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2Fdata%2F1682852%2F000168285220000017%2Fmrna-20200630.ht

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C11d>>

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2F2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1118772a79ba49364d9308d9d16af744%7C11d>>

From: barkhuffleaha@hotmail.com

Sent: 1/5/2022 7:30:38 PM

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

Cc:

Subject: Covid vaccine for school/daycare kids

External Email

Hello,

As a life long citizen of WA, and a parent of two young school age children, I'm writing this email asking that you please oppose or vote against any covid vaccine requirements for school/daycare age children. There have been FAR TO MANY adverse reactions to force this gene editing operating system on our children. Especially kiddos like mine who are already suffering from vaccine injuries....

Even if the VAERS data is 100% of all reported reactions (its not), aren't those numbers to high? How can anyone in good conscience say the benefits of this vaccine outweigh the risks after looking at the vaers data? Have you looked at that data?

Why has the flu vaccine never been mandated? I'm absolutely not advocating for that, just making a point.

Why is the school lunch program stuffing kids full of sugar & processed food? Do you realize how many school age kids are obese and how much that breaks down their immune systems? It's about health right?

I'd also ask that mask mandates be dropped for school/daycare age kids as well. They simply do not work.

Again, I'm asking that you please oppose/vote NO on requiring the covid vaccine for school/daycare age kids.

Respectfully,
Leah Barkhuff

From: Lois Longmeier
Sent: 1/5/2022 2:06:20 PM
To: DOH WSBOH
Cc:
Subject: COVID MANDATES

External Email

Please do not mandate COVID vaccinations for children. The vaccine has not been proven. It's health risk is too high. Lois Longmeier

Sent from my T-Mobile 5G Device

Get Outlook for Android

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

From: Jacqueline Stewart
Sent: 1/6/2022 2:00:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\04D910E77F814C0B_8D23040E9AE74F15855F82251E1FD8DF.png

attachments\F4D091018948415E_AD79A86557F54F7A84645A04A1AAE7C2.jpg

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons: This is an excellent article with documentation and statistics.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2Fchildrenshealthdefense>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fchildrenshd&data=](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fchildrenshd&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finstagram.com%2Fchildrenshealthdefense>

1/05/22

-

COVID

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefault.aspx>

> VIEWS

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefault.aspx&data=](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefault.aspx&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2)

Pfizer to Study 3rd Dose of COVID Vaccine for Toddlers . . . But Why?

The push to inject children with a genetic experiment may be one of the worst public health offenses perpetrated on a population of people who are unable to speak for themselves, do not have a legal voice and depend on adults to protect them.

By

Dr. Joseph Mercola

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefault.aspx>
joseph-mercola%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2

26

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefault.aspx>
third-dose-covid-vaccine-

farther%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

the clinical trials for the COVID

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-after-covid-vaccine-spike-protein-travels-from-injection-site-organ-damage%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

jab in children has hit a snag. And yet, you would be hard-pressed to call the “Warp Speed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-after-covid-vaccine-spike-protein-travels-from-injection-site-organ-damage%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

warp-speed-big-payouts-pharma-
execs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

” creation, testing and manufacture of this shot anything but implausible.

Historically, vaccines have been pulled after reported damage

At no other time in history have “vaccines” been created and distributed with such impunity.

The closest scenario occurred in 1976 when one young soldier died from a new form of flu that triggered fear and the subsequent development of a flu vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.smithsonianmag.com%2Fsmithsonianmag%2Flong-shadow-1976-swine-flu-vaccine-fiasco-180961994%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

news%2Flong-shadow-1976-swine-flu-vaccine-fiasco-180961994%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

aimed at 80% of the American public. While the World Health Organization (WHO) took a “wait and see” approach, the Centers for Disease Control and Prevention (CDC) jumped in with both feet.

It was a pandemic that never materialized and those who were the real victims were the roughly 450 people who developed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-after-covid-vaccine-spike-protein-travels-from-injection-site-organ-damage%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

safety-review-eu-regulators-pfizer-moderna-astrazeneca-more-data%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

Guillain-Barre syndrome

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.smithsonianmag.com%2Fsmithsonianmag%2Flong-shadow-1976-swine-flu-vaccine-fiasco-180961994%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

news%2Flong-shadow-1976-swine-flu-vaccine-fiasco-180961994%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

, a rare neurological disorder, and the roughly 53

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.foxnews.com%2Fopinion%2Fcarlson-how-many-americans-have-died-after-taking-the-covid-vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

carlson-how-many-americans-have-died-after-taking-the-covid-vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

who died from the vaccine.

The rush to produce the newest vaccine iteration ostensibly began in early 2020 after the WHO announced SARS-CoV-2 would produce a worldwide pandemic

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F32179638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

and an early, flawed mathematical model

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cato.org%2Fblog%2Fhow-one-model-simulated-22-million-us-deaths-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

one-model-simulated-22-million-us-deaths-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

predicted millions of deaths in America. Yet, this was not a medical product that fit the definition of a “vaccine.”

It was something never heard of before in vaccinology, based on an experimental mRNA technology that triggers your body to produce a spike protein

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-after-covid-vaccine-spike-protein-travels-from-injection-site-organ-damage%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172>

vaccine-spike-protein-travels-from-injection-site-organ-damage%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

. It was so new, in fact, that the CDC decided the definition of “vaccine” had to be changed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.citizensjournal.us%2Fthe-cdc-suddenly-changes-the-definition-of-vaccine-and->

cdc-suddenly-changes-the-definition-of-vaccine-and-

vaccination%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%
and scientists were unsure of how the body would react to the genetic therapy injection.

While the swine flu injection was pulled after 45 million shots were given when 53 people died

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.foxnews.com%2Fopinion%2Fcarlson-how-many-americans-have-died-after-taking-the-covid-vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e>, the COVID-19 injection will have a different history.

According to data from the Vaccine Adverse Events Reporting System (VAERS), collected by the CDC and U.S. Food and Drug Administration (FDA), there have been 21,002 deaths recorded

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fcdc-covid-vaccine-injuries-fda-pfizer-booster-kids%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0>
in conjunction with the COVID jabs as of Dec. 24, 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e21>, 12 months after the first shot

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fna-covid-vaccines-new-york%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d>
was given in the U.S.

According to Bloomberg

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bloomberg.com%2Fgraphics%2Fvaccine-tracker-global-distribution%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C660102967f07487743e108d9d15f74e7%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bloomberg.com%2Fgraphics%2Fvaccine-tracker-global-distribution%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C660102967f07487743e108d9d15f74e7%3A), as of Dec. 23, 2021, there have been 499 million doses given in America.

It is difficult to compare these numbers since two of the three available COVID shots require a double shot, so there haven't been 497 million people vaccinated. Yet, the adverse events and deaths are also occurring after just one shot.

Taken at face value, the U.S. shut down the vaccination program in 1976 after 0.000117% of people died, while the VAERS estimate is that 0.00407% of people have died after a COVID injection (using Bloomberg's Dec. 21 dose numbers of 497 million).

In other words, based on the percentage of people who have died, 3,378% more died after the COVID injection than from the swine flu injection. There have been 965,841 adverse events reported, including permanent disabilities and heart attacks in young people

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdemoderna-pfizer-covid-vaccine-teens-mycarditis%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C>. And yet, stakeholders in the shot insist the next generation of Americans must take it.

Pfizer announced youngest kids not responding to the shot

Pfizer has been working on a clinical trial

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2Fstudy%2F00001897&cid=6e0c8d3e-3f30-4131-a340-5d0880806400&ad=US&lang=en>

to evaluate the safety of the mRNA jab in healthy children, intending to create a dose for children 6 months and older. Endpoints reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fendpts.com%2Fpfizer-plans-to-trial-a-third-shot-for-its-covid-19-vaccine-in-the-youngest-kids-pushing-back-its-timeline->

farther%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11

Pfizer recently announced "non-inferiority was not met for children between the ages of 2 and 5 when compared to older teenagers in the current trial."

Originally, the company hoped to apply for an emergency use authorization (EUA) for the youngest by the end of December 2021. However, since the data have not proven successful, they hope to submit for the EUA "in the first half of 2022

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fendpts.com%2Fpfizer-plans-to-trial-a-third-shot-for-its-covid-19-vaccine-in-the-youngest-kids-pushing-back-its-timeline->

farther%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C1
," one short year after starting the experiment.

The company said

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pfizer.com%2Fnews%2Fpress-release%2Fpress-release-detail%2Fpfizer-and-biontech-provide-update-ongoing-studies-covid->

19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172

it has made a shift to giving three doses in smaller amounts to raise the immune response. They explain the decision this way:

"Compared to the 16- to 25-year-old population in which high efficacy was demonstrated, non-inferiority was met for the 6- to 24-month-old population but not for the 2- to under 5-year-old population in this analysis ...

"The decision to evaluate a third dose of 3 µg for children 6 months to under 5 years of age reflects the companies' commitment to carefully select the right dose to maximize the risk-benefit profile ...

“Pfizer and BioNTech also plan to evaluate a third dose of the 10 µg formulation in children 5 to under 12 years of age.”

If the two-dose regimen makes the changes to the immune system in the 6- to 24-months group and 5- to 12-year age groups that the company is looking for, why move to a three-dose regimen for them if not for financial gain?

Pfizer pushing the envelope with a phase 1-2-3 trial

It is important to note that the trial is listed in Clinical Trials

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2Fstudy/NCT03896742](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2Fstudy/NCT03896742&cid=7d8e8c4f-404d-4102-a601-f07c4559cf6a)
as a phase 1-2-3 study. Phase 1 trials are generally concerned

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmed.uc.edu%2Fdepart%2Fpsychiatry%2Fresearch%2Fcrim%2Ftrial-phases-1-2-3->

defined&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e with establishing drug safety and dose range in a small number of healthy volunteers. Phase 2 trials determine the effectiveness of the drug using approximately 100 to 300 volunteers and often last from several months to two years.

Phase 3 studies are the final evaluation performed over multiple centers with up to several thousand patients to test the drug safety and efficacy. A search of the Clinical Trials database shows only one study

2- <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2FResult>

in several hundred thousand studies listed that are simultaneously in Phase 1, 2 and 3.

But not all parents and scientists are appalled by the experimentation on 6-month-old babies in the face of massive adverse events and permanent damage to adults.

One mother and epidemiologist, Katelyn Jetelina, wrote

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyourlocalepidemiologist.substack.com/did-the-pfizer-young-kids-trial&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
she finds comfort that the clinical trial found errors and was surprised when it failed. She wrote
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyourlocalepidemiologist.substack.com/did-the-pfizer-young-kids-trial&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
:

"As a mom, I was shocked and heartbroken. My girls were so close to getting their shot. We've waited so long and really needed a win."

Children are not at risk from COVID

Despite low rates of infection and death, the American Academy of Pediatrics calls "vaccines our best hope to end the COVID-19 pandemic

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthychildren.org%2FEnglish%2Ftools%2Fask-the-pediatrician%2FPages%2Fwhen-can-children-get-the-COVID-19-vaccine.aspx&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
." However, we do know that the risk to children birth to 17 years is so small as to be inconsequential.

The CDC reports

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2F2020%2Fdata%2Ftable%2F011010%2Ftable_011010.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>
a total number of deaths in 2020 and 2021 from COVID-19 in this age group as 668 as of Dec. 23, 2021. One study
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.researchsquare.com%2Farticle%2Frsos.2106896v1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
689684%2Fv1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217
posted July 7, 2021, looked at deaths in the U.K. during the first 12 months of the pandemic and found that 99.995% of children survived.

Between March 2020 and February 2021 only 25 children under the age of 18 had died in the U.K. as a direct result of the infection. The researchers found there were 61 children with positive test results, but 36 deaths were attributed to other causes. This is a 2-in-1 million

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.researchsquare.com%2Farticle%2Frsos.2106896v1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
689684%2Fv1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217
absolute mortality rate for children.

More children have died from the shot than the illness

To compare the number of deaths from COVID illness against those who have died from the genetic therapy injection, we must address the known under-reporting factor (URF) in VAERS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Freportevent.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
, which is a passive reporting system
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdocument%2Ftv-doctors-scientists-brian-hooker-jessica-rose-vaers-system%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
system%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217
and the only area where the public can voluntarily report adverse events, including death.

The VAERS document

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2FuploadFile%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>>
is long and time-consuming, and while much of the information is necessary, the form can easily become overwhelming when doctors have multiple patients with adverse

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.catholicworldreport.com%2Fblow-the-whistle-on-vaccine-deaths-and-injuries%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C1>
from the COVID-19 shot.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aamc.org%2Fnews-insights%2Fus-physician-shortage-growing&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skirsch.com%2Fcvd%2FDe>
in November 2021. The original number had been set in an early grant report submitted
by the U.S. Department of Health and Human Services, stating
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fimages%2Fr1>
lazarus-final-report-
20116.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11
"fewer than 1% of vaccine adverse events are reported."

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skirsch.com%2F covid%2FDe>
was determined.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCCHS%2FProvisi>
COVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-
juj3&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217
casualties.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnow-killed-close-to-twice-as-many-people-died-from-the-vaccine-in-vaers-data-ending-dec-3-2021-using-the-urf-of-41-and-the-data-kirsch-took-from-vaers-and-the-cdc-this-suggests-there-have-been-1312-deaths-that-were-caused-by-the-injection-as-compared-to-the-757-deaths-caused-by-the-illness>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e21>
ending Dec. 10, 2021, we can estimate there are likely 39,599,481 adverse events and
830,004 deaths caused by the injection.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2F2013%2F2013-nvss-008.html>, is 807,787. This means the shot possibly has killed more children and adults than the virus, and in less time.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss/>, you note that there were 36,931 more deaths recorded in 2021 after the release of the vaccine than in 2020 when the illness first emerged from Wuhan.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.livescience.com%2Ffirst-us-covid-19-death-january-2020.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11>
deaths before that, finding the first from COVID happened Jan. 9, 2020.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcitizenwells.substack.com%2Fp%2Fletter-of-warning-to-fda-and-pfizer&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2>
to the FDA commissioner in January 2021.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fwp-content%2Fuploads%2FWhelan-FDA-letter-re-EAU-Pfizer-.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e217>
"microvascular injury to the brain, heart, liver and kidneys in a way that is not currently being assessed in safety trials."

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.aap.org%2Fpediatrics>
19-Transmission-and-Children-The-Child-
Is&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C11d0e2172
to transmit the virus than adults. Children's Health Defense, The Defender notes
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde>

immunity-myth-covid-vaccines-kids-deceptive-
dangerous%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7
:

"In short, public health leaders say, parents must 'vaccinate the young to protect the old.' Given the federal government's estimate that one vaccine injury results from every 39 vaccines administered, it seems clear that officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit."

An opinion piece in The BMJ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fblogs.bmj.com%2Fbmj%2F2021%2F07-19-vaccines-for-children-hypothetical-benefits-to-adults-do-not-outweigh-risks-to-children%2F&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C660102967f07487743e108d9d15f74e7%7C>
by Peter Doshi, Elia Abi-Jaoude and Claudina Michal-Teitelbaum highlight why we must
not force children to take the COVID shot simply because it might help vulnerable adults.
They write

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fblogs.bmj.com%2Fbmj%2F2021%2F09%2Fvaccines-for-children-hypothetical-benefits-to-adults-do-not-outweigh-risks-to-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660102967f07487743e108d9d15f74e7%7C15705629-487D-4B42-B0E8-34DF095F0D00>

“Even if we were to assume this protection does exist, the number of children that would need to be vaccinated to protect just one adult from a bout of severe covid-19 — considering the low transmission rates, the high proportion of children already being post-covid, and most adults being vaccinated or post-covid — would be extraordinarily high.

"Moreover, this number would likely compare unfavorably to the number of children that would be harmed, including for rare serious events. A separate, but crucial question is one of ethics. Should society be considering vaccinating children, subjecting them to any risk, not for the purpose of benefiting them but in order to protect adults? We believe the onus is on adults to protect themselves."

Doshi was even more blunt in his June 10, 2021, public comment

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>
to the FDA's Vaccines and Related Biological Products Advisory Committee. There, he
pointed out that the FDA can only authorize the use of a medical product in a population
if the benefit outweighs the risk in that same population.

This means that even if adults were to benefit, the COVID shots cannot be authorized for children unless children will actually benefit from it themselves. In the case of COVID-19 injections, children cannot benefit, seeing how they only have a 0.005% risk of death in the first place.

Healthy children have died shortly after the jabs and dozens of cases of heart inflammation have been reported.

Since when, in the history of public health, have children been sacrificed to protect the sick and elderly? Public health authorities have completely reversed the conventional risk/reward analysis

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F8c9dcafb-67e3-493d-b7f1-1cf5467d6080>
for Windows

From: Steph Vom baur
Sent: 1/5/2022 10:17:59 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandate

External Email

Hello,

I am asking you to please not add the covid vaccine to the list of required vaccines. It has no long term studies. If you require the vaccine I will be pulling my 4 kids out of public school.

Thanks, Stephanie

Sent from my iPhone

From: Nancy Grossi
Sent: 1/6/2022 3:21:16 PM
To: DOH WSOH
Subject: Against your abuse of power

External Email

Hello,

I do not look to you as a Board as the Authoritarian ruler over my children and their health needs. I and my God will provide and do what is needed for my children. I and my God will make those decisions as we see fit. Not what YOU see fit or my neighbor. Forced vaccines come out of a place of fear among the old people. Fear cannot be trusted. God can be trusted. My children have a 99.8% chance of surviving covid. They are healthy and have no underlying health conditions. I do not need forced vaccines on my children. Look at the cases of myocarditis in young boys. More than 11,000 reports alone in 2021 of children diagnosed with myocarditis have been reported. IT IS NOT NORMAL FOR CHILDREN TO HAVE HEART PROBLEMS WHO HAVE BEEN HEALTHY ALL ALONG. The idea of forcing vaccination on our children comes from an area of fear. Fear of the "older people" afraid they will get Covid. I will not shoot up my children with an experimental, at best, drug to appease your "safety first" narrative. The "You wear a lifejacket in the water, so I don't drown" mentality is ridiculous.

Proof of myocarditis:

Myo/Pericarditis (openvaers.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data%2Fmyo-pericarditis&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C11>>

I do not give you permission to operate in an authoritarian way nor do I approve of you attempting to use broad rule making powers to force the Covid-19 shots that are NOT, THEY ARE NOT currently approved by the FDA. The only shot approved is the Comirnaty and it is not available in the USA. The current Pfizer-BioNTech Vaccine is the one given in the U.S., but it is still under EUA, not authorized."

Proof:

<https://labeling.pfizer.com/ShowLabeling.aspx?id=14471>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flabeling.pfizer.com%2FShowLabeling.aspx?id=14471>>

EUA approval letter from FDA also includes Authorization for Comirnaty:

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15171>
:

Pfizer/BioNTech and "Comirnaty are NOT, are NOT the same. They are legally not to be represented as such. Legal names and legal approvals for drugs in the U.S. are supposed to follow specific procedures, clinical trials and they hold important legal obligations.

Proof:

<https://crsreports.congress.gov/product/pdf/R/R46913>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fproduct/pdf/R/R46913>

<https://lynnwoodtimes.com/2021/12/07/federaljudge-rejects-interchangeability-comirnaty/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flynnwoodtimes.com%2F2021%2F12%2F07%2Ffederaljudge-rejects-interchangeability-comirnaty%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C>

The declarations put into place in 2020 by the former Secretary, Alex M. Azar II, are all based upon projections at the time and not actual deaths. The first case to enter the U.S. was shared as Jan. 23, 2020, and although by the date of the first declaration of "public health emergency" (Jan, 31 2020) there were at least 10 cases.

Proof:

https://covid.cdc.gov/covid-data-tracker/#trends_dailycases
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23trends_dailycases&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C

<https://crsreports.congress.gov/product/pdf/LSB/LSB10443/7>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fproduct/pdf/LSB/LSB10443/7>

We are told by you to trust the science yet, declarations of emergency were declared with less than 10 cases in the U.S. on a new virus and the first death didn't happen until Feb. 27, 2020. The mistrust we are experiencing is due to EXTREME measures that have been taken against the people and the very HEAVY-HANDED measures that have not been supported by actual data.

Please provide me with the data you are using to support your reasonings? Where are your websites and facts?

I would also encourage you to review Pfizer's 6-month-data. The document is attached along with the link under "breaking news" called "More Harm Than Good". Great information however it is out of Canada context but they are using the same vaccines as the U.S.

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

Ever since Washington has achieved a 68.1% fully vaccinated status and in general people have complied nothing has changed in the safety of not being infected with Covid 19. This vaccine has destroyed people's jobs, careers, lives, families and has destroyed our freedoms as a simple dinner out with friends or getting a coffee. The people of Washington have been more than compliant for the past 670+ days of the Governor's emergency powers and yet the masks, shots, lockdowns and proof of vaccination cards have not stopped the virus from spreading between vaccinated people, causing death, or causing vaccine injuries among those that chose to be a part of the vaccine trial.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8342008/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC8342008/>

Please be aware of the data in the VAERS reporting system:

<https://openvaers.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C11d0e210-0001&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C11d0e210-0001>

Also consider what People think about the mandates by OSHA as authorized by Biden. There over 119,830 comments, stating how unhappy they are about the mandates and yet there is not one ounce of facts or proof this has stopped the spread, stopped the transmission, nor stopped the hospitalization as was acclaimed when these vaccines were rolled out.

<https://www.regulations.gov/document/OSHA-2021-0007-0001>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.regulations.gov%2Fdocument%2FOSHA-2021-0007-0001&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C11d0e210-0001&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbaa7cfe6c43f4d8498d308d9d16b3b41%7C11d0e210-0001>

Please consider the points, data and research that has been shared with you in this email when you are deciding to FORCE with a HEAVY-HAND the vaccine on my children. In a real world not everything is good for everyone. Do not be driven by fear or money or Godlessness. Decide with integrity, thoughtfulness, actual science, and prayer. You are deciding a fate you have no business being a part of. But since you are, I implore you to vote "NO" on the vaccine mandate for school aged children.

Sincerely,

Nancy Grossi

From: TYLER LOUDON
Sent: 1/6/2022 3:28:38 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in WA State for the following reasons:

Children are at extremely low risk for Covid. My kids both had the actual virus and it was more mild than the flu. Neither of them were seriously ill, they both recovered with no remaining long term side effects. It is more risky for them to take the vaccine due to the large number of potential side effects. They have natural immunity.

The vaccines are still only EUA (emergency use authorized). These drugs are not FDA approved (they are experimental) and mandating them is in violation of the Nuremberg code.

There are no long-term studies to document any history of safety. However, there have been serious upticks in health problems directly related to vaccinating our children. The higher rate of myo and pericarditis in young males is troubling. The higher rate of reproductive problems in young females is troubling. This is all after these vaccines have had mass uptake, it is not coincidence.

Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore the vaccine apparently does not stop the spread of the disease. The only protection I see for the vaccines is in the older population or those with comorbidity such as obesity, diabetes, COPD, lung disease, etc. Children are not in this demographic.

Given all of the above, It is unnecessary and dangerous to force kids to be vaccinated against their will to attend school.

Thank you,
Tyler Loudon

From: mike english
Sent: 1/6/2022 2:48:08 PM
To: DOH WSBOH
Cc:
Subject: Covid polocies

External Email

I am completely opposed to any and all proposed Covid policies that are overreaching and immoral I stand against these proposed WAC's WAC 246-100-070, WAC 246-100-045,WAC 246-100-040 ,WAC 246-100,WAC246-105

Thank you for your time and listening to the voice of the people

We are a REPUBLIC not a socialist society

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: ckccv65@accima.com
Sent: 1/6/2022 4:35:05 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccine

External Email

Hi Nathaniel,

Thank you for all you do to keep Washingtonians healthy. I am emailing you to urge you NOT to require the children of our state to receive the covid vaccine in order to attend school.

Thank you for your time.

Kandice

From: taniiverson
Sent: 1/6/2022 4:24:19 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

* Government should not be making decisions that are parent's moral and legal decisions to make.

- There is no clear or long term study to show the benefits or harm that could be done to children (or people in general).

* It's unconstitutional and more important . . . immoral.

- These actions are dividing our nation further . . . the government works for the people, not the government telling the people what to do or think.

- This is a war against our children who are loved and cherished by their Creator, Jesus Christ.

From: Kristin Calabrese
Sent: 1/6/2022 2:16:44 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

These are EUA vaccines and are not showing to be effective against COVID variants unless multiple boosters next place and even then?

Children are at very low risk for the COVID virus. They recover quickly when they get the virus. Those who are at higher risk may choose to get the vaccine but making a broad sweep mandate for all children is not a good decision.

With young children, they have a longer span of life than older at-risk adults. If children develop unknown side effects from the vaccine, these children have to live longer with these potentially devastating effects.

Please reconsider your decision to mandate these ineffective, unnecessary treatments in children. They have robust immune systems that have worked for years against colds and flu.

Respectfully,
Kristin Calabrese

From: Amy Gagnon

Sent: 1/6/2022 3:26:51 PM

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

Cc:

Subject: Covid 19 Vaccine Mandates

External Email

I am writing in regards to the upcoming decision on making the Covid 19 vaccine to be required for school children in Washington state.

I would like to understand why this vaccine would be required when we now know that this vaccine only protects the vaccinated, it does not prevent the spread of the virus. We are also talking about school children ages 5-18, 3 years and up if you consider this requirement of preschool children as well, of these ages they are more likely to die in a car accident than from Covid or die of the seasonal flu. Are we also going to mandate all children also have the flu vaccine?

What are we doing to this generation of children? Haven't we subjected them to enough by taking away school for far too long, making them wear masks for years and now eating lunch outside in the winter months at some schools. Now in King county children can not go to certain activities with their families, like go to the movies, go to dinner, or go to the gym or participate in their preferred sports without a vaccine passport and now school next year? Why?

Show me the proof that this vaccine works the way it is supposed to, show me the proof that this vaccine has studies showing it is safe for children, show me that these booster shots that are now available to children are safe.....when will it be enough....at what point will you say they are fully vaccinated, after one, two, three, four shots and at what cost to our children and their health.

This comes as we are seeing the mental health of our children decline rapidly. We have seen more deaths from drug overdoses and suicides than covid deaths in our youth. What is Washington state doing to help prevent these drug overdoses and suicides? Anything at all? No, just more mandates on our children that are not backed by science, or at least the new science that says vaccines do not prevent the spread of this disease or prevent the person vaccinated from getting the disease which now by this point for a healthy American is just a bad cold. And now proof that masks do not work the way that we have been told they work especially with this new variant.

This mandate will do nothing but farther divide our state and disrupt all of the school children in within it and will bring forward a mass movement of people from this tyrannical state.

Thank you for your time,

Amy Gagnon

From: Mandy Hammons
Sent: 1/5/2022 8:22:22 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine for students in public school

External Email

To whom it may concern,

We are very much opposed to having the COVID vaccine be made mandatory for our children to attend public school. We do not have a problem with anyone who has gotten or wants to get the COVID vaccine, but do not think it should be mandated. Children are the least affected by the virus. The vaccine does not prevent you from getting COVID or passing it on to others. It effects people differently and can cause worse side effects. My boys enjoy going to school, but if this vaccine becomes a requirement for them to attend school, we will be pulling them from the public school system.

Thank you

Sent from my iPhone
Mandy Hammons

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 7:13:18 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccinations and school age children

From: Tbevelacqu <tbevelacqu@aol.com>
Sent: Thursday, January 6, 2022 2:10 AM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Covid 19 vaccinations and school age children

External Email

I strongly oppose COVID-19 vaccinations for children. It has been shown that COVID-19 vaccines cause myocarditis in male children and other serious side effects up to death. COVID-19 vaccination have shown to be in effective in the prevention of COVID-19 or the spread of it. There is no benefit and the potential for harm is too great to use an emergency use authorization vaccine and mandate it.

From: Ashley Falconer
Sent: 1/5/2022 12:28:11 AM
To: DOH WSBOH
Cc:
Subject: Concerning Jan 12 meeting

External Email

As a concerned citizen, I say no to COVID vaccine requirements for children to attend school. No one, including children, should be forced to be lab rats in exchange for education. There is no long term data on the impact these vaccines may have on the individual receiving them. Such data will not be available for decades.

- Ashley Falconer

From: Nora Sedgwick
Sent: 1/5/2022 11:11:35 PM
To: DOH WSBOH
Cc:
Subject: Covid - 19 Mandate Proposal for Discussion Jan 12

External Email

To the Washington State Board of Health:

Please do not mandate the Covid-19 vaccine for K-12 school attendance! The newest variant of Covid-19 is milder, children aren't as affected by the virus, and the steps you have already taken (masks, social distancing, applying hand sanitizer 12 times per day (not an exaggeration for my daughter), etc) have done well to keep everyone safe and healthy while permitting in person school to continue.

Please do not make the Covid-19 vaccine a requirement for school attendance.

Sincerely,
Nora Sedgwick

221 1st Pl NE
Issaquah, WA 98027

From: Theresa Walz
Sent: 1/6/2022 2:50:08 PM
To: DOH WSBOH
Cc:
Subject: Against proposed WAC's

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, WC 246-100-040, WAC 246-100, WAC 246-105.

Theresa Walz

From: Joyce Johnston
Sent: 1/6/2022 3:23:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

Children are at a 99.999 % survivability and there are effective treatments to educate people to science based medical care.

This is not medicine. This is not care. These policies may actually constitute crimes against humanity.

The vaccine has been manipulated and is still experimental.

Respectfully
Joyce Johnston
Goldendale, WA

From: Donna Wolfe
Sent: 1/6/2022 2:08:17 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am FULLY SUPPORTIVE of making Covid-19 shots mandatory for school admission.

This is the only way we will defeat this virus!

With Covid-19 rates increasing faster than ever with the Omicron variant, this is really the only way to keep schools open safely!

The vaccine has been shown to be VERY SAFE as more than half the population of the world has been vaccinated already.

Many, many other vaccines are already mandatory. There is no reason Covid-19 should be any different. In fact, given how much more dangerous this virus is than other viruses, this is all the more reason why the vaccine should be mandatory!

Those against making Covid-19 shots mandatory do not understand the science. Their movement is purely political.

PLEASE, PLEASE mandate the Covid-19 vaccine so that our schools, our teachers, and our society at large, can stay safe!!!!

Thank you for your consideration.

Donna Wolfe

From: Linda Ader
Sent: 1/6/2022 3:12:55 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 injections mandatory for school admission or childcare in our State for the following Reasons:

1. Children under the age of 17 are not at risk for hospitalization, long term adverse affects, or death due to COVID. More children in this age group die from seasonal influenza.
2. None of the COVID injectables have undergone long-term studies. To date, no one knows how they will affect children's health in the future. There is evidence that these injectables have negative impacts on fertility, heart inflammation, micro-clotting, and a host of other adverse effects, including death as indicated in the VAERS database.
3. It is not known whether these injections may cause birth defects or whether they may be teratogens.
4. Children should not be used to protect the health of adults. Each adult has the option of protecting themselves by a number of means.
5. All individuals have a God given right to authority over their bodies. In the case of children, parents exercise authority here. The government should not be involved with these decisions.
6. Experimental drug testing on children should never be undertaken, and certainly not under the conditions outlined above.

Thanks for not making these injections mandatory for school K-12 admission or for childcare in our State. Also please bear in mind, this agency does not have legal authority for making this decision in the first place. Any such mandate would be against our State and Federal constitution.

Linda Ader
Gig Harbor, WA 98332

From: Ray Nakamura
Sent: 1/6/2022 4:26:01 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: 0F61ABAD-1B7C-4B9B-8F7E-27D7D56BE767

External Email

I strongly OPPOSE mandating any vaccine or mask for school children or any children, teen or adult! unlawful and unamerican. people deserve to choose their own medical decisions!!!

Ray Nakamura

--

--

<<https://drive.google.com/a/ncstructures.com/uc?id=1DyR9yEWc8ojPUluN0OcjBWvFIG0YS5-A&export=download>>

Ray Nakamura

NC Structures, LLC
Ray@NCStructures.com
(253) 732.3530

From: Missy Simpson
Sent: 1/6/2022 10:47:51 AM
To: DOH WSBOH
Cc:
Subject: Concerned citizen

External Email

PLEASE DO NOT REQUIRE THE COVID VACCINE AS A REQUIREMENT FOR OUR PUBLIC SCHOOLS! There has been evidence to suggest it could affect fertility. They won't know for years what the long term affects are. PLEASE DONT ALLOW OUR NEXT GENERATION to be Guinea pigs.

Sincerely, registered voter for WA state, Clark County Michelle Simpson

From: B
Sent: 1/6/2022 2:22:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hi,

I want to briefly speak that I am opposed to making COVID-19 shots mandatory for school admission or childcare in the state of Washington.

This is still only for EUA and there have been no long term studies on the effects for adults, let alone the children who are at extremely low risk. Along with any short studies that have been done, they are not considering that the vaccinated are spreading just as much as the unvaccinated which brings us back to the focus of this not being studied long enough and still under emergency use authorization.

I also want to remind everyone that when cases are reported, these are cases and not deaths. People are recovering from the virus and building immunity. Which in turn is not being accepted instead of the shots. We must consider the natural immunities and the antibodies that our bodies build up as part of fighting any battle against a virus.

We have not found a solution, vaccination that prevents the common cold or flu. Each year a new flu shot is brought out because a virus mutates. That is what a virus is supposed to do, mutate. Allowing natural immunity for our bodies to have then helps strengthen our bodies.

Our children are not our guinea pigs for study and if people want to participate, then they have the right to, but to force a shot on those who do not want to participate is against people's rights. On top of these are children and no government should take the place of a parent's decision. Parents choose to have children and therefore it is the parent's choice to make decisions based on what is the best for their child. They know the child's medical history best. A government making a blanket decision does not take into consideration each person's individual health situation.

This is not a decision for the government to make.

Thank you,
Betsy Cermak

From: Delwin Inness
Sent: 1/6/2022 3:43:57 PM
To: DOH WSBOH
Cc:
Subject: Against Covid Policies

External Email

As a citizen of WA State and the great United States of America, I am COMPLETELY against any over reaching Covid policies. I stand against these WACs: WAC-246-100-070, WAC-246-100-045, WAC-246-100-040, WAC-246-100-100, WAC-246-100-105.

Delwin Inness

Get Outlook for Android

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

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 9:25:11 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:02 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Mr. Glasoe,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of

children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Christopher Paterson
Sent: 1/5/2022 1:09:58 PM
To: DOH WSBOH
Cc:
Subject: Communicable and Other Certain Diseases rules hearing

External Email

To whom it may concern:

I want to join the countless other parents who object to a vaccine mandate for our kids. There are many reasons why these vaccines should be a family decision rather than a mandated requirement. I'll briefly list a few of these reasons:

- 1 The vaccines are not without severe risk. Those risks have to be weighed against the potential benefits. For kids, the data clearly says the virus risks are low for kids and they appear to be getting even lower with new viral strains.
- 2 Many kids already have natural immunity which is proving to be incredibly resilient. Adding vaccines on top of that is both unnecessary and comes with risks.
- 3 Many families have suffered from vaccine-induced illnesses including, but not limited to anaphylaxis, vaccine-induced thrombotic thrombocytopenia, myopericarditis, and Guillain-Barré syndrome. Forcing families to vaccinate their kids after seeing those symptoms is a perverse form of torture in violation of the Nuremberg Code.
- 4 Our public schools are not popular right now and private school enrollment has dramatically increased. Vaccine mandates will only further force families into alternative options like homeschooling.
- 5 The current vaccines don't solve the transmission problem as we've seen with fully vaccinated environments like cruise ships.
- 6 We don't have long-term studies of these therapies.
- 7 Data suggests transmission in schools is very low.
- 8 The decision to vaccinate should be between a family and their doctor, not a one-size-fits-all state requirement.
- 9 Milder, but contagious strains like omicron will increase natural immunity which continues to be the most resilient defense.

Thank you

--

Cheers
Chris Paterson
206-890-1027

From: Hisaw, Melanie (SBOH)
Sent: 1/6/2022 3:58:11 PM
To: DOH WSBOH
Cc:
Subject: FW: Comments for TAG and Vaccine mandate concerns



attachments\2D21BAFEEC814DDA_Washington State Board of Health letter signed.docx

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

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Thursday, January 6, 2022 3:45 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Comments for TAG and Vaccine mandate concerns

External Email

Please read.

From: Kenyon d
Sent: 1/5/2022 10:42:01 AM
To: DOH WSBOH
Cc:
Subject: Communicable and Other Certain Diseases rules hearing

External Email

I want to join the countless other parents who object to a vaccine mandate for our kids. There are many reasons why these vaccines should be a family decision rather than a mandated requirement. I'll briefly list a few of these reasons:

1. The vaccines are not without severe risk. Those risks have to be weighed against the potential benefits. For kids, the data clearly says the virus risks are low for kids and they appear to be getting even lower with new viral strains.
2. Many kids already have natural immunity which is proving to be incredibly resilient. Adding vaccines on top of that is both unnecessary and comes with risks.
3. Many families have suffered from vaccine-induced illnesses including, but not limited to anaphylaxis, vaccine-induced thrombotic thrombocytopenia, myopericarditis, and Guillain-Barré syndrome. Forcing families to vaccinate their kids after seeing those symptoms is a perverse form of torture in violation of the Nuremberg Code.
4. Our public schools are not popular right now and private school enrollment has dramatically increased. Vaccine mandates will only further force families into alternative options like homeschooling.
5. The current vaccines don't solve the transmission problem as we've seen with fully vaccinated environments like cruise ships.
6. We don't have long-term studies of these therapies.
7. Data suggests transmission in schools is very low.
8. The decision to vaccinate should be between a family and their doctor, not a one-size-fits-all state requirement.
9. Milder, but contagious strains like omicron will increase natural immunity which continues to be the most resilient defense.

Thank you,
Justin

From: Lane Schinnell
Sent: 1/6/2022 4:16:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. There are no long term studies for safety
2. Children are at negligible risk from the virus and should not be subject to experimental procedures unless the risk is appropriate
3. There is no legal precedent for enforcing untested medical procedures.

This does not mean I do not support people being vaccinated, I am myself, but a mandate is unquestionably a poor decision especially for children who are not at an elevated risk. Given the dogmatic approach to vaccination and the censorship issues arising I believe mandating vaccines will be a decision looked back at with regret and shame if it is enforced this year. After longitudinal studies and the disease is better understood and not a politicized matter I would support a review of mandating vaccines for school admission and healthcare but at this time I am firmly against mandating them for children at the very least.

I hope the board considers this opinion and others in their decision.

Respectfully,
Lane Schinnell

From: Barbie Haskell
Sent: 1/6/2022 3:12:31 PM
To: DOH WSBOH
Cc:
Subject: COVID Policies

External Email

I am COMPLETELY against ANY of the 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

Sincerely,
Barbara Haskell

From: ellie kosz

Sent: 1/5/2022 11:08:24 PM

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

Cc:

Subject: COVID policy proposals in WA state

External Email

I am writing in response to the proposals you are considering implementing in WA state.

What you are suggesting is unconstitutional and criminal.

If you think that WA residents are going to stand by and allow you to RAPE our rights as citizens, you are sadly mistaken.

COVID VACCINE MANDATES are all FINANCIALLY MOTIVATED and this is nothing new to any of us who have read and understand the law and the process. And the numbers of people who are coming to understand this process clearly is growing exponentially.

Do you value your job and position and do you rely on your income?? What are you willing to sacrifice for you family and loved ones to be safe and how would you feel, if something was being proposed that you simply did not agree with but you were suddenly being FORCED to comply??

I think it is well beyond the time that you asked these questions of yourself and then look at your children and others that you care and love and figure out whether you believe it is okay for someone else to make these decisions for you.

Please reconsider because I can tell you that we know who you are and to put your fellow citizens, mothers, fathers, daughters, brothers, sisters, sons etc in such a position is CRIMINAL and it will NOT BE FORGOTTEN.

Thank you.

From: april bakula
Sent: 1/6/2022 11:32:23 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccinations for students WA

External Email

To whom it may concern;

I'm writing to express my firm stand AGAINST mandatory Covid-19 shots for students in WA State. Not only are children at an extremely low risk (the lowest) for contracting or spreading Covid, but that shot is still basically experimental and under EAU only. All American children have an equal right to a public education despite race, financial status or anything medical. It's the parents sole responsibility to make medical decisions for their children, not the government.

SAY NO TO MANDATORY COVID-19 SHOTS FOR DAYCARE AND STUDENTS!

Regards,
April Bakula

From: Ariane Ryant
Sent: 1/6/2022 2:54:18 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 mandate

External Email

To whom it may concern,
I have been made aware that the Washington Board of Health is asking for parental input of making the Covid 19 vaccine mandated for all school age children. This is unacceptable to mandate. I want to first say I am not against vaccines; all my children are vaccinated. I am against this particular "vaccine" as it is not a vaccine. A vaccine is to protect people from getting sick from actual viral or bacterial sicknesses. The Covid shot has proven over and over again it does not actually prevent anyone from catching it or spreading it. I know people who are fully vaccinated and still caught Covid 19. In fact states and countries who have the highest vaccination of people also have the highest Covid 19 cases. There are also hundreds of thousands of reported cases from the states and around the world of children developing serious heart complications after receiving the Covid 19 shot. You do NOT have the right to play "Doctor" with my children's health or safety nor using them as Lab Rats for some sick political gain. Considering the fact that children are not the ones being seriously affected by this virus. This is about parental choice. We the parents and only the parents should have that choice for what is best for our children. This would be a gross over reach on your part and it will not be accepted. This is an attack on parental rights. I am begging you to please reconsider and NOT make this Covid 19 vaccine mandated for our children. If you do in fact care the welfare of our children please do not put them in harms way you will end up doing more harm than good. Thank you.

From: Joy Peters
Sent: 1/6/2022 3:35:29 PM
To: DOH WSBOH
Cc:
Subject: Against vaccine mandates

External Email

I live in Okanagan county Wa.
I am against the vaccine mandates.
Thank You.
Joy Peters

From: Jami Block
Sent: 1/6/2022 2:09:04 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Policy

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies that are over-reaching, unconstitutional and immoral.

My family and 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.

Please do the right thing; protect our freedoms!!

Sincerely,
Jami Block

From: Lang, Caitlin M (SBOH)
Sent: 1/5/2022 3:15:40 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 injections on immunization schedule

From: Kelly Jay <chickens21@yahoo.com>
Sent: Wednesday, January 5, 2022 5:13 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid 19 injections on immunization schedule

External Email

January 5, 2022

Dear WA State Board of Health, employees and associates and TAP:

We now know that the covid 19 injections not only do not prevent infection, transmission, hospitalization and death of covid 19, but they are also a considerable health risk. Why would anyone conceive of including such on a childhood (or any) vaccination schedule? Have you not done your due diligence in researching the data and facts around this hastily rolled out injection? To date, there is not even possibility of long term or phase 3 trials being completed. The risk of a child dying from covid 19, is less than .01 percent. This vaccine has already proven to be more dangerous to children than covid 19 itself.

It is your duty to search out these facts away from vested and conflicts of interests and learn for yourselves. Thousands of highly esteemed doctors and scientists are speaking out about what the data and science is showing and they are voicing their objections to, and abhorrence for, these forced injections. These doctors and scientists speaking facts and truth against a narrative are being censored from social and main stream media and academia. Why is that?

Are you aware of the VAERS? How many deaths from this forced injection are acceptable for you? I say not even 1 is acceptable, especially for a virus with a 99.9 + % recovery rate in children! Why won't Pfizer release all their data on these injections? Are you willing to take personal responsibility for the lives of children and adults you will maim and destroy by facilitating approval for this atrocity? Are you willing to break state and federal laws, US codes and constitutional protections to push this agenda? You will also be living in the state and country you chose to destroy personal protections from the real danger of an overreaching government in.

When presented with reality and all of the facts, the only conclusion one can reach for

anyone supporting this agenda is:

1. They are either ignorant to facts, science and truth because of censorship and personally held distorted beliefs.
2. They are mentally ill, compromised or unstable.
3. They know what they are doing and are benefiting in some degenerative way from pushing this agenda.

In any case, those will not escape this horrific machine being fed and will not be immune to the consequences of their actions and madness.

We know the vaccine industry is pushing this injection for it's own reasons. We also know, based on wording in the current law, an approval on the childhood vaccine schedule would mean securing the vaccine industry additional liability protection.

To all of you in positions of importance regarding this matter: We are watching you, and many more of us are becoming aware by the hour. All of the money on Earth will never supersede truth, you cannot stop or silence it. You will either be held accountable for your actions or you will reap untold reward. Get on the right side of history and do the right thing.

Sincerely,

The majority

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 4:09:28 PM
To: DOH WSBOH
Cc:
Subject: FW: Brighteon.com Learn the court decision on illegal mandates and law



attachments\64F15B4A911E4EE0_~WRD0004.jpg

From: Wynn Grcich <1955wgc@gmail.com>
Sent: Thursday, January 6, 2022 4:06 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Brighteon.com Learn the court decision on illegal mandates and law

External Email

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2Fbad557a7-924d-4ca2-8cd3-0550f4e4efd9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2Fbad557a7-924d-4ca2-8cd3-0550f4e4efd9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%2F)>

Dr David Martin Explaining the 5th Circuit Court Decision Ending Vaccine Mandate
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2Fbad557a7-924d-4ca2-8cd3-0550f4e4efd9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2Fbad557a7-924d-4ca2-8cd3-0550f4e4efd9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%2F)>

High Hopes
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2Fchannels%2Fhigh-hopes>>

- Yesterday

46:51

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2F454d546f-64c2-43a1-b71d-a8bb4875ea68&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2F454d546f-64c2-43a1-b71d-a8bb4875ea68&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%2F)>

Dr David E Martin Explaining The 5th Circuit Court Decision Ending Vaccine Mandate...
Employers May NOT Coerce Employees. It Is A FELONY! Link To 5th Circuit Court
Decision In Description □□□□
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2F454d546f-64c2-43a1-b71d-a8bb4875ea68&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrighteon.com%2F454d546f-64c2-43a1-b71d-a8bb4875ea68&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd398fd29e42c480c929f08d9d171f84a%2F)>

Pain Coming

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2Fchannels9>

- 2 months ago

I would like you to share these two videos with the Health Board, before your meeting on Wednesday January 12. I will mail you a packet in the mail you can put on public record so the public can look it up, print it out and share. These jabs should not be part of the school shot list. They are not vaccines. David Martin explains why they are not vaccines. They don't prevent COVID or from spreading it. These email of Brighteon .com videos will explain to the health board what is illegal and against our constitution. You can't say you didn't know! This email is notice, too, to put on public record.

Wynn Grcich 1955wgc@gmail.com <<mailto:1955wgc@gmail.com>> Vancouver,WA. 98686

From: Geoff Huetten
Sent: 1/6/2022 4:09:11 PM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for all of the following listed below.

The fact that we have to even have this conversation in America is absolutely crazy.

Let's start with the FACT that, per the CDC website as of today, there have been 694 deaths nationwide "involving" covid in all sexes ages 0-17 in 2020 & 2021 combined. Per the CDC, the 2019-2020 flu season had 486 deaths for that same age group. That was one year of the flu in comparison to two years of covid. In 2018 there were 372 flu deaths in that age group. Adding 2018 + 2019 together we get 858 deaths due to the flu, ages 0-17. That is 164 more than covid for a similar two-year period. One death is too many. However, we need to look at the big picture, be honest with ourselves, along with everyone else, and realize that covid is no more deadly to children than the flu. Based on the numbers above, covid is actually less lethal to children than the flu. This is not made-up information. These are facts directly from the CDC. Have we ever, even one time, shut down schools, businesses, or life as we know it, for the flu? Absolutely not. The flu has been around our entire lives and we have learned to live with it. That is the reality with covid as well. It is a virus that will probably be with us for the remainder of our lives and we can either learn to live with it or hide in our basements in fear. We are born with free will and the freedom of choice. There is no "mandate" or requirement for everyone to get the flu shot. Schools have never shut down or required kids to wear masks due to the flu. Why not? Because it is something we have to live with. We stay home when we don't feel well and take care of ourselves until we are better. Get your flu shot if you CHOOSE to do so but, just as with the covid 'vaccines', the flu shot will not stop you from getting, or transmitting, the flu.

Additionally, notice the verbiage the CDC uses for covid. The deaths counted are not "from" covid, they are "involving" covid. Even Fauci has come out this week and said the following:

"If you look at the children that are hospitalized, many of them are hospitalized WITH covid as opposed to BECAUSE of covid. And what we mean by that, if a child goes in the hospital, they automatically get tested for covid, and they are getting counted as a covid hospitalized individual. But, in fact, they may go in for a broken leg, or appendicitis, or something like that. So, it's over-counting the number of children who are 'hospitalized' WITH covid as opposed to BECAUSE of covid."

Interesting that he specifically mentions "hospitalizations" and not death. You can argue that cases are up considerably – that is what the data tells us. It is also what should be

expected when the government is pushing so hard for everyone, even those that are not sick, to get tested. Why in the world would you all but force tests on people that are perfectly healthy? Of course numbers (cases) have gone up. It has also been proven that asymptomatic people cannot spread covid. So someone that is asymptomatic gets tested and tests positive, but they are not a threat to anyone spreading it based on what we know at this time. However, the vaccinated are absolutely getting and transmitting covid to others yet you encourage more people to get the 'vaccines'? Further, why has the focus shifted from severe illness or death to cases? Because deaths have dropped dramatically and the numbers no longer support the narrative. You wouldn't be able to scare people into submission with the number of deaths, but if you tell them there are millions of 'cases' then you can continue your fear tactics and still be effective.

There also needs to be an honest conversation about two EXTREMELY important items when it comes to any conversation regarding these shots. Efficacy and risk. There is no debate that the 'vaccine' efficacy is waning, and waning considerably. If that was not the case then 'boosters' would not be needed. Do you see anyone contracting (and spreading to others) polio or measles? Of course not because those vaccines actually work. This has been proven with years and years of data and success. It is FACT that the covid 'vaccines' do not prevent someone from getting covid and they also do not prevent someone from spreading covid. So what exactly do they do? The definition of vaccine is "a substance used to stimulate the production of antibodies and provide immunity against one or several diseases..." If these 'vaccines' do not provide immunity, and we know for a fact they do not, then why are they even being called vaccines? I am sure that everyone reading this knows at least one person, if not many, that have contracted covid even though they are 'double-jabbed' and boosted. So, if the vaccines that you want to 'mandate' are so effective, then why aren't they working???

Another key piece to all of this is the risk associated with getting this 'vaccine'. It is undeniable there have been significant side effects for hundreds of thousands of people, with one of the significant side effects being death. Through December 24, 2021, VAERS has 1,859,633 reports of adverse events due to covid vaccines. Of those, there have been 21,002 covid vaccine reported deaths and 30,250 total reported deaths. This is through VAERS only. There are other studies that have been done (see the recent study published by Columbia University) that estimate vaccine-related deaths near 400,000 in the United States alone. Many will argue that information because it isn't coming from the government or mainstream media but I would consider Columbia University a very credible and reliable source of information.

There is also zero data that shows the long-term effects of these 'vaccines'. Is the state of WA, or are you personally, willing to accept full responsibility, both financially and criminally, if a child has an adverse reaction to a shot that leads to a permanent disability or death? Unless you are personally willing to put yourself, your job and your family's well-being on the line and take 100% responsibility for any and all adverse reactions a child may have from the 'vaccine', then I think you have your answer right there. Ask yourself – if these 'vaccines' are so safe, why are there so many adverse reactions? If they are so safe, why would I (you), or any elected official or branch of the government, not be willing to accept full responsibility? Even the vaccine manufacturers themselves are completely exempt from any liability. Nothing says "trust me, I am safe and effective" better than being completely exempt from any current or future liability. Your response to these questions probably give you all the answers you need. I can assure you, if you 'force-jab' my child and they have any adverse reaction – whether immediate or long term – you will wish you had never even thought of the idea of forcing this poison

on children.

The other component that it seems nobody wants to openly talk about, or address, is natural immunity. Based on all the science that we know about covid at this point, it has been determined that you cannot get covid twice. If a child has already had covid, and I can assure you that most school age children have already had it, then why in the world would we even think about subjecting them to a potentially harmful shot when they already have equal, or greater, coverage from their natural immunity?

These 'vaccines' are not a fix-all for covid. That has been scientifically and statistically proven for well over a year. Rather than take the approach that a potentially harmful shot will fix everything (which clearly has not worked) why have you not looked at many of the underlying issues that are huge contributors to covid deaths? Per the CDC, 78% of all covid patients hospitalized in the US were overweight or obese. That is a huge number – so big that I can't believe you have chosen to completely ignore this fact. How about you promote healthy lifestyles – afterall, you are the 'Board of Health'. How many lives could have been saved if you had historically taken the stance to actively improve the overall health of WA and work on decreasing obesity? Over 300,000 per year die from obesity in the United States but you continue to allow McDonalds and other companies that have zero redeeming health benefits to not only remain open but to thrive. Have you ever considered shutting them down for the health of all WA residents? Of course you haven't. That would probably be seen as ridiculous. But it is no more ridiculous than proposing an ineffective shot to a demographic (our children) that have almost no risk from covid. You will never get it to zero risk. Life doesn't work that way. For example, per the NHTSA, over 38,000 Americans die in automobile crashes per year. An additional 3 million are injured or disabled each year. Do we stop driving our cars? Nope. I am sure you yourself drive every day. There is a risk, albeit extremely small, every time we get behind the wheel of a car. Wearing a seatbelt doesn't prevent people from getting injured or dying while on the road, just as this 'vaccine' doesn't prevent people from getting, transmitting, becoming seriously ill or dying from covid (or dying from the vaccine itself). Despite seatbelt laws in WA, there were still 519 deaths from vehicle accidents in 2019. That is more people lost annually to car accidents in WA alone in one year than the number of deaths involving covid for the demographic you are proposing to force-jab (ages 0-17) in a two-year span. Why has the Board of Health not stepped in and mandated that everyone stop driving immediately due to this number of deaths??? Ridiculous, right? But that is the same logic you are using when suggesting a questionable, and potentially harmful, shot for our children.

It seems so glaringly obvious. The risks associated with these 'vaccines' FAR outweigh any potential reward, especially for school-age children. The fact that you are even contemplating this is appalling and I can promise you will be met with more resistance than you could ever fathom. What you are proposing is so mind-numbing ridiculous and completely unnecessary. What do you expect to accomplish? Poison children, potentially giving them immediate or long-term health problems, for a virus that is typically nothing more than a cold or mild flu for just about everyone in the 0-17 age group. That is undisputable FACT. The governor has said from the beginning we are "following the science". It is about time you look at the actual facts and start following the science that confirms our children are more at risk from adverse effects of the vaccine than they are from covid itself.

Thank you,

Geoff Huetten
Puyallup, WA

From: P Luchte
Sent: 1/6/2022 3:39:37 PM
To: DOH WSBOH
Cc:
Subject: Against Vaccine Mandates & Including COVID-9 to WAC Codes

External Email

Hello,
I am Pat Luchte, and am against vaccine mandates and also against including COVID-19
to current infectious disease WAC codes .
Thank you,
Pat Luchte
Okanogan County Voting Resident

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 1:55:17 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination

From: Brenda Linth <bmlinth@yahoo.com>
Sent: Thursday, January 6, 2022 1:50 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: Laura Kett
Sent: 1/6/2022 9:53:40 AM
To: DOH WSBOH
Cc:
Subject: covid vaccinations

External Email

There are more studies coming out which affirm that spread between vaxxed and unvaxxed is not statistically different. They spread equally. Deaths have gone down, the vaccine is still EUA, and children are not at risk unless there are underlying issues. Those children and adults could consider a vaccine or other measures to protect themselves. It is totally unnecessary to vaccinate children with this vaccine. It should remain a free choice whether or not to vaccinate. Forcing vaccines by mandating them for entry into school or other venues does not make scientific sense.

Peak viral load is no different in vaxxed or unvaxxed according to the Lancet October 29, 2021.

Thank you for working at reducing the stigma for those with HIV. Please do not turn around and stigmatize those who choose not to vaccinate.

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: Kayla McNeel
Sent: 1/6/2022 11:21:45 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 Immunization Requirement

External Email

To Whom It May Concern,

I am writing to you today to tell you that I fully oppose the COVID 19 immunization requirement for schools in Washington state and will remove my kids if this is added to the required immunizations. This product is under Emergency Authorization use and there are no long term safety data or complete clinical trails. Please do the right thing and do NOT mandate this immunization for children.

Thank you,
Kayla McNeel

From: Carol Black
Sent: 1/6/2022 9:45:01 AM
To: DOH WSBOH
Cc:
Subject: Comments: January 12 2022 board meeting

External Email

Attn: Board Members

I wish to make comments on the January 12, 2022 agenda and the immunization requirements of school-aged children. First of all, we are NOT anti-vaccinators and certainly not "group-thinkers" – WE ARE critical thinkers. So, where is the discussions on the LONG TERM effects on children and WHY are we even considering such requirement on our children, in light of the side-effects on many in this age-group? Why are we not considering natural immunity vs. immunization? The division this issue is creating among Americans is exactly what Satan has in mind. Go ahead, put the "lepers" in the back of the bus – isolate those who choose to take their health in their own hands. This is no longer a pandemic.....it is control over the people. I encourage you to think outside the box. True Leaders do not FOLLOW THE PACK they forge new paths.

Respectfully submitted,

Glenn & Carol Black

From: K Nugent

Sent: 1/5/2022 7:50:27 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Concerned parent regarding vaccine mandate for students

External Email

Hello All,

First I want to thank you for taking the time to read my email and take into consideration my thoughts and concerns as a parent prior to handing down mandates that affect our future. I know your job is not an easy one and I thank you for taking the time to make sound decisions. I believe that the choice of if, when and how a child is to be vaccinated needs to remain between a family and their doctor. Where there is a risk of injury or death, no matter how small the perceived risk may be, there must be a choice. To mandate a medical procedure with known risks is medically unethical.

I will be blunt, I oppose any covid vaccine requirement for our school aged children, I also oppose that it is being mandated in the private sector and healthcare/responders. We have seen the effects of those mandates, our constitutional rights are being stripped. Public servants having to leave their jobs causing our roads to not be maintained, our nurses, doctors, police, fire etc. leaving causing quite the disturbance to our community. Now imagine what will happen if you require our children to have this experimental "vaccine". I can assure you that many will be pulled from the public school system including my child. The mandate violates a parent's right to informed consent: Vaccines are chemically synthesized biopharmaceuticals with known and documented side effects that include permanent injury and death. Forcing a medical procedure on a non-consenting individual that carries the risk of injury or death, no matter how small that chance may be, is medically unethical according to the American Medical Association's code of ethics, is inhumane and is a violation of our basic human right to possess autonomy over one's own body. Also with waiving our rights when getting the vaccine no one is liable for any premature injury or death.

Now more than ever we can see that the effectiveness of this so-called vaccine is plummeting, how can it be a vaccine if it does not STOP the virus? How can it be required if it doesn't work? It is nothing more than a shot, just like the flu shot that is optional and offered for those who have made personal sound decisions for their families. Also, how can we require that this drug be put into our children's bodies that has been only emergency authorized? There have been reactions, deaths and we do not know the long term effects this will have to our children or any person! Furthermore it has been shown that children are not at risk nor do they pose a significant risk to others when it comes to the Covid virus.

In conclusion, when the government makes decisions to take away parental rights relative to the health of their children it must only do so when all can agree it is in the best interests of every single child. Opinion 8.08 of the American Medical Association (AMA) states, "The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice. Informed consent is a basic policy both in ethics and law that physicians must honor..."

This proposed vaccine mandate ignores and eliminates the fundamental American value of choice as well as a doctor's ethical obligation to provide their patients informed consent. If we are not free to make informed, voluntary decisions about which pharmaceutical products we are willing to take, then we are not free in any sense of the word. If the vaccine becomes a requirement it will set a very dangerous precedent and there will be no limit on which individual freedoms the State can remove in the name of the greater good.

For these reasons and many more, I urge you to view this mandate as inhumane and medically unethical.

Thank you,

Katrina Nugent

From: gfran2@comcast.net
Sent: 1/6/2022 3:55:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

Children are at very low risk for infection and statistically have a very strong recovery rate.

Children who are given the vaccine are at risk of injury, including evidence of lifelong heart issues, anaphylactic reactions and blood clots.

The vaccine research is limited and has not faced the rigorous testing that prior vaccines have had to undergo.

Emergency Use vaccines by law, are only given by consent. It is against the constitution to mandate vaccines that have proven harmful. See CDC Vaccine Adverse Events Reporting System of over 800,000 self reported injuries.

LAWSUITS WILL BE HOLDING LAWMAKERS ACCOUNTABLE.

Sent from my iPhone

From: Dalton Alden-Welfl
Sent: 1/6/2022 11:04:50 AM
To: DOH WSBOH
Cc:
Subject: Concern over WAC codes for COVID 19

External Email

Hello,

My name is Dalton, and I am emailing you my comments of concern about the possible change in codes concerning infectious disease protocol and COVID 19.

As someone who was working in a lab up until last year when I separated myself from my job to have twin girls in August, I tested for and worked with patients who were positive for Covid 19.

With a survival rate that rivals the flu, I find it extremely concerning that you are thinking of including COVID 19 in the updates to the infectious disease WAC codes. Where is the line drawn? The omicron strain has been proven time and time again as of late that it is more infectious, but much less detrimental to the health of the people.

I was a high risk twin pregnancy in 2021, and actually ended up with a COVID 19 infection shortly before having my twins at 39 weeks. I came through it with no issues DESPITE my high risk status, and currently still test positive for antibodies that I am passing on to my twins via breastfeeding.

The lines are so beyond blurred when it comes to this virus. Firing unvaccinated medical staff but allowing COVID positive vaccinated staff to come to work is ludicrous and the opposite of what the health department has been trying to do. Which is lessen this rarely problematic virus from spreading. But I digress.

It has been shown that vaccinated people are spreading and contracting this virus quite easily, so trying to detain the people if they are positive for this virus is absolute insanity.

Ebola? That can have a mortality rate of 40%-90% depending on the strain. THAT is a possibly monstrous pandemic that requires detainment. Not COVID.

Do not add COVID to the WAC codes, you would be wasting state money, resources, and would cause people to move from the state en mass. Which we all know would be detrimental to the states funding of needed construction, employees, etc.

I would end this email with "best regards", but I am seriously disappointed in how the state is going, and do not believe your department (among others) deserves that respect.

-Dalton

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 3:41:04 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Public Comment

From: Alison Handsaker <handsakerhome@gmail.com>
Sent: Thursday, January 6, 2022 3:16 PM
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.


It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=04&nav=VAERS%2Findex.html>>
have occurred:

* After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

* More often after the second dose

* Usually within a week of vaccination

* Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

* Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

* Chest pain

- * Shortness of breath
- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: Joel Munoz
Sent: 1/5/2022 10:51:41 AM
To: DOH WSBOH
Cc:
Subject: Concerned parent

External Email

If the state implements vaccine mandates for my children I will home school my kids along with millions of other concerned parents

From: DANIEL E JOHNSON
Sent: 1/5/2022 3:35:40 PM
To: DOH WSBOH
Cc:
Subject: COVID shots for children

External Email

Please do not go forward in recommending the COVID vaccine for our children. There have been many adverse effects and we do not even know the effects long term this will have on our children. We do not know enough about this vaccine yet. Think of of future and the future of the health of our Nation and State.

Thank you,
L. Johnson

From: ambersmelser@rocketmail.com
Sent: 1/5/2022 7:25:10 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandate for students

External Email

To whom it may concern:

I strongly oppose making it mandatory for our children to get the covid-19 "vaccine" for many reasons. One reason in particular is that it is still an experimental drug and is only approved under the EUA. Aside from that I am very concerned about the adverse side-effects being caused by the shot. The covid-19 "vaccine" should be optional just like the influenza shot. It should not be classified as a vaccine because the covid virus mutates and we will never truly eradicate it. In turn this makes the "vaccine" not completely effective just like the flu shot is not completely effective. The current covid "vaccine" is still from the first strain so how is it even effective for the mutated strains? If our children can still get it and spread it how is the "vaccine" effective?

I want to ensure all parents have medical freedom of choice for their children. They are the innocent ones here and we should not be putting an experimental drug into our kids. I DO NOT CONSENT.

Sincerely,

Amber Smelser
A VERY CONCERNED PARENT

Sent from my iPhone

From: Connor Paysse

Sent: 1/5/2022 5:26:29 PM

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

Cc:

Subject: Covid Vaccine in Schools

External Email

Good Evening,

My name is Connor Paysse and I along with my wife are concerned parents regarding the potential to make the Covid 19 vaccine mandatory for our children. As a father of two (2.5 years and 8 months) I have some very strong concerns with making this vaccine required in schools for our children.

Covid-19 as shown in studies has little to no effect on children. In most cases they are shown to not even transmit the virus. With the vaccine being such a rushed option in fighting this "pandemic" I do not believe we need to be injecting our children with an experimental vaccine which is exactly what this is.

There have been numerous documented side effects in young people regarding this vaccine. While it does not seem to effect the elderly in the same way, the younger generation is having a lot more issues. I will not sit back and watch my children become a lab rat for an experimental vaccine.

I strongly oppose this requirement and urge you to reconsider and vote no to this becoming mandatory for schools. I can tell you right now if it is mandatory my children will not be attending public school and will be going to a private school. I know many parents who feel the same way. I went through the public school system and have turned out just fine but where you're wanting to take this now is the line I will draw in the sand and stand up for all children and say no. Do not make the vaccine a requirement for school.

Thank you for your time.

Connor Paysse

From: Catherine Hunt
Sent: 1/5/2022 2:36:34 PM
To: DOH WSBOH
Cc:
Subject: Re: Covid Vaccine Requirement

External Email

Attention Board of Health,

I will start by saying that I am a young mother of 4 children with many friends with other school aged kids. To think that there would be a possibility that my children would be required by the Board of Health to get a vaccine in order to participate in their education is completely preposterous and very disturbing. Education should be accessible to all children and families even those families that cannot be vaccinated or simply choose not to be vaccinated. Vaccination status should not be a topic of discussion. Vaccinations should be a private and personal decision between a doctor and a patient.

I absolutely, 100 percent am against forced vaccinations. Please for the love of all of the children, do NOT allow this to happen.

Regards,
Catherine Hunt

From: Celina Green
Sent: 1/4/2022 9:22:29 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Mandates

External Email

Dear Washington Board of Health,

I am writing because I am very concerned about the vaccine mandate that is being proposed in order for children to attend school.

Children are NOT at high risk for Covid-19. There ARE risks associated with vaccination. Where there is risk there must be choice. Are you truly considering segregating and denying a public education to those practicing bodily autonomy?

Schools would be in violation of 21 US Code, 360bbb-3 which states "No EMERGENCY AUTHORIZED MEDICAL PRODUCT CAN BE MANDATED." Section e 1 A ii III gives me and my family "the option to accept or refuse administration of the product." This includes masks, the PCR test and the Covid vaccine for children which are all Emergency Authorized.

Regardless of authorization:

Help me understand how we can teach children that their "No" should be respected when we force medical products on them?

Help me understand how it is not discrimination to refuse a public education to a child based on the fact that they are choosing not to inject an experimental medical product?

Help me understand how an institution the Washington Board of Health that dedicates itself to diversity, inclusion and belonging (as implied in your nondiscrimination policy) would turn a child away from school?

You are overstepping your bounds when you step in to tell families that they are not able to make these decisions for themselves. Coercing children to be jabbed for an education is criminal.

Sincerely,

Celina Green

A WA state citizen who WILL fight when you come after my children & a mother who has a child injured by childhood vaccines.

From: Sean Marshall
Sent: 1/6/2022 2:44:04 PM
To: DOH WSBOH
Cc:
Subject: Against COVID Policies

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.

Sean Marshall, PMP
1 (253) 459-4994
Rangersean@live.com

From: Christine Kerns
Sent: 1/6/2022 3:44:21 PM
To: DOH WSBOH
Cc:
Subject: AGAINST PROPOSED POLICIES WAC 246-100-070 and 246-100-045

External Email

I am completely against these proposed policies. This is preposterous!

From: dstlaw
Sent: 1/6/2022 5:33:41 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 as part of school immunization WAC 246

External Email

As a parent I'm deeply concerned, disturbed and horrified that anyone would consider mandating the covid vaccine for any living being especially children. This injection has caused more harm and DEATH than all other vaccines combined over the past 30 years. Children have strong immune systems and do NOT need this vaccine. They have a 99.9% chance of survival.

The latest news out is from an insurance company stating there's a 40% increase in deaths from ages 18 to 64. Hint, it's not the virus. The vaccine does not work. 80% of new covid cases are in the vaccinated. Just look at studies and reports from Vermont, Denmark, Israel and other places around the world.

What are you thinking? Who is paying you? May any child or person injured by this haunt you forever. God will judge you in the end.

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

<https://doctors4covidethics.org/dr-explains-basic-immunology/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctors4covidethics.org%2Fdr-explains-basic-immunology%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40dba7d4dc784d9f265408d9d118de00%7C11d0e2>

<https://nexusnewsfeed.com/article/human-rights/cdc-teens-injected-with-covid-shots-have-7-5-times-more-deaths-15-times-more-disabilities-44-times-more-hospitalizations-than-all-fda-approved-vaccines-in-2021>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnexusnewsfeed.com%2Farticle%2Fhuman-rights%2Fcdc-teens-injected-with-covid-shots-have-7-5-times-more-deaths-15-times-more-disabilities-44-times-more-hospitalizations-than-all-fda-approved-vaccines-in-2021&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40dba7d4dc784d9f265408d9d118de00%7C11d0e2>

[https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(21\)00258-1/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(21)00258-1/fulltext)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FPIIS2666-7762\(21\)00258-1%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40dba7d4dc784d9f265408d9d118de00%7C11d0e2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FPIIS2666-7762(21)00258-1%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40dba7d4dc784d9f265408d9d118de00%7C11d0e2)

https://www.thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thecentersquare.com%2Findiana%2Findiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64%2Farticle_71473b12-6b1e-11ec-8641-5b2c06725e2c.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40dba7d4dc784d9f265408d9d118de00%7C11d0e2

Children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorization).

There's many articles and studies if you just look. Dr McCullough has been outspoken regarding the issue of myocarditis in youths. Maybe you should listen to one of the most published cardiologists in the world. I believe he is more intelligent than any of you. Do what is morally and ethically right, NO MANDATES.

Sincerely
D. StLawrence

Sent from ProtonMail mobile

From: Michelle Pratt
Sent: 1/5/2022 1:27:10 PM
To: DOH WSBOH
Cc:
Subject: Concerning requiring the COVID VAX

External Email

I am appalled that you would consider requiring an untested and unproven shot to be given to the children of Washington State! Children are reported to be getting myocarditis and suffering from other issues worse than contracting the actual sickness! Yet, I think you know this and that is why you all waived the REQUIRED 30 day comment period before making changes. There is no emergency! Children have no need to get this experimental shot. What you are doing is wrong on so many levels! I, for one, will hold you people personally responsible for the health problems that develop as a result of this sneaky and foolish policy change! Bring on the Nuremberg style tribunals!

Michelle Pratt
Port Orchard, Washington

From: Beth O'Neal
Sent: 1/6/2022 9:51:05 AM
To: DOH WSBOH
Cc:
Subject: Covid mandates and petitions

External Email

Hello,

I am writing to inform you that I do NOT support COVID-19 shot mandates for any one. Please put a stop to medical apartheid. This means I oppose the Board's formation of a Technical Advisory Group to review information about mandating COVID shots. This is unconstitutional and a threat to our democracy, freedom and health. Please do not consider these dangerous mandates.

I also SUPPORT Informed Choice Washingtons Petition for Rulemaking, item 11 on the agenda.

Please stand up for democracy, freedom, critical thinking and our constitution.

Beth O'Neal

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 1:56:53 PM
To: DOH WSB OH
Cc:
Subject: FW: advisory vote

From: Barbara Miller <barbmiller75@gmail.com>
Sent: Thursday, January 6, 2022 1:41 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: advisory vote

External Email

Dear Advisory Board for the Washington State Board of Health:

I am writing to protest against recommending a vaccine for Covid for school aged children who attend school in Washington State. I am a 36-year veteran teacher. I am against imposing this vaccine on our children. I believe this to be a horrible abuse of power.

The available Covid vaccines are still of an experimental nature and have not been tested to prove their value and lack of long-term consequences. Never have we been forced to inject our children with a vaccine that has not undergone years of safety trials. Never have we forced children to receive a vaccine for a disease that primarily poses a risk for adults with comorbidities or are elderly.

School aged children have a 99.9998% survival rate from Covid. The vaccines do not provide protection against getting Covid as is seen by the number of "breakthrough" cases of those already vaccinated and boosted. Why require it?

The vaccines currently available are still only EUAs. Congress permitted the FDA to grant Experimental Use Authorization (EUAs) so that any American in a personal emergency can choose whether to explore potentially lifesaving treatments that have not gone through the full testing regime. In other words, the legal basis for EUAs is a matter of the individual right to access experimental treatments, not of government right to compel such treatments.

It is irresponsible to impose covid vaccines on children when there are side effects as grave as myocarditis already being reported and no long-term tests have been done. Parents must be able to make this decision for their children. You must honor their right

to choose what is best. You must not marginalize parents' rights to take care of their children.

I live in Spokane, and I believe my side of the state is certainly underrepresented on this panel. Please look long and hard at what long term consequences of this kind of recommendation could have on our children, our school system and our communities.

Sincerely,

Barbara Miller

Barbmiller75@gmail.com <<mailto:Barbmiller75@gmail.com>>

205 W. Florence Ave.

Spokane, WA 99218

From: diane eaton
Sent: 1/6/2022 4:03:32 PM
To: DOH WSBOH
Cc:
Subject: child vaccination

External Email

This was sent to us from one of our members, after she received the email sent earlier today "Time Sensitive: Speak Out". Selina gave me permission to share this with you.

Leslie

Just filled it out. My father in law is a medical doctor in Berlin, who vaccinates his immunocompromised patients. He highly recommends against getting the vaccine for his grandchildren. The actual study the FDA used to approve this is for an older age group, a group that has hit puberty. In the younger children, they do not have the heart protecting estrogen, and the girls will be shown to have as many heart issues as the boys. It is also showing in Germany... Through autopsy, the heart inflammation from the vaccine is actually an autoimmune disease of the heart. Very scary. The rest of the world is watching and waiting as we inject our children with this, so they have real statistics to make informed decisions.

Yours, Selina Shearer

From: Kathy Day
Sent: 1/6/2022 9:06:39 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Vaccine Requirement for kids

External Email

Dear Mr. Thai,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Lisa Eastman

Sent: 1/6/2022 4:20:24 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Chapter 246-100 WAC law amendments

External Email

Hello Board Members -

In regards to your upcoming meeting on January 12, 2022, I would like to comment on agenda #9 regarding Chapter 246-100 WAC law amendments. I am deeply opposed to each of these proposed changes. I believe they are unethical, violate multiple human rights (up to and including the Nuremburg Code), and I believe this is a very dangerous, bad direction for Washington State. I do not support these amendments.

Thank you for your time,

Lisa Eastman

From: Kirsten Lottsfeldt
Sent: 1/6/2022 4:09:24 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please accept this as my absolute opposition to making COVID-19 shots mandatory for children for school admission or for childcare in WA State.

There is ample evidence to support that we should hesitate, and not be rushing, to expose children to unnecessary medical treatments / pharmaceuticals because it is already well-known and established:

- * Children are at extremely low risk for Covid
- * The "vaccines" are only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that "vaccinated" and normal people can both transmit coronavirus, and
- * The "vaccine" does not stop the spread of the disease

Therefore, please postpone, delay and/or wait, to impose any requirement for any mandatory shots on children until appropriate long-term studies are completed, and effects can be studied. It is entirely inappropriate to utilize citizens' funds and resources to impose this type of medical treatment on vulnerable children for school and childcare, and against their parents/guardians wishes. Leave this decision up to parents/guardians where it belongs.

Thank you.

Kirsten Lottsfeldt

From: Valerie Gentzler

Sent: 1/5/2022 9:19:59 PM

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

Cc:

Subject: Covid 19 Vaccine Mandates

External Email

To the Washington State Board of Health,

I strongly oppose mandating the Covid 19 vaccine for our children. . Please do not use your position of authority on our most vulnerable, our children. They are young and have strong immune systems that shouldn't be compromised through a vaccine that is still under an emergency use authorization. We don't know the repercussions of this vaccine on our youth; Covid has impacted them in ways that can't be fixed by a vaccine (lockdowns, virtual learning, masks, have all caused loneliness and depression). This is an extreme overreach!

Please protect them from this vaccine and don't make this a mandate.

Respectfully,

Valerie Gentzler

From: J L
Sent: 1/6/2022 1:12:02 PM
To: DOH WSBOH
Cc:
Subject: Covid polices

External Email

I am completely against any of the proposed Covid Polices that are over reaching and immoral and go against our human rights. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-046, WAC 246-100, WAC 246,105.

We are against anything that goes against our medical freedom and freedom in general.

From: Lisa Eastman
Sent: 1/5/2022 4:47:42 PM
To:
Cc:
Subject: Comments on upcoming mtg

External Email

Hello,

In regards to your upcoming meeting on January 12, 2022, I would like to comment on agenda #11 regarding immunization and children. I am deeply opposed to making COVID vaccinations a requirement with school-aged children and do not support this measure. Not only does COVID pose a zero-to-low risk for children, but the vaccine testing data are starting to show moderate to significant risk to some children. I believe it would be unethical and irresponsible to mandate COVID vaccinations of children.

Please do not endanger our vulnerable next generation.

Thank you for your time,

Lisa Eastman

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 9:12:25 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:06 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Kahler,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Djacksons
Sent: 1/6/2022 4:10:08 PM
To: DOH WSBOH
Cc:
Subject: RE: applying current infectious disease WAC Codes to include COVID-19

External Email

TO WHOM IT MAY CONCERN:

Please add my comments that I am fully and completely against the proposed policies that allow local health officers to use law enforcement to force an emergency order to quarantine anyone due to COVID-19.

I am also wholly against including COVID-19 'vaccines' as part of school immunization requirements. Children are at a such a tiny risk of harm from COVID-19 and at HUGE risk in getting 'vaccines' and/or boosters.

Thank you.
Jeanine Jackson
Battle Ground, WA

From: Serah N
Sent: 1/5/2022 7:21:07 PM
To:
Cc:
Subject: Covid Shots for kids & Forced Isolation and Quarantine

External Email

Hello,

These two policies are UNCONSTITUTIONAL .

It is a parent's choice as to whether their child should get the shot or not.

Forced isolation and quarantine is so wrong on many levels, the world is trying to move away from the era of Adolf Hitler. Please allow people to exercise their God given freedom.

Thank you,

Serah N

From: Brenda Linth
Sent: 1/6/2022 1:50:58 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: Richard Duncan
Sent: 1/6/2022 11:36:11 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for children

External Email

To Whom it may concern;

I am a constituent, community member and resident of Washington State and have three children in the public school system. I am writing to let you know that I DO NOT agree that children should be required to have the Covid vaccine in order to attend school. I implore the Washington State Board of Health to reject any such mandates and/or requirements. Due to the following reason:

1. Covid Vaccines remain under Emergency Use Authorization(EUA), the FDA is amending the EUA to include children - Coronavirus (COVID-19) Update: FDA Takes Multiple Actions to Expand Use of Pfizer-BioNTech COVID-19 Vaccine | FDA
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-fda-takes-multiple-actions-expand-use-pfizer-biontech-covid-19-vaccine&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cf66994ac33044ceaa1f908d9d14bc9c7%7>>

2. Children under the age of 18 have a survival rate of 99.995% from Covid infection

3. Children have a higher chance of death or adverse reaction to the Covid vaccine than Covid-19

If a vaccine mandate is forced upon children attending tax funded public schools, it will leave me no choice but to pull my children from school and home school. It's heartbreaking to even have to think like this. My children love school but with the side effects this drug has on children and the lack of knowledge on the long-term effects, I do not feel the vaccine is safe for my family. I thought we lived in the country of the free but all these mandates that are being imposed on the people makes it feel much more like a dictatorship. Washington State has been under a state of emergency for the last two years. The mandates are unconstitutional, we the people have had enough. If the vaccine is so great and it's what we must do to protect the people, why are our elected officials exempt from Biden's Vaccine Mandate? Why is the postal service exempt? The needs of the few should not outweigh the needs and wants of the many. What about natural immunity, why is that not being taken into consideration? I am concerned, just as you should be, that the vaccine doesn't even work. As many vaccinated people I know are now getting sick with the latest variant. People that are considered "fully vaccinated" plus have the booster shot are getting sick, clearly the vaccine is not the answer. Judges across the country are ruling that the mandates are unconstitutional and I truly hope that you make the right decision when deciding if the Covid Vaccine should be forced upon our children, the future of the world.

Kindly,

Richard Duncan

a majority of unvaccinated infections without symptoms go unreported, and because the COVID-19 infections have become more virulent and less deadly as time goes on – as happens with all respiratory viruses. The measurement errors in these studies haven't even been identified, much less quantified.

The deaths associated with COVID-19 have followed Farr's Law

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.trillianthealth.com%2Finsight-law-its->

[happening&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7a400bf6a5054c62d3b208d9d1715d97%7C11](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.trillianthealth.com%2Finsight-law-its-happening&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7a400bf6a5054c62d3b208d9d1715d97%7C11)

(3) no matter where the analysis has been applied. States with vaccine, mask and social gathering mandates have shown no deviation from Farr's Law compared to states with no such mandates. The vaccine and preventive measure mandates are ineffective with regards to COVID-19 outcomes and are deleterious to the physical and mental health of citizens in many other ways that have yet to be studied or quantified.

The vaccine should not be considered a primary treatment for COVID-19. COVID-19 has adequate and effective active and prophylactic treatments which negate the need for vaccines. The National Library of Medicine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F332>

(4) reports that vitamin D insufficiency may account for almost nine of ten COVID-19 deaths. It has been known for decades that anyone living north of the 35th Parallel suffers from some level of vitamin D deficiency. This is most severe in winter months where there's little sunlight, and among dark-skinned ethnic groups, who produce less vitamin D in response to light stimulus. Instead of enacting a dangerous and untested vaccine requirement for schoolchildren, it would be cheaper, safer, and more effective to ensure that each child was administered 10,000 units of Vitamin D orally at the beginning of each school day.

For the clinically ill COVID patient, safe and effective treatments are available. Many doctors have reported excellent outcomes with critical patients who have been administered Hydroxychloroquine or Ivermectin. The government and CDC propaganda discouraging these treatments borders on criminal, and is indicative that the pharmaceutical industry is spending huge amounts of money to push the vaccine narrative:

1) Hydroxychloroquine is a well-known and well-understood anti-malarial drug. It's not dangerous when administered or prescribed under a doctor's care. In countries where malaria is endemic, it's been sold as an over-the-counter preventive medication for decades. Preliminary studies show it has been effective in reducing or eliminating COVID-19 symptoms, yet doctors risk losing their medical license for prescribing a safe and potentially effective drug.

2) Ivermectin won the Nobel Prize for Medicine in 2015, hailed as a wonder drug, with many applications. It, too, is safe when administered or prescribed under a doctor's care and has been shown to be effective when treating COVID-19 patients. To withhold this drug from a critically ill COVID-19 victim is medical malpractice forced on our doctors by a government that cares more about the profits of deep-pocket pharmaceuticals than about the health of Americans.

3) There is no medical precedent for prohibiting doctors from prescribing Hydroxychloroquine or Ivermectin. Off-label drug prescriptions are a common medical practice and may account for as much as 21% of overall use for 160 commonly prescribed drugs in the United States, and more than 99% of prescriptions for some drugs like quinine sulfate (99.5% of total prescriptions), followed by gabapentin (99.2%), and clonazepam (96.2%) (Radley DC, et al. Off-label prescribing among office-based physicians. Arch Intern Med 2006;166:1021-1026.). The prosecution – nay, persecution – of doctors for prescribing Hydroxychloroquine or Ivermectin to COVID-19 patients borders on the criminal.

Authorizing the use of law enforcement to involuntarily enforce vaccination and quarantine mandates is totalitarian, prejudicial, and un-American. It specifically targets and makes second-class citizens of typically conservative and liberty-minded citizens who have a well-earned distrust of government and who are known to vote in opposition to the government in Olympia. This authorization will effectively criminalize the very American act of disagreeing with the government. This demographic has been pushed hard in recent years, and some may consider this to be a hill they're willing to die on. Passing such an authorization may lead to violence and unnecessary criminal prosecutions for a made-up crime. It will certainly lead to an exodus of citizens from Washington State to states where tyranny is not the rule of the day.

The fact that such an action is even being considered is very disturbing. This is not the Washington I grew up in and love. These measures – and all the unnecessary measures taken by the Washington State government to date – have had and will have no effect on the progression of the disease among the population, will not save lives, and will continue to unnecessarily disrupt our society for years to come. The sad fact that all citizens need to come to terms with is that the government cannot and never could protect them, that it's the individual's responsibility to take whatever measures that person deems prudent to protect themselves.

Yours respectfully,

Sean Emerson

La Center, WA

Notes:

(1) <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Fsafety%2Fadverse-events.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7a400bf6a5054c62d3b208d9d1715d97%7C1>

(2) <https://www.christianitydaily.com/articles/14298/20211216/columbia-university-study-finds-vaers-deaths-undercounted-by-factor-of-20.htm>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.christianitydaily.com%2Farticles%2F14298%2F20211216%2Fcolumbia-university-study-finds-vaers-deaths-undercounted-by-factor-of-20.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7a400bf6a5054c62d3b208d9d1715d97%7C11d0e>

(3) <https://www.trillianthealth.com/insights/blog/farrs-law-its-happening>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.trillianthealth.com%2Finsighlaw-its-happening&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7a400bf6a5054c62d3b208d9d1715d97%7C11>

(4) <https://pubmed.ncbi.nlm.nih.gov/33260798/>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33260798/>>

From: Erick erickson
Sent: 1/6/2022 2:23:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State.

We are adults. Treat us like adults. Mandates need to stop. You are suggesting going down a road nobody should ever go down. I also discourage and am against rules pertaining to health department/s and law enforcement forcing vaccinations and detainment/quarantine facilities.

Erick Erickson

From: Busky Gogo
Sent: 1/6/2022 1:56:51 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. Children are not high risk
2. My kids have had covid and recovered with only mild symptoms, as have I...twice
3. I know several people who have been double to quadruple jabbed who caught covid despite
4. I know of 2 people within my corporate circle who died from the vaccine
5. I know several people who have micro clotting in their lungs from the vaccine and were infected with covid despite being vaccinated.
6. It is unconstitutional
7. The proper research of side effects has not been nor will be completed until 2025 or later
8. This is an endemic disease that will mutate over and over and the vaccine's efficacy will decrease.
9. The vaccine's efficacy has already proved to be terrible. I know from real life experiences not just the hundreds of studies that have shown this to be true.
10. The way the vaccine is made and substances it is made with go against my religious beliefs
11. I suspect big pharma, big government and big money to be behind the mandates
12. We have natural immunity which many studies have shown to be superior to vaccine based immunity. Vaccines only attack the spike protein where as T cells and B cells remember the entire virus. Therefore, the risk of vaccine side effects are higher than the effects of any future infection.
13. The lockdowns have not worked, masks have not worked, the vaccines have not worked, and therapeutics that DO work have been suppressed by big pharma and the government.
14. If WA State decides to mandate children being vaccinated for the education we have already paid for, we will have no choice but to leave. We are business owners and do not wish to take our business elsewhere but will if these unlawful mandates are implemented

From: Tina Holan

Sent: 1/5/2022 12:57:32 PM

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

Cc:

Subject: Covid Vaccine Mandates for School Age Children

External Email

I understand you will be having a meeting and making a decision regarding Covid vaccine mandates for school age children.

Statistics have shown that children have virtually no risk from Covid 19. While the Covid 19 vaccine is still in the trial phase until 2023, openvaers.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fopenvaers.com%2F&data=04%7C>>
has had thousands of deaths reported (presumed to be a very low number), and many more severe injuries. Myocarditis and heart related complications have been widely reported, and the younger population are at a greater risk of these complications.

As per the CDC, the Covid vaccine does not prevent infection, nor does it prevent the spread of the disease. Given the low risk to children, it seems reckless to make this a mandatory vaccine as a requirement to attend public school. I am concerned also, as I believe mandating this would cause a huge backlash of parents pulling their children from the school, causing a huge financial crisis for districts all over the state.

I urge you to vote NO. Thank you for your time.

Tina Holan

From: Shawnee Irish
Sent: 1/6/2022 4:32:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID 19 vaccine for school aged children

External Email

Please oppose or put a halt to this requirement for students that attend public schools. This is such a new vaccine that have limited time on their safety data that we have no clue what the long terms affects are and should not be using our children as an experiment. The science has been constantly changing and I'm not comfortable as well as other parents to putting this into our children. We should have a choice with what happens to our children and it is not up to the government to decide what we or our children do with our bodies. Why is " my body my choice" only allowed in certain situations but not what happens with ourselves or our children. Please take a look at a parents perspective on this. This is so important that we halt this and take time to think clearly on something that could later on be harmful to our children no matter what the government is pushing on us. We've already been doing what we were told we needed to do to stay safe and that's as force our children to mask 8+ hours a day. Now what? Do the masks not work because covid is still around and even though 78% of Washington is fully vaxxed covid is still here and affects vaccinated. This will never end vaccination or no vaccination. Please give us a choice.

From: Jessee Lauren
Sent: 1/6/2022 1:09:52 PM
To: DOH WSBOH
Cc:
Subject: Covid policies

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral and go against our human rights. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-046, WAC 246-100, WAC 246,105.

We are against anything that goes against our medical freedom and freedom in general.

From: Marie Andersen
Sent: 1/6/2022 2:20:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. The kids are at low risk.
2. We don't know long term side effects of this emergency use only experimental vaccine.
3. It's against my personal religious belief.
4. It should be the physician and parents' decision, not the state.
5. In the past, our state has had waivers available for parents to sign for no vaccine.
6. I thought this was a free country.

Thanks.
Marie Andersen

From: Autumn Christian

Sent: 1/6/2022 2:22:59 PM

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

Cc:

Subject: Covid Vaccine Mandate

External Email

Hello,

I hope this email finds you all healthy and well. I am emailing you today in regards to some information that you may all be talking about mandating the covid vaccine(if you call it that) for school attendance for the 22/23 school year. I am 100% against a mandate for a vaccine that is not working for our general public. I am not an anti-vaxxer, however this is not a vaccine. Through science we have discovered that the vaccine does not prevent transmission nor does it protect you from getting covid. Please do not use our children as an experiment.

Thank you for your time and consideration in this manner,

Autumn Christian
253-677-7338

From: Linzie walker
Sent: 1/5/2022 8:13:02 PM
To: DOH WSBOH
Cc:
Subject: Covid shot mandate for school

External Email

I am a parent of a 6 year currently attending public school in Washington. If a Covid-Shot (it is NOT a true vaccine) mandate is enforced for her to go to school she will no longer be going to public school. Her class has not had one positive case since she started in September. Please do not mandate this shot.

Sincerely,

Linzie Lindsey

From: Terri Zalevits
Sent: 1/6/2022 10:32:29 AM
To: DOH WSBOH
Cc:
Subject: Covid Mandates on kids

External Email

I am vehemently opposed to Covid 19 vaccines for children. No one knows the long term effect. The very idea that the pharmaceutical companies want records sealed for 75 years in itself should be alarming. The vaccine is not FDA approved.

Respectfully,

Terri A. Zalevits

509-481-0642

"Never spend your money before you have it". Thomas Jefferson

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3d47bf7d6b1c48c363

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3d47bf7d6b1c48c363

From: Dez Hill
Sent: 1/5/2022 8:03:12 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

The covid vaccine should absolutely not be mandatory for our children. Children are very low risk for the virus. And the vaccine is still in emergency use for them. I do not want my children to be part of this experiment. There are statistics that show this vaccine can cause more harm than good for our children. There is also no understanding of the damage this could do to them in the future.
Please hear us.

From: Kathy Day
Sent: 1/6/2022 9:00:18 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirement for schools

External Email

Dear Washington State Board of Health,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: Ward, Brynn

Sent: 1/6/2022 2:37:21 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: DA3BCF19-CF7D-414F-9D51-22B10A2A18CE

External Email

Dear Members of the Washington State Board of Health,

I am writing in regards to your upcoming meeting on January 12 and the proposed policies that you will be discussing.

The proposed policies are as follows:

1. Allow local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons to be isolated in a quarantine facility following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination.
2. Include the Covid-19 injections as part of school immunization requirements.

Proposal 1 is extremely concerning on almost every level. We live in a country that has always encouraged and valued informed medical consent. It is imperative that people are given all pertinent information and still allowed to have choice in their medical decisions. The "vaccine" does not prevent one from catching or spreading the virus; and therefore, there should be absolutely no discussion about forced vaccinations.

In addition to mandating vaccines, forced quarantine goes even farther in the removal of a person's constitutionally protected freedoms. It is disturbing that the board is even considering something so heavy-handed. The last time people were rounded up for being "medically dirty" was in Nazi Germany. Have you learned nothing from history?

There is plenty of data that confirms Covid is mostly survivable, unless one has multiple comorbidities. Forcing quarantine and medical compliance on anyone is draconian and the very opposite of free. In addition, all of the mandates – masking, quarantine, etc. – have been highly unsuccessful. The definition of insanity is continuing to do the same thing over and over while expecting different results. Every single person (and there are a lot) that I know with Covid right now are fully vaxxed and some are boosted. While you may be able to twist the data to meet your agenda, most people see or are starting to see through it. Perhaps instead of forced quarantine for Covid, you should be encouraging obese people to lose weight, or eat less sugar, or push vitamins and an

active lifestyle. None of your current guidance stresses any of these important measures. There also has been no acknowledgement of natural immunity, as there are dozens of studies that have shown its effectiveness and importance in ending Covid.

Although unrelated to Proposal 1, I would like to also point out your reluctance to allow early treatment for Covid. There are several proven and effective treatments that have been used worldwide, including Ivermectin, Hydroxychloriquine, antibiotics, and steroids, yet your board has basically prohibited doctors from using a combined and effective approach by intimidation and threatening their medical careers. It is incredibly disturbing. The data is there. The research is there. Yet you still will not allow doctors to help people.

As a continuance of my thoughts on Proposal 1, Proposal 2 is equally disturbing and draconian. Children have basically a statistical chance of ZERO of dying from Covid and a very low risk of even being hospitalized. Those children who have died have had severe comorbidities. Trying to force a shot with a lot of known side effects (pericarditis, myocarditis, menstrual issues, seizures, strokes, blood clots, etc.) on a population that has no risk is irresponsible at best and criminal at worst. Adults have been given the opportunity to "protect" themselves with the vaccine. It is not the job of children to protect the vulnerable. In fact, that is your job (if you would allow effective treatment).

If you institute the mandatory vaccinations into schools, parents will continue to remove their children. In fact, the data shows that the most underprivileged kids will be affected the most. Minorities and immigrants are historically vaccine hesitant for good reason. The mental health of all children has already been challenged enough. Kids are being abused, kids are starving, and kids are sliding academically. This proposal would simply ruin the future of our country.

Please do not take these decisions lightly, as they have great ramifications. You have already done enough to ruin and divide our state. Do not ruin our children, too.

Sincerely,

Brynn Ward

From: Jessica Knee
Sent: 1/5/2022 3:16:56 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

Good afternoon,

I am very against required covid vaccines especially for school age children.

Thank you,
Jessica Knee

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Maranda Schemanski
Sent: 1/5/2022 8:02:21 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirements in children

External Email

To whom this may concern,

Upon hearing the Washington State Board of Health's consideration of the addition of the Covid vaccination to school aged children's requirement to attend school, I must protest this idea wholeheartedly. This vaccine is, in fact, still in the experimental phase, and the ingredients of said vaccine are not made public knowledge. I am strongly opposed to administering an experimental vaccine into our most vulnerable members of society. We don't have the information about ingredients OR thorough studies of the effects of the vaccine on people, including children.

In addition to the untested and unknown ingredients to this vaccine, you are trying to vaccinate children against a virus that has LESS than a 1% mortality rate in adults, and an even smaller mortality rate in children.

These two points combined make a required vaccination both irresponsible and downright dangerous to impose on our children.

In addition, I strongly support Informed Choice Washington's petition to prohibit the addition of Emergency Use Authorization products or any product that lacks completed phase 3 trials to the required school list.

Thank you for taking the time to read this and I strongly urge you to take my words, and the words of others into heavy consideration.

From: Heather Harrison
Sent: 1/5/2022 8:06:50 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccine for school

External Email

We do not want a covid vaccine requirement for school. If this happens we will homeschool our children.
Brad and Heather Harrison

Get Outlook for Android

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

From: P Luchte
Sent: 1/6/2022 3:41:02 PM
To: DOH WSBOH
Cc:
Subject: Against Vaccine Mandates and other government interventions

External Email

Hello,

I am Patti Luchte, residing in Carlton WA, Okanogan County, and I am AGAINST vaccine mandates and applying the current infectious disease WAC codes to include Covid-19.

Thank you,

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: Carol Roblyer
Sent: 1/6/2022 4:19:48 PM
To: DOH WSBOH
Cc:
Subject: RE: WAC 246-100-045

External Email

I am very alarmed that this item is being considered in our state. Covid shots are medical experiments and non-FDA approved. As such, the Nuremburg Code written after WWII atrocities protects citizens from being coerced to participate in medical experiments or to receive medical treatment against their will, including medical testing with a swab that enters a sensitive cavity near the brain.

That "quarantine facilities" are being prepared for citizens who are unwilling to participate in this experiment is again, alarming. Detaining citizens who refuse this medical experiment goes against Nuremburg and Amendment IV of the US Constitution, which prohibits unlawful search and seizure. As you are aware, the US Constitution and Nuremburg Code supercede any unconstitutional state law that may be enacted. I suspect any legislator willing to sign this egregious violation of human rights into law will be held accountable for the harm that comes from it.

From: Lillian Vandehey
Sent: 1/6/2022 2:09:19 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons: The the wearing of masks are not effective they don't prove anything I should say they are ineffective mandates are not rules the federal government Congress should make the laws not a president making a mandate. children are too young they should have their own immunities. This is a fear tactic and one that should be opposed by all again .it should be a person's choice. Not a mandate again that is against the law.

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 2:24:43 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health Public Comment

From: Alison Handsaker <handsakerhome@gmail.com>
Sent: Thursday, January 6, 2022 1:16 PM
Subject: Board of Health Public Comment

External Email

I am writing to urge you to stand against mandating the covid-19 vaccine for children in any capacity, but specifically to attend school.

It is clear that there are still a lot of questions about the efficacy and safety of the covid-19 vaccine in general, and clearly in children.

We are seeing evidence that transmission even when fully vaccinated does not stop the transmission of covid-19, this was exemplified in the recent cruise ship outbreaks where passengers and crew were all vaccinated.

There are no covid-19 vaccines that have been fully FDA approved available in the United States.

There is clear data showing that the covid-19 vaccines can cause harm in children, the CDC website states:

What You Need to Know

* Cases of myocarditis reported to the Vaccine Adverse Event Reporting System (VAERS)external icon
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Findex.html&data=...>>
have occurred:

* After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults

* More often after the second dose

* Usually within a week of vaccination

* Most patients with myocarditis or pericarditis who received care responded well to medicine and rest and felt better quickly.

* Patients can usually return to their normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist (heart doctor) about return to exercise or sports. More information will be shared as it becomes available.

Both myocarditis and pericarditis have the following symptoms:

* Chest pain

- * Shortness of breath
- * Feelings of having a fast-beating, fluttering, or pounding heart

Seek medical care if you or your child have any of the specific or general symptoms of myocarditis or pericarditis especially if it's within a week after COVID-19 vaccination.

Please do not mandate these vaccines for children, let the decision be left up to families to do as they see fit for their child.

Thank you,

Alison Handsaker

From: CenturyLink Customer
Sent: 1/6/2022 2:02:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

These vaccines have shown not to be effective against the various strains not to mention the adverse side effects. This is a clear violation of our Constitutional rights and these so-called vaccines are EUA only. Our children are not the ones dying from this CCP created pandemic. How many vaccines, endless booster shots are going to be needed, (Obviously they do not work period). Herd immunity is showing to be far more effective along with other medical drugs already approved years ago. But of course your corrupt WSBOH is blind and closed to the truth. I think there needs to be Nuremberg trials over the actions of Health Boards, Dr Fauci, WHO, and others over outright lies, cover ups and the misinformation put on the public.

Thank you,
David Richardson

From: Tbevelacqu
Sent: 1/5/2022 11:57:12 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 vaccine mandate for school age children

External Email

I strongly OPPOSE a COVID-19 vaccination for school age children. The vaccine has been shown to cause myocarditis in male children and other serious side effects up to death. The COVID-19 vaccine has proven little value in the prevention of COVID-19 or its spread.

From: KATHRYN LOTTO
Sent: 1/6/2022 4:23:51 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:
The vaccine is outdated and ineffective against the new variants, total overreach.

From: Peter Livingston
Sent: 1/6/2022 1:50:34 PM
To: DOH WSBOH
Cc:
Subject: Concern over newly proposed COVID WAC's

External Email

To whom it may concern,

I'm writing to voice my concern over the latest proposed Covid Policies that are being proposed in this state. Not only are these proposed policies draconian and over-reaching, but they greatly impinge on our God-given freedoms. My family and 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.

Concerned citizen,
Peter Livingston

<<https://app.dragapp.com/V1.18/emailTracking/track-email?uId=cGV0ZXJjbGl2aW5nc3RvbkbBnbWFpbC5jb20sMTY0MTUwNTgyMDI5Nw==&emailTemplateId=&en>

From: frances zuniga
Sent: 1/6/2022 3:19:31 PM
To: DOH WSBOH
Cc:
Subject: Against Children forced to vaccinate!

External Email

Dear BOH,

I am writing this comment for Jan 12 meeting

Ref item #8 - I strongly oppose forming a tech advisory group. This is taking steps considering adding the covid shot to the schedule. This is still under EUA and at this time the risks far outweigh the benefits

Ref item # 11 - I absolutely support this item and believe it is a petition filed by informed choice washington

I truly hope you will take the time to review this link.

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>

Sincerely,
Frances Zuniga

Sent from my iPhone

From: Nancy R
Sent: 1/6/2022 1:55:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am writing to you today to personally stated my opposition to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1). The current shots being administered for the Covid 19 virus are experimental and are authorized for emergency use without proper and adequate long term effect an use evaluation. From adverse effects data compiled through VEARS, permanent damage as well as deaths occurring directly after using the experimental drugs should give rise to immediate caution and/or immediate curtailment of these experimental drugs on children as well as all age groups.
- 2). Children are the lowest risk group of all ages.
- 3). It is being bourne out that the Covid 19 "vaccines" are not preventing the person who has received the initial shot or subsequent "booster" shots from getting the virus or from transmitting it to others. These shots do very little when you evaluate the risk value against the risk of even one permanent long term disability or death of a child.
- 4). This mandate would take away the parents right to self determination regarding its family health. Any mandate forcing anyone to take experimental drugs is a crime against the individual and society.

Please, at all costs, personal and professionally, do not consider further making these experimental shots required for children or for any of the citizens of Washington. The unknown long term health consequences is not worth the risk to our children's future, which is our future also. Please strongly oppose any consideration for supporting any mandate for vaccine shots for Covid 19, it variants or for any other inoculations.

Respectfully,

Ken Rowan
Father of 7 and grand father of 15
Architect and 4th generation Washingtonian

From: lukuz
Sent: 1/6/2022 2:28:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I oppose the the proposed Covid policies that are unconstitutional. I stand against these proposed WAC's:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 245-105.

Here are just some of the reasons why:

Children are at extremely low risk for Covid
The vaccines are still only EUA (emergency use authorized)
There are no long-term studies to document any history of safety
Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
The vaccine apparently does not stop the spread of the disease

From: donald Frazier
Sent: 1/6/2022 4:05:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

It goes against our rights and not to mention the Heath concerns down the road which are not yet known. Thank you

From: hadati
Sent: 1/6/2022 3:47:11 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

I am a WA State public school teacher, currently teaching at far, far over the recommended number of students recommended to keep safe social distance. I should be at 17 max students but somehow I have 26. I have been at or above this number all year, despite pleading with my union, principal and district. I also lost my brother, a chief engineer on one of the WA State Ferry boats, to "Covid pneumonia" in late September.

Though I believe adults, teens and children should have the option to get any vaccination they choose, government specifically does not have the legal right to force vaccinations. This is because it violates the Nuremberg Code, which specifically states that you must have the informed consent of person who will be vaccinated without fear or coercion. To hold a person's livelihood or, in this case, education hostage unless they inject something into their bodies that they don't want, no matter how well-intentioned, is coercion. Everyone who goes along with this is violating the same code that was used to determine which Nazi officers were guilty of performing unnecessary, cruel experiments on unwilling Jewish patients following WWII. Many of these officers were eventually tried and put to death for these crimes against humanity. The "I was just following orders" defense was ruled against as a valid legal argument because officers also have a duty to not follow orders they know to be wrong.

Additionally, the current studies from Pfizer show "fully vaccinated" people have only 30% protection from Omicron. Even when boosted, these studies show protection tops out at only 48%. So even best case scenario, you still have a better than 50/50 shot at getting infected with Omicron variant when exposed.

Furthermore, children are at incredibly low risk of hospitalization or death. To date, no children have yet died of Omicron. Yet, in the Pfizer trial on children, one of the 1200 young people had a terrible reaction which has left her wheelchair-bound for life and almost killed her. Her name is Maddie De Garay and she was 12. She must be tube-fed as well, for the rest of her life! Pfizer lied about this to the FDA, reporting that one person had a "stomach ache", in order to get their Emergency Use Authorization approved. If one child out of every 1,200 has a reaction like this, then of the current 1,051,694 WA State students, we should expect to see around 877 students dead or maimed for life. All of this to prevent a variant which has killed just one person in the entire United States (a man from Texas). Does this make any logical sense to you?

Worse, the more we vaccinate into the face of a new variant, the more it will continue to mutate to escape the vaccine. Omicron exists because of this. We put mutational pressure on the Alpha and Delta variants and this drove a new variant that current vaccines only slightly work against. This same scientific phenomenon can be seen with insects developing immunity to insecticide. If you spray a field with 10,000 bugs in it, you'll kill 99,900. But the 100 who live will pass on their resistance to the insecticide to their offspring and within one or two generations the insecticide no longer works at all.

Viruses mutate far faster than DNA because they are made of RNA. There is

approximately one mutation every 10,000 replications with RNA. When multiplied by the billions of people who have gotten Covid, and the millions of copies of the virus inside each person, this will ostensibly give rise to variants and the ones which will survive will be those that can spread faster, infect more people, and avoid the epithelial attachment points and avoid detection by the body's antibodies which were taught by the old Pfizer, Moderna and J&J vaccines. Omicron no longer "looks like" what the body's antibodies are trained to look for when injected with the vaccines from the original strain. It's like having a picture of a bad guy posted by your front door. But the picture is two years old and the bad guy who ends up knocking at the door looks totally different. This leads the body to not be able to mount as effective of an immune response compared to if the body had been allowed to fight it without ever having been injected.

Simply put, the more we vaccinate people with these two-year old vaccines, the more we are putting mutational pressure on Omicron to morph into yet another version which our current vaccines will not be able to fight at all.

And even if a new vaccine came out that gave 95% protection against Omicron, by the time it was injected, the five percent that have breakthrough cases would be end up fueling the next major variant and that vaccine would cease to work. We cannot keep vaccinating the entire world every six months. We haven't even vaccinated half the world in the last year and by the time everyone is, the virus will have already mutated again. We're chasing our tails trying this method and it's clearly not working based on states like NY which have 90% of the people vaccinated but which are currently experiencing j-shaped, exponential growth of Omicron. Vaccinations are not the answer, it's obvious for you everyone to see.

To recap - forcing vaccines violates the Nuremberg Code, the current vaccines don't work, there are documented serious health risks for young people from current vaccines, while continuing to vaccinate with "leaky vaccines" will continue driving new variants.

Further salient points:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

From: Rhonda Burcham
Sent: 1/6/2022 4:15:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1- the Covid shot does not prevent the individual from contracting or spreading the virus!

2- there is no research and data available to determine its safety to my child!

3- it is against my religious convictions to use any drug or vaccine which utilizes aborted fetal tissue in its product or while researching this product!

4- this is a civil rights violation!!!

5- we need full disclosure and transparency but instead those who are asking questions are being silenced and strong armed into getting the vaccine for fear of losing our jobs or in Washington's case potentially being put into "Quarantine camps"!

6- the government is supposed to work for the people, not control the people! Yet our current government is hell bent on dividing and destroying this amazing country! Pitting neighbor against neighbor!!! All for more power and control! These mandates have nothing to do with the health of the nation, it's ALL about power, and Gov Inslee is one of the worst offenders!

NO VACCINE MANDATES PERIOD!!!!!!

Sincerely, Rhonda Burcham

Sincerely,

Roger & Adrienne Kinzie
Kitsap County - Poulsbo

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 7:42:25 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid Shots for kids & Forced Isolation and Quarantine

From: Serah N <smnganga@gmail.com>
Sent: Wednesday, January 5, 2022 7:21 PM
Subject: Covid Shots for kids & Forced Isolation and Quarantine

External Email

Hello,

These two policies are UNCONSTITUTIONAL .

It is a parent's choice as to whether their child should get the shot or not.

Forced isolation and quarantine is so wrong on many levels, the world is trying to move away from the era of Adolf Hitler. Please allow people to exercise their God given freedom.

Thank you,

Serah N

From: Monkey Mama3
Sent: 1/5/2022 12:30:30 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Vaccine Approval for school

External Email

Dear DOH,

I do not believe this should be on the table, The reason being is that there is NO approved covid vaccine available in the USA for one, the one they say is approved is also on the EUA and is not available until 2023 after the trials are over. You can not have both, it can not be approved and be on the EUA list.

Two, we do not know the long term side effects that it will have but we do know that there are already issues with teenagers coming down with heart issues, blood clots, death, and many more problems after getting these shots. We have athletes dying on the field after receiving the shot.

The states that have a high vaccination rate are also the one with high hospitalization. This can not be a coincidence!

They have manipulated the deaths, saying you are not considered to be fully vaccinated unless you have taken both shots and it is two weeks after the second shot. They are also saying someone died a couple days after the vaccine they were unvaccinated, If you were to have a side effect this would be the time frame you would have it, but it is being brushed under the table.

There is a CEO from a major Life Insurance company that has come out saying that there is a 40% increase in deaths since the vaccine came out. These are all things that show you should not even be thinking about giving this to our children.

This is not safe or effective. All this is, is propaganda. It is effective until you get the two shots then it is no longer effective and needs a third shot. This is not how immunity works.

Finally, this is an overreach of authority. You have no right to poison or sterilize our children.

Please remember that when this is done and the deaths from this are counted everyone that helped or was complicit will be held accountable. There is no such thing as I was just doing my job, and there will be new Nuremberg trials here in America.

PS: you might want to rethink the decision on the Covid PCR test for athletes. Parents know that there is Eo on this and it is considered a cancer causing agent and the state will be held responsible. Also the CDC took it off the EUA because it was unreliable.

Thank you for reading. If you have any questions don't hesitate to email or call.
--

Michelle Longoria

E-mail: michellelongoria44@gmail.com <mailto:michellelongoria44@gmail.com>

Cell:509-770-1229

From: Yahoo
Sent: 1/6/2022 12:02:18 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid mandates in schools

External Email

Hello,

I'm sending you this email because I hear a vote will be casted, to implement a mandate for all children to be vaccinated against Covid, to attend school. As a parent, I do not agree with such a law, and nor do many families I have spoken with. While vaccination is right for some it is not right for all. To take away people's freedom to choose is unethical, and goes against the constitution. I believe each person has the right to their own body autonomy. Furthermore, healthcare should be a private matter that is between a person and their doctor. Government has no place in this area, and the precedent that this would set is very troubling. For all those reasons, I implore you to vote no on mandating a Covid vaccine to attend school.

Thank you,
Natalie

Sent from my iPhone

From: Shayna Lander
Sent: 1/6/2022 4:05:34 PM
To: DOH WSBOH
Cc:
Subject: 05272D60-0F50-44EE-A24F-08B10C7774EE

External Email

Dear Representative,

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

Shayna Lander

From: Laura Miculinich
Sent: 1/6/2022 4:06:12 PM
To: DOH WSBOH
Cc:
Subject: Covid policies

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.

Sent from my iPhone

From: megan commons
Sent: 1/6/2022 12:41:48 PM
To: DOH WSBOH
Cc:
Subject: Covid Policies

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral.

My family and 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.

I have already let all my friends and family know these are being considered and have encouraged them to speak up and to speak out!

Please do the right thing; protect our freedoms!!

Thank you,
Megan Commons

From: Jennifer Fish
Sent: 1/6/2022 1:39:01 PM
To: DOH WSBOH
Cc:
Subject: Considerable confusion Items 9 and 11

External Email

Dear State BOH members,

I had previously emailed you to express my concern that there is considerable confusion on social media and in the public domain about agenda items 9 and 11 and that I could not find sufficient clarification on the BOH website for exactly what will be discussed on January 12th.

In addition to my previous comments, I would like to add that, as the mother of a school-age child, I am wholeheartedly AGAINST mandating covid vaccinations for school-age children. the most current estimates I could find state that about 20% of children age 5 to 11 have gotten their first dose of the covid vaccine. If you require covid vaccines for school attendance, you are going to lose the enrollment of the vast majority of school-age children in this state to homeschooling. We will pull our children out of your schools . Many of us already have.

I'm also unclear on whether item number 11 is with regard to changes in the rules regarding HIV notification and reporting or whether it is extending the current requirements of WAC 246-101-017.

I am wholeheartedly disappointed that you have made it SO DIFFICULT for a common citizen to figure out what the heck you're talking about with item 11.

The buzz on social media is that item 11 is with regard to extending emergency rules in order to enable covid-19 to be deemed as a notifiable condition subject to the rules regarding forced detainment and quarantine at the order of LHJs & to be enforced by local LE. If that is indeed what you are going to be discussing, I am firmly and wholeheartedly AGAINST.

Thank you for your time, and I very much look forward to watching the meeting to gain a further understanding of what this is all about.

Jennifer Fish
Jefferson County, WA

From: gina.vanhollebeke@gmail.com

Sent: 1/6/2022 12:21:54 PM

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

Cc:

Subject: Covid Vaccine Requirement in Schools

External Email

To Whom this May Concern,

I am strongly opposing a mandate to add the covid vaccine to the list of vaccine requirements. It is my god given and constitutional right to chose what is best for MY family! I hope you are ready to step into the role as an educator in a classroom if you chose to go along with this insanity, because you WILL lose more educators! I urge you to take a good look at yourselves and think about the one thing you wouldn't want for your family especially your children....would you put down your guard and go along with being FORCED to do the #1 thing you wouldn't ever want to do because the government told you to?? I highly doubt it and if for a second you think you would I know you are lying! Please chose to oppose this mandate and give back our rights!

Gina VanHollebeke

Sent from my iPhone

From: Debbie Gannon
Sent: 1/6/2022 2:24:48 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1) the vaccines are still only emergency use authorized.
- 2) children are at very low risk for covid.
- 3) there are no long-term studies to document the safety of these vaccines.
- 4) both the vaccinated and unvaccinated are transmitting covid, therefore the vaccines are not successful.
- 5) this goes against a parent's freedom to care for their child.

Please hear the voice of the people!

Sincerely,
Deborah Gannon

From: Judy McMahan
Sent: 1/6/2022 4:01:32 PM
To: DOH WSOB
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons and including the following reason:

300+ Members of Boston College Community Demand COVID Booster Mandate Policy Recognize Natural Immunity

More than 300 Boston College parents, students, alumni, faculty and staff this week signed a petition to the college's president, Fr. William Leahy, opposing the college's recently instituted one-size-fits-all COVID-19 booster mandate because it fails to recognize natural immunity.

By

Hooman Noorchashm, M.D., Ph.D.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fhooman-noorchashm-md-ph-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf25668b8236240e43c9b08d9d170a65e%7C11d0e2>

ink copied

<<https://childrenshealthdefense.org/wp-content/uploads/Boston-College-Hooman-Noorchashm-feature-800x417.jpg>>

Miss a day, miss a lot. Subscribe to The Defender's Top News of the Day

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fabout-us%2Fsign-up%2F%3Futm_source%3Dtop_of_article%26utm_medium%3Dthe_defender%26utm_campaign%3Dsign-up

. It's free.

A group of more than 300 Boston College parents, students, alumni, faculty and staff this week signed a petition

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.petitions.net%2Fboston_college-petition

to the college's president, Fr. William Leahy, opposing the administration's recently instituted one-size-fits-all COVID-19

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdemand-covid-19-booster-mandate>

booster mandate.

The petition requests the college create rational "off ramps" to the policy to protect individuals with "hybrid immunity

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.news-medical.net%2Fnews%2F20211202%2FHybrid-immunity-provides-the-highest-and-most-durable-immunity-against-SARS-CoV-2-infection.aspx&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf25668b8236240e43c9b08d9d170a65e%7C11d0e2>

" and those with serologically verifiable evidence of robust COVID-19 antibody immunity.

This is the first community uprising at one of America's elite universities against unsafe

and unnecessary booster mandates

This new mandate was issued even though more than 97% of that campus is already fully vaccinated by mandate — and despite the fact that the Centers for Disease Control and Prevention (CDC) has not changed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehill.com%2Fpolicy%2Fhealthcare%2Fwhite-house-no-plans-to-change-definition-of-fully-vaccinated&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf25668b8236240e43c9b08d9d170a65e%7C11>>
the definition of “fully vaccinated” to include a booster shot.

The biggest problem with this irrational and unsafe booster mandate is that it does not take into consideration the fact that many already vaccinated students, faculty and staff at BC also had a natural infection.

These individuals carry what Dr. Anthony Fauci

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.amazon.com%2FReal-Anthony-Fauci-Democracy-Childrens%2Fdp%2F1510766804&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf25668b8236240e43c9b08d9d170a65e%7C11>>
himself labeled robust “hybrid immunity.” Many in the public health arena and in the Biden administration have described this type of immunity as being “bulletproof.”

Still, Boston College’s University Health Services, and administration led by sports medicine physician, Dr. Douglas Comaeu, are rigidly mandating these individuals undergo a mandated booster shot.

With the Omicron variant

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-surges-fda-vaccine-strategy-question%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf25668b8236240e43c9b08d9d170a65e%7C11>>
raging through the nation since Thanksgiving, many members of the college community and elsewhere were recently infected, despite being already “fully vaccinated.”

These persons are also being subjected to BC’s draconian booster mandate even though they, too, now have hybrid immunity.

But perhaps most concerning is that BC is electing to continue its dangerous booster vaccine policy despite severe warnings

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnoorchashm.medium.com%2Fan-urgent-safety-warning-to-dr-97503baddf46&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf25668b8236240e43c9b08d9d170a65e%7C11>>
.

Commenting on the Boston College vaccine mandate, Robert F. Kennedy Jr., chairman and chief legal counsel at Children’s Health Defense, said:

“I am impressed by the courage of the several hundred parents, students and alumni of Boston College, who are rising in dissent against the irrational and dangerous one-size-fits-all approach that the college’s administration has adopted in mandating COVID-19 booster shots.

“I’m inspired that these courageous Boston College community members are trying to bring reason to a harsh and perilous administrative edict that cannot be defended by reason, science or medical necessity. What a terrible offense to the cherished American concept of human rights.”

To date, the college officials have not responded to the petition and the rigid booster mandate remains in place at Boston College.

From: Brenda Linth
Sent: 1/6/2022 1:30:24 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: Rob and Destry Roper

Sent: 1/5/2022 7:06:01 PM

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

Cc:

Subject: COVID Shots for kids in school

External Email

Hi, if you require COVID shots for kids in school we will leave the state of Washington. There will be many other parents leaving with us. This vaccine does not stop the spread of COVID and kids have very few problems with it! My kids currently have COVID and 100% are just fine no issues at all! The vaccine does not have enough long terms studies to know if it is safe or not! My kids is not your science experiment! You are going to have hell of a fight on your hands!!! Do not do it!!! Destry Roper

From: wendybiser

Sent: 1/6/2022 1:50:29 PM

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

Cc:

Subject: Covid vaccine requirement for school

External Email

I am writing to inform you that my children will be permanently withdrawn if covid vaccines are required for public school. My children's grandmother had an immediate severe adverse reaction to her 2nd moderna vaccine in April 2020, leaving her with permanent neurological damage. Despite her vaccination status, she is currently battling covid-19 infection. These vaccines come with risk, and when there is risk, there must be choice. Additionally, these vaccines have failed to stop the spread of covid. I worked as a research biologist for the NIH and my husband currently works for a local public health department in Washington and we both strongly reject vaccine mandates based on science.

Wendy Iser

443 676 9114

Sent from my Verizon, Samsung Galaxy smartphone

From: shirlene childers
Sent: 1/5/2022 11:19:20 PM
To: DOH WSBOH
Cc:
Subject: Covid

External Email

Good day,

I am unvaccinated and I had Covid in August. My adult children and my grandkids also are unvaccinated and had Covid in August and September. No hospitalizations. The kids had mild symptoms.

My vaccinated son-n-law also had it and he had cold and flu symptoms. Again no hospitalizations.

My family doesn't want or need a Covid shot. We will home school our kids and move out of Washington state before we take a Covid shot. We have natural immunity and do not fear Covid.

My 78 year old dad survived Covid. He was hospitalized in September 2020. But has been unvaccinated and Covid free since then.

My 80 year old mother and her husband chose to get vaccinated and were around my daughter and stepbrother who had Covid. They are fine. Kids need to get Covid so they can build immunity. They do not deserve an experimental vaccine. The vaccine is more risky than Covid. We know people are getting injured from the shot. Blood clots, heart issues, leg pains, death, and other problems. Please stop harming families with mask and vaccine requirements.

My three adult children have lived in this state their entire life. They have all overcome much and worked hard to start careers, get married, buy homes and start families. Now because of the mandates we are faced with leaving, moving and uprooting children from family members and their community. We have all had Covid.

Sent from Yahoo Mail for iPhone

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

From: John Kim
Sent: 1/5/2022 5:45:24 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine and children

External Email

Dear whom it may concern,

I am a father of children who currently attend a Washington public school. I believe that Americans should be free to decide whether to be vaccinated or not. Likewise, such decision for the children of the US should be made by their parents. Please do not require Covid-19 vaccine for children at their schools, but let us, the parents, make this decision for their children.

Best regards,
John

From: Sammy Mccoy
Sent: 1/6/2022 12:53:49 PM
To: DOH WSBOH
Cc:
Subject: Covid Policies

External Email

To whom this may concern:

I am completely against any of the proposed Covid Policies that are over reaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. They are completely against my freedoms of being an American citizen!

Samantha

Sent from my iPhone

From: c & g corativo
Sent: 1/5/2022 6:16:09 PM
To: DOH WSBOH
Cc:
Subject: Comments to SBOH on WAC 246-105-030 & Covid-19 Vaccine

External Email

Dear Members of the State Board of Health,

I am the grandparent of five elementary age children. I have received the Covid-19 vaccine and booster per my own choice. Recently I learned that the State Board of Health was considering adding a Covid-19 vaccine mandate for school children by adding it to WAC 246-105-030. I am appalled! This vaccine isn't anything like those already included in the WAC.

Before making that recommendation, please consider the following:

* K-12 students have proven to be minimally affected by infection with the Covid-19 virus & its variants.

* The Covid-19 vaccines were developed at "warp speed" for emergency purposes and did not go through the standard medically accepted process used for all other vaccines listed in WAC 246-105-030.

* There is not enough long-term medical data on the Covid-19 vaccines citing possible vaccination side effects in the growing & developing bodies of children 0-18 years of age.

* The Covid-19 vaccines have been pushed through the approval process within the federal bureaucracy of the FDA, and then mandated via presidential and gubernatorial emergency powers thereby forcing some adults to comply or lose their job. Exemptions were often denied to those who applied for them.

* With vaccines readily available, vaccination rates for children in Spokane County (srhd.org) are as follows: 40% of children age 12-17 are vaccinated and only 20% of children 5-11 are vaccinated...parents are making a conscious decision with regards to the best health choices for their children and choosing to wait on the Covid-19 vaccine.

* Adults, including those who are most vulnerable, have all been vaccinated if they chose to do so. Therefore, their health is not in jeopardy by children not receiving a Covid-19 vaccine.

* Unfortunately, some persons who have been fully vaccinated and boosted are still getting ill with the Covid-19 virus or one of its variants raising the question of how effective the vaccine really is.

* No determination has been made yet as to how often a vaccine/booster will be needed to protect one from this virus and it is likely it will be more like the annual flu shot than an actual one-time vaccination.

* There are thousands of flu deaths every year in the U.S. and yet no mandate has ever been considered for adults or children to get the flu shot (nor should there be one); it is an individual's personal health choice.

Based on this information it simply makes no sense for the BOH to pursue the recommendation to include the Covid-19 vaccine with the other vaccines in WAC 246-105-030. The Covid-19 vaccine has not even met half of the nine criteria used by the board in evaluating antigens. Based on a King 5 survey of 650 Washington residents, 54% in Eastern Washington opposed a Covid-19 vaccine mandate for children. Therefore, it is nowhere near acceptable to the public as required by Nine Criteria to Consider in Evaluating Antigens, III Implementation of the Criteria #7. It is also likely that public comments to the Board of Health on this topic for the January 12, 2022 meeting will also confirm it is not acceptable to the public.

Please carefully consider the impact your decision will have on students and parents. This is a decision that needs to be left to parents, not the government.

I have not even touched on the reaction you will receive from parents across the state especially those who will not comply and simply remove their children from schools. Already over 55,000 public school students have left school this academic year.

Lastly, if you do go ahead with this, I implore you to maintain exemptions for the Covid-19 vaccine for medical, religious, and especially personal/philosophical reasons.

Sincerely,
Gayle Corativo
724 E Glencrest Dr
Spokane, WA 99208
corativos@comcast.net <mailto:corativos@comcast.net>

509-466-7886

From: Stacie Repsold
Sent: 1/6/2022 1:26:36 PM
To: DOH WSBOH
Cc:
Subject: Comments regarding Covid vaccination for Children

External Email

To whom it may concern,

When I heard about potential mandates for the Covid vaccination, my heart dropped. I am a mother to three, fully vaccinated children, but I strongly believe these vaccinations should NOT be mandated.

One of the main reasons I believe they should not be mandated is that there is no longitudinal studies for how the vaccine may impact a child in the years to come.

I respect parents who vaccinate their children against Covid. I ask that you too respect a parent's right to choose whether their child should or should not be vaccinated, especially since the data regarding this vaccine and the long term results it has on children is unknown.

Most Sincerely,

Stacie

Stacie J Repsold MS CCC-SLP
Speech language pathologist

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 10:23:32 AM
To: DOH WSBOH
Cc:
Subject: FW: covid vaccine for children

From: Norna Groff <nornadarlene@gmail.com>
Sent: Wednesday, January 5, 2022 10:22 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: covid vaccine for children

External Email

Please don't require the covid vaccine for children to attend school. Just a few days ago Dr. Fauci said that children very seldom get seriously ill or die from covid so please don't mandate the vaccine. Since the protection from the vaccine wears off after a time it does not seem necessary as the children can receive the vaccine when the time comes that it is dangerous for them to get covid. Thank you. Norna Groff, Tonasket, WA

From: Jack Fagan
Sent: 1/6/2022 3:31:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons: The vaccine is still in an experimental stage and who knows what the long range results will be. It is a proven fact that the vaccine does not prevent a person from getting Covid.

I and my family are definitely against vaccinating children of any age If it does not prevent them from getting the disease

Sent from my iPhone

From: Leslie Neely
Sent: 1/6/2022 11:16:26 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine

External Email

To whom it may concern:
I oppose mandated vaccines for elementary age and younger children.
These children are extremely low risk and the vaccines are still only for emergency use.
Sincerely,
Leslie Neely

Sent from my iPhone

From: Other Addy
Sent: 1/6/2022 3:30:56 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I WILL NOT ALLOW MY CHILDREN TO BE VACCINATED AGAINST COVID-19 UNTIL RIGOROUS, LONG-TERM STUDIES PROVE THEM SAFE!! WE WILL MOVE OUT OF STATE IF THIS MANDATE IS ENACTED.

Angry mom in Auburn, WA

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 2:22:46 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination

From: Brenda Linth <bmlinth@yahoo.com>
Sent: Thursday, January 6, 2022 1:46 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: Achristine77
Sent: 1/5/2022 6:54:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for upcoming meeting on vaccine mandate in schools

External Email

Hello,

I read that you have any upcoming meeting to discuss a covid vaccine mandate for Washington schools. I currently have a 1st grader attending school in this state. I am vaccinated and believed in getting the vaccine for myself. My 6 year old though has almost no risk of having a bad outcome he was to contract covid. I am much more concerned of him suffering heart damage from the vaccine. I have consulted my brother who is a physician and he sees no reason why anyone would vaccinate a healthy 6 year old.

My child is up to date on all of his traditional vaccines. These vaccines stop him from getting things like polio or the measles. The covid vaccine does not stop anyone from contracting covid. At best it may lessen the severity of covid. So where is the benefit to my child that would warrant any risk?

If the decision is made to mandate the covid vaccine to attend school in this state I will remove my child from the public school system. I will always do my best to protect my child.

Thank you,

Ari McDonald

From: Jesse Bornfreund
Sent: 1/6/2022 3:54:45 PM
To: DOH WSOH
Cc:
Subject: Citizen input for your Jan 12 meeting RE: Covid vaccine mandates for children in school



attachments\E7704AB4AF7A495F_image0.jpeg



attachments\4B6C846EE01F407E_image3.jpeg



attachments\235E3DD1216D422B_image0.jpeg



attachments\889F2342451548EA_image0.jpeg



attachments\9EFD19AF3CE04FA8_image1.png



attachments\1BBF6B0C5B1A4EAB_image1.jpeg

External Email



☐ Assist you, I am resubmitting my comments with specific details of what I am positing, to save you from having to look it up.

☐ It is my understanding that you are contemplating requiring a mandatory Covid Vaccine for children to go to public school.

1) You are considering mandating an Experimental "Vaccine" that required the FDA to change the definition of what a vaccine is in order for it to qualify as a vaccine.

2) You are considering mandating an Experimental "Vaccine" that has had to date over 1,000,000 adverse reactions reported worldwide including the CDC's Vaccine Adverse Reaction database. That includes 10,000's of deaths including many children.

3) you are considering forcing (coercing) parents and children to take an experimental drug, which is in strict violation of the Nuremberg code, and is a Crime Against Humanity.

4) You are considering forcing an experimental vaccine into children, an experimental vaccine which at this point in time is proving to not work. The substantial number of "new Covid" cases taking place around the world are more amongst the vaccinated, not the unvaccinated. This in itself is an indication that the experimental vaccine does not provide adequate or long lasting protection, which would make sense since there are no long term studies that show these vaccines to be useful, in fact, they are showing now them to be deadly.

5) You are considering forcing an experimental vaccine into children, which, after a quick review of the CDC's VAERs database would allow you to see the significant number of adverse reactions reported among children under the age of 17. Those adverse reactions include myocarditis, peritonitis, seizures, heart attacks and death, to name a few.

Over the last two years, your mandates for masks, "vaccinations", social distancing, and "essential" businesses have done nothing to "stop" the virus. They have only accomplished forcing 1000's of small businesses to close, forced many of us to tap into our life savings and retirement funds to survive our businesses being shutdown, our lives uprooted, our rights being infringed and pitting neighbor against neighbor.

Let me also mention, my education is in microbiology and immunology, and I have both brought real vaccines to market, and commercially produced millions of doses of vaccines, so I have a background in this discipline.

What you have done, continue to do, and are considering doing is wrong, is not supported at all by "the science", and you should be put on trial for the damage you have and continue to cause.

If you force our children to be jabbed with a shot that could very well kill them, you will be held accountable. My child would be removed from the public school system were a Covid vaccine be required.

You cannot use a vaccine to stop a virus such as a Coronavirus which mutates quickly, and can be passed between different animal species. Your push to "vaccinate, vaccinate, vaccinate" with an experimental and potentially deadly vaccine while ignoring therapeutic solutions such as the anti-parasitic drugs Hydroxychloroquine and Ivermectin with decades of approved use (there is now more than adequate peer-reviewed studies that show the effectiveness of these drugs in stopping the virus) including studies published by the National Institute of Health) is responsible for significant harm.

It's time for you to stop making things worse.

Best,

Jesse Bornfreund
Sammamish, WA 98074

From: Alsin
Sent: 1/6/2022 3:11:20 PM
To: DOH WSBOH
Cc:
Subject: *****VITAL INFO for Child Vaccination meeting*****



attachments\972F17CF0B0A44E1_SBOH Child Covid Vaccine.pdf

External Email

The safety of our children should be of the highest priority.

I respectfully ask that you read the attached letter regarding mandating the Covid Vaccine for children.

Thank you for your consideration,

Sincerely,

Erik Alsin, MBA, CPA

Washington State Board of Health,

Everyone involved in anyway with Healthcare should follow the guiding principle of

"FIRST, DO NO HARM"

Regarding Covid Vaccinations, most people understand that VAERS, Vaccine Adverse Event Reporting System, dramatically understates the actual deaths and adverse injuries from vaccination.

A recent study from Columbia University has determined that based on VAERS, the actual deaths from Covid Vaccinations is at least 400,000 deaths in just over one year.
about equal to almost SEVEN VIETNAM WARS .

The FDA shut down the Swine Flu trial with only about 50 deaths.
Something is drastically wrong!!!

The Covid Vaccination death toll obviously screams that the risk to benefit ratio is
NOT WORTH THE RISK, especially to children who have essentially NO RISK from Covid.

In addition to an increased death risk from the covid vaccination, children are at an increased risk of myocarditis and pericarditis which is permanent heart damage if they survive the covid vaccine.

Why take the risk in a healthy child with no risk from Covid???

"FIRST, DO NO HARM"

Do you know that in order to offset the risk of myocarditis and pericarditis after giving children the covid vaccine, that Pfizer has added an adult heart attack drug, Tromethamine, to the covid vaccine?
No child needs Tromethamine! Except if they take the Covid Vaccine.

"FIRST, DO NO HARM"

The uncontroverted medical consensus is that existing Covid-19 injections do not prevent infection or transmission of the coronavirus; i.e., they do not create immunity in the recipients. This is admitted openly today:

CDC Director stated on CNN:

"What the vaccines can't do anymore is prevent transmission."

Dr. Anthony Fauci to NPR:

"We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to someone else."

WHO Chief Scientist Dr. Soumya Swaminathan:

"At the moment I don't believe we have the evidence of any of the vaccines to be confident that it's going to prevent people from actually getting the infection and therefore being able to pass it on."

Chief Medical Officer of Moderna Dr. Tal Zaks:

"There's no hard evidence that it stops [the Covid-19 vaccinated] from carrying the virus transiently and potentially infecting others who haven't been vaccinated."

Surgeon General of the State of Florida, Dr. Joseph Ladapo, MD, PhD:

"... the infections can still happen whether people are vaccinated or not. That's very obvious."

Professor Sir Andrew Pollard who led the Oxford vaccine team:

"We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is even better at infecting vaccinated individuals."

Dr. Jay Bhattacharya, MD, PhD, Professor of Health Policy, Stanford University:

"Based on my analysis of the existing medical and scientific literature, any exemption policy that does not recognize natural immunity is irrational, arbitrary, and counterproductive to community health."

2008 **Nobel Prize winner** in Medicine Dr. Luc Montagnier (also winner of the French National Order of Merit and 20 other major international awards):

"The covid **vaccines don't stop the virus, they do the opposite – they 'feed the virus,'** and facilitate its development into stronger and more transmissible variants... You see it in each country, it's the same: the curve of vaccination is followed by the curve of deaths ... the vaccines Pfizer, Moderna, Astra Zeneca do not prevent the transmission of the virus person-to-person and the vaccinated are just as transmissible as the unvaccinated."

Dr. Martin Kulldorff, Professor of Medicine at Harvard Medical School:

"The bottom line is that these vaccines do not prevent transmission."

Dr. Sunetra Gupta, Infectious Disease Epidemiologist and Professor of Theoretical Epidemiology at the University of Oxford:

"It is really not logical to use these vaccines to protect other people ... I don't think they should be forced...because this vaccine does not prevent transmission. So if you just think of the logic of it, what is the point of requiring a vaccine to protect others if that vaccine does not durably prevent onward transmission of a virus?"

There are a multitude of news reports of outbreaks on fully "vaccinated" sports teams and cruise ships, not to mention in the fully "vaccinated" White House. There is simply no question that **the Covid-19 injections do not create immunity.**

The risk of adverse events of giving the Covid Vaccination to a healthy child is not worth getting.... no benefit.

"FIRST, DO NO HARM"

Please don't risk harm to our children by mandating the Covid Vaccine.

Sincerely,

Erik Alsin, MBA, CPA

alsin88@gmail.com

From: Judy Gores
Sent: 1/6/2022 8:55:28 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

My name is Judy Gores and I live in Spokane, WA. I had 3 daughters go through Spokane public school in Spokane. I now have a son in Kindergarten and I pulled him from Public school because I could not imagine any benefit to keeping a Kindergartner in a mask all day. Now, the thought that an UNAPPROVED Vaccine, with NO LONG TERM testing would even be considered for children is HORRIFYING!! This vaccine was not even developed for the Omicron variant that we are now dealing with. PLEASE, DO NOT FORCE THIS SHOT ON OUR CHILDREN!

Sincerely,

Judy Gores

From: Cortney Goodrich
Sent: 1/6/2022 1:37:56 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for students

External Email

To Whom It May Concern:

I do not believe the Covid-19 vaccine should be added to the required list of immunizations for kids to attend school. I currently have two children enrolled in Tonasket School District and will have a 3rd child enrolled by next Fall. We will pull all of our children immediately if this was to happen. We will be forced to not support public education. This vaccine has not been studied long enough and no one is aware of the long term effects this could have on our children. It has been proven that children are not the epi-centers of Covid and to force a vaccine on them in order to get education from public school is completely unacceptable. We need our schools and extracurricular activities for proper development of these kids. Please consider not enforcing it to be mandatory. If parents choose to vaccinate their kids, that is the freedom they have, but we should have that freedom to not as well. We should not have to choose between public schooling and our children's potential future health (there is no scientific way to prove this will not have adverse issues in the future, the vaccine has not been around enough years to do so).

I appreciate your time and consideration on this topic.

Thank you,
Cortney Goodrich

--

Cortney
Sweet Lemon Clothing Co.
705C Omache Dr
Omak, WA 98841
(509)429-6395

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 3:12:38 PM
To: DOH WSOH
Cc:
Subject: FW: Against ANY NEW Covid Shot Regulations for the State - Kids & Adults



attachments\B37611622F52460D_image.png



attachments\D49FC47B92C046B1_image.png



attachments\A19690ABE19545DC_image.png



attachments\7E5AF3BC8A624879_image002.jpg



attachments\B6090D4D0FE04995_image.png



attachments\9E605D30DB3549B3_image.png



attachments\9E23337ED83F4237_image.png

From: A. Nitz <annette_t_n@hotmail.com>
Sent: Thursday, January 6, 2022 2:23 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Against ANY NEW Covid Shot Regulations for the State - Kids & Adults

External Email

External Email

All,

It has come to my attention that that there is yet another potential new over stepping of power from the state in the veil of covid safety.

I am against 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, vaccination (WAC 246-100-040). These specifics come from (WAC 246-100). If health officers hold this much power, this power should be coming from the people not the position. It is bad enough the governor will not let go of his emergency powers as the state enters a third year of an emergency while most other states have returned to living without all the hubbub of the virus.

I am against including the Covid-19 injections as part of school immunization requirements using (WAC 246-105.). Kids are already least effected group from covid, all this shot is going to do is increase and speed up deterioration of their bodies, create a hardship for the families who will then have to take care of the kid because of the vaccine immunity with no thanks to HR 5546 (see below) protecting the pharmaceutical companies over the safety of the children.

This virus does not go after children as it goes after the older adults with comorbidities. The children who have fallen ill are ones who are already compromised or have been injected with this untested shot in the name of health. Especially when children have a less then .5% chance of dying from this!!

This entire procedure is yet another overstep of those who were elected and making sure those who they appointed pushes forward an agenda that is not in the best interest of the people or the children.

Do the right thing and not pass these proposed WACs

☐

<https://www.muhealth.org/our-stories/how-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6c4f259976ae48b7a60408d9d16a07a2%7C11>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6c4f259976ae48b7a60408d9d16a07a2%7C11>

How Do We Know the COVID-19 Vaccine Won't Have Long-Term Side Effects? - MU Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.muhealth.org%2Four-stories%2Fhow-do-we-know-covid-19-vaccine-wont-have-long-term-side-effects&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6c4f259976ae48b7a60408d9d16a07a2%7C11>

One of the reasons some people haven't signed up to receive the COVID-19 vaccine is that they're worried there might be unknown side effects that will show up months or years later. Although it's true there are still a lot of things we're learning about the vaccines — like how effective they are against variants and how long their protection lasts — there are plenty of things we do ...

www.muhealth.org

H.R. 5546:

Passed House amended (10/14/1986)

(Measure passed House, amended)

National Childhood Vaccine Injury Act of 1986 - Title I: Vaccines - Subtitle 1: National Vaccine Program - Amends the Public Health Service Act to establish in the Department of Health and Human Services a National Vaccine Program to: (1) direct vaccine research and development within the Federal Government; (2) ensure the production and procurement of safe and effective vaccines; (3) direct the distribution and use of vaccines; and (4) coordinate governmental and nongovernmental activities. Requires the Director of the Program to report to specified congressional committees.

Establishes the National Vaccine Advisory Committee to recommend: (1) ways to encourage the availability of an adequate supply of vaccines; and (2) research priorities.

Authorizes appropriations for FY 1987 through 1991.

Subtitle 2: National Vaccine Injury Compensation Program - Part A: Program Requirements - Establishes the National Vaccine Injury Compensation Program as an alternative remedy to judicial action for specified vaccine-related injuries.

Prescribes the contents of any petition for compensation.

Grants U.S. district courts authority to determine eligibility and compensation. Requires

the district court in which the petition is filed to designate a special master to serve as an adjunct to the court. Sets forth the responsibilities of the court.

Lists factors to be considered when determining the amount of a compensation award. Sets forth a table of injuries deemed vaccine-related for compensation purposes. Permits the Secretary of Health and Human Services to: (1) promulgate regulations to revise such table; and (2) recommend changes to the vaccines covered by the table.

Provides that compensation awarded under the Program shall be paid out of the National Vaccine Injury Compensation Trust Fund. Limits awards for actual and projected pain and suffering and emotional distress to \$250,000. Prohibits awards for punitive damages.

Establishes the Advisory Commission on Childhood Vaccines to: (1) advise the Secretary on the implementation of the Program; (2) recommend changes to the Vaccine Injury Table; and (3) recommend research priorities.

Part B: Additional Remedies - Sets forth procedures under which the person who filed a petition for compensation under the program may elect to file a civil action for damages.

Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where: (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care. Permits punitive damages in such civil actions under certain circumstances.

Part C: Assuring a Safer Childhood Vaccination Program in the United States - Requires each health care provider who administers a vaccine listed in the Vaccine Injury Table to record certain information with respect to each such vaccine. Requires each health care provider and vaccine manufacturer to report certain information to the Secretary.

Requires the Secretary to develop certain vaccine information materials for distribution to the legal representatives of any child receiving a vaccine listed in the Vaccine Injury Table.

Directs the Secretary to promote the development of safer childhood vaccines.

Sets forth recordkeeping and reporting requirements for vaccine manufacturers. Imposes civil and criminal penalties for destroying, altering, or concealing any such report or record.

Part D: General Provisions - Allows any person to commence a civil action against the Secretary where the Secretary allegedly has failed to perform a duty under this Act. Provides for judicial review of the Secretary's regulatory actions in a court of appeals of the United States.

Allows the Secretary to provide licensing for unpatented vaccines for naturally occurring human infectious diseases under certain circumstances.

Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies.

Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines.

Directs the Secretary to review the warnings, use instructions, and precautionary information presently used by manufacturers of vaccines listed in the Vaccine Injury

Table. Directs the Secretary to require manufacturers to revise and reissue any warning, instruction, or information found inadequate.

Grants the Secretary recall authority with respect to any licensed virus, serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or other licensed product which presents a danger to public health. Establishes civil penalties for recall violations.

Directs the Secretary to make annual reports to specified congressional committees on the impact this Act has on the supply of vaccines.

Title II: Miscellaneous - Provides that certain Federal provisions designed to reduce paperwork shall not apply to information required to carry out this Act.

Age group

Deaths as a percent of total cases

0-4

0.0043%

4-9

0.0057%

10-14

0.0000%

15-19

0.0016%

20-24

0.0096%

25-29

0.0201%

30-34

0.0485%

35-39

0.0680%

40-44

0.0968%

45-49

0.2141%

50-54

0.3504%

55-59

0.5232%

60-64

1.0644%

65-69

2.0645%

70-74

3.9417%

75-79

6.7996%

80-84

11.5887%

85-89

12.8286%

90-94

23.9318%

95-99

30.3089%

100+

30.7888%

Respectfully,

Annette Nitz

From: Twinkle Kitty
Sent: 1/6/2022 3:42:10 PM
To: DOH WSBOH
Cc:
Subject: Concerns about Vaccines and TAG rules development



*attachments\D753275E38FF4CE2_Washington State Board of Health letter
signed.docx*

External Email

Please read.

From: Kelly Jay
Sent: 1/5/2022 3:05:23 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH)
Cc:
Subject: Covid 19 injections on vaccine schedule

External Email

January 5, 2022

Dear WA State Board of Health, employees and associates and TAP:

We now know that the covid 19 injections not only do not prevent infection, transmission, hospitalization and death of covid 19, but they are also a considerable health risk. Why would anyone conceive of including such on a childhood (or any) vaccination schedule? Have you not done your due diligence in researching the data and facts around this hastily rolled out injection? To date, there is not even possibility of long term or phase 3 trials being completed. The risk of a child dying from covid 19, is less than .01 percent. This vaccine has already proven to be more dangerous to children than covid 19 itself.

It is your duty to search out these facts away from vested and conflicts of interests and learn for yourselves. Thousands of highly esteemed doctors and scientists are speaking out about what the data and science is showing and they are voicing their objections to, and abhorrence for, these forced injections. These doctors and scientists speaking facts and truth against a narrative are being censored from social and main stream media and academia. Why is that?

Are you aware of the VAERS? How many deaths from this forced injection are acceptable for you? I say not even 1 is acceptable, especially for a virus with a 99.9 + % recovery rate in children! Why won't Pfizer release all their data on these injections? Are you willing to take personal responsibility for the lives of children and adults you will maim and destroy by facilitating approval for this atrocity? Are you willing to break state and federal laws, US codes and constitutional protections to push this agenda? You will also be living in the state and country you chose to destroy personal protections from the real danger of an overreaching government in.

When presented with reality and all of the facts, the only conclusion one can reach for anyone supporting this agenda is:

1. They are either ignorant to facts, science and truth because of censorship and personally held distorted beliefs.
2. They are mentally ill, compromised or unstable.
3. They know what they are doing and are benefiting in some degenerative way from pushing this agenda.

In any case, those will not escape this horrific machine being fed and will not be immune to the consequences of their actions and madness.

We know the vaccine industry is pushing this injection for it's own reasons. We also know, based on wording in the current law, an approval on the childhood vaccine schedule would mean securing the vaccine industry additional liability protection.

To all of you in positions of importance regarding this matter: We are watching you, and many more of us are becoming aware by the hour. All of the money on Earth will never supersede truth, you cannot stop or silence it. You will either be held accountable for your actions or you will reap untold reward. Get on the right side of history and do the right thing.

Sincerely,

The majority

From: Bob
Sent: 1/6/2022 9:21:44 AM
To: DOH WSBOH
Cc:
Subject: COMMENTS ON PROPOSED ACTION - CHAPTER 246-100 WAC

External Email

Good morning.

I am writing to urge the Washington State Board of Health to forego any attempt to utilize WAC 246-100-040 in response to COVID-19 concerns. Far too much power is yielded to the State in depriving citizens of their inalienable, God-given, Constitutional rights to life, liberty, and pursuit of happiness. We are free people, subject to God alone. The government has abandoned its responsibility to rule with justice and instead increasingly elevates itself to oppress and subjugate people using fear and intimidation to force its will upon us. The government is not God. Caesar is not Lord. We are far past the old debates of mask and "vaccine" efficacy, and are now faced with the imposition of tyrannical rule. This is no longer a conspiracy theory, but a blatant effort to violate personal, bodily integrity with no regard for personal choices related to medical treatment or religious objections. Dissenting voices are being silenced across all social media platforms. The mainstream media continually parrots lies and deception. We are not Australia. We are not Austria. We are not Canada, or any other nation throughout the world where we now witness what happens when government operates unrestrained. The Constitution of the State of Washington, deriving its authority from the Constitution of the United States, reads "All political power is inherent in the people, and governments derive their just powers from the consent of the governed, and are established to protect and maintain individual rights" (Article I, Section 1). We the people of Washington State DO NOT CONSENT to the proposed actions. We call upon the Washington State Board of Health to PROTECT AND MAINTAIN INDIVIDUAL RIGHTS.

Thank you.

Bob Reiher
Bremerton WA

From: Dante Leslie

Sent: 1/6/2022 1:04:14 PM

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

Cc:

Subject: Concerns & Mandates

External Email

Board Members,

First off, I'd like to start my email with your authority is not absolute and "We the People" do not consent to your heavy-handed approach to our health.

We do not give you the authority to force any medical procedures on our children, our elderly, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial.

Our bodies are not owned by our government and on the contrary, our bodies according to the Bible are a temple of the Holy Spirit.

" Or do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your own? For you were bought at a price; therefore glorify God in your body and in your spirit, which are God's." - 1 Corinthians 6:19-20

We do not give you permission to operate in an authoritarian way nor do we approve of you attempting to use broad rule making powers to force the Covid-19 shots that are NOT currently FDA approved on anyone. Only "Comirnaty" is approved and yet it is not offered in the USA at this time. The current Pfizer-BioNTech Vaccine is the one given in the US, but it is still under "EUA", not "Authorized." (See leaflets given by pharmacists - attached to this email or this link)

Labeling of Pfizer Vaccines:

<https://labeling.pfizer.com/ShowLabeling.aspx?id=14471>

EUA approval letter from FDA also includes Authorization for Comirnaty:

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

>> Congress Using the wrong information:

They are making it sound like "Pfizer/ BioNTech" and "Comirnaty" are the same. They are legally not and should not be represented as such. Technically Pfizer and BioNTech are manufacturers, but they have one legal name for an FDA approved vaccine "Comirnaty" and one that is only under EUA. There is a misconception that this is about semantics, but it is not - legal names and legal approvals for drugs in the US are supposed to follow specific procedures, clinical trials, and they hold important legal obligations and regulations.

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

<https://lynnwoodtimes.com/2021/12/07/federaljudge-rejects-interchangeability-comirnaty/>

PREP Act

Based upon the projected numbers of Covid-19, "on January 21, 2020 the former Secretary, Alex M. Azar II, declared a public health emergency pursuant to section 319 of

the PHS Act, 42 U.S.C. 247d, effective January 27, 2020, for the entire United States to aid in the response of the nation's health care community to the COVID-19 outbreak. Pursuant to section 319 of the PHS Act, the Secretary renewed that declaration effective on April 26, 2020, July 25, 2020, October 23, 2020, and January 21, 2021." "On March 10, 2020, former Secretary Azar issued a Declaration under the PREP Act for medical countermeasures against COVID-19 (85 FR 15198, Mar. 17, 2020) (the Declaration). On April 10, the former Secretary amended the Declaration under the PREP Act to extend liability immunity to covered countermeasures authorized under the CARES Act (85 FR 21012, Apr. 15, 2020)."

This declaration is all based upon projections as the time and not actual deaths. The first case to enter the US was shared as January 23, 2020, and although by the date of the first declaration of "public health emergency" (January 31, 2020) there were less than 10 cases. (Please see the attached graphs of cases and deaths with the oldest at the bottom of the list) We are told to trust the "science" yet, declarations of emergency were declared with less than 10 cases in the US on a new virus and the first death didn't even happen until February 27, 2020. The mistrust the public is experiencing is due to the extreme measures that have been taken against the people and the very heavy handed measures that have not been supported by the actual data.

https://covid.cdc.gov/covid-data-tracker/#trends_dailycases
<https://crsreports.congress.gov/product/pdf/LSB/LSB10443/7>

Please also review Pfizer's 6 month data. I've attached the document along with the link under "breaking news" called "More Harm Than Good." Although this is from Canada, we share lots of information, because we are all using the same vaccines.
<https://www.canadiancovidcarealliance.org/>

We have more strains, since the shots have been administered than we did prior to the shots being administered. The year of 2021 alone had "Mu", "Delta" and "Omicron" that were highly publicized and now "IHU" detected in France (January 2022.) Yet the first variant publicized was the "Gamma" in November 2021 in Brazil, but still not of concern until January 2022. The people of Washington have been more than compliant for the past 670+ days of our governor's emergency powers and yet the masks, shots, and lockdowns have not stopped the virus from spreading between vaccinated individuals, causing death, or causing vaccine injuries amount those that chose to be apart of the vaccine trial.

Please review some of the stories of the vaccine injured as their lives matter as well.
<https://www.covidvaccinevictims.com/>
<https://www.habingfamily.com/obituary/michael-mike-granata>
<https://www.realnotrare.com/realstories>

Understanding the VAERS reporting system:
<https://openvaers.com/>

You need to see what people think of the mandates by OSHA that President Biden issued. With over 119,830 comments, people are very unhappy that medical procedures are being mandated and yet have not proven to stop the spread, stop transmission, nor stop hospitalization as was touted in the beginning of rolling out these vaccines.
<https://www.regulations.gov/document/OSHA-2021-0007-0001>

Also, another interesting point is that since Covid has entered the scene, the CDC shows that essentially the seasonal flu has mostly not impacted any children. That seems very untrustworthy and is causing many people to mistrust those in our public health.
<https://www.cdc.gov/flu/weekly>

Right now, you are facing a big decision to "force" medical procedures upon people that do not freely choose to participate in this trial. One day soon, you may be against

something (politically, ethically, morally, or otherwise), and you may have already given up your freedoms to choose, because you didn't take this opportunity to speak up against "force" being perpetuated on those you serve.

We are asking you to consider the repercussions of force, mandates, and new laws that hurt the freedoms afforded us by our Creator; God or the ones supported by the US Constitution. Our children are our most treasured gem and it is our job given to us by God that we must protect them from any and all harm.

Please consider the points, data, and research I've shared when you consider a heavy-handed approach to mandates and forced medical procedures. In real life, not everyone can wear size 7 shoes, yet with all these mandates - we essentially are attempting to force everyone to have the same medical procedures when not everybody is the same.

From: Dan Sizer
Sent: 1/6/2022 5:00:48 AM
To: DOH WSBOH
Cc:
Subject: Covid 19

External Email

To Jay Inslee & Company,

I am a Washington state resident. I want my voice heard loud and clear.

I am against these so called COVID-19 policy changes, to force new (so called laws) to that will rule and rain down more state government control over my kids and my own free will to choose what is best for me and my family related to health care choices.

This is not freedom. This is over reach by state and federal government. This is wrong. We the people, should be voting on these major issues. You, Mr. Inslee and Company should NOT be allowed to pass into law in the middle of the night these UNLAWFUL acts!! Also, look up the Nuremberg code, you are breaking that as well!

You, Mr. Inslee and Company should be willing to listen to good and well educated doctors, outside of your local group of doctors. If you, Mr. Inslee and Company are truly for safety and stopping Covid, you would have absolutely no problem listening to Dr. Peter McCullough and Dr. Robert Malone and Dr. David Martin. I think you should call these doctors and invite them to a meeting to discuss these concerns.

However, I would be surprised, to see you, Mr. Inslee, and Company step up to the plate and have a sit down meeting a real discussion with these doctors and reevaluate your plans in your thinking towards COVID-19.

You, Mr. Inslee and Company are breaking the laws and the constitution and are out of bounds!

I am not against vaccines. I am against being a guinea pig for experimental testing.

Why push a vaccine???? The vaccine doesn't stop me from getting covid or transmitting COVID.

The vaccine has not been thoroughly tested and studied.

There has been so many horrible vaccine injuries and deaths. Why push this stuff??? Why??? Why don't you want to know the truth??? Or, do you know the truth and just don't care. Which one is it?? Something doesn't smell right with this covid 19 stuff!! Just saying!!

It's time to stop this nonsense and answer will question, with real doctors.

My expectation is to hear back from you people. The reality is I probably won't hear back from you people! I don't think you have the intestinal fortitude or courage or strength to do what is right. God is real and God is watching. You all aren't fooling God! You maybe fooling some people but not God! Watch out!

My name is Dan Sizer and I approve this message.

Sent from my iPhone

From: Blase Johnson
Sent: 1/6/2022 4:01:14 PM
To: DOH WSBOH
Cc:
Subject: Board of Health Zoom Meeting

External Email

I oppose the formation of a Technical Advisory Group to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose all COVID-19 shot mandates.

I support Informed Choice Washington's petition against creating such additions to school requirements.

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 4:27:32 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccination

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

From: Brenda Linth <bmlinth@yahoo.com>
Sent: Thursday, January 6, 2022 1:47 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Covid 19 vaccination

External Email

Good afternoon,

It has been brought to my attention that you are having a meeting on January 12th to discuss making the covid 19 vaccination part of the requirements to attend school. As a mother and aunt of several children, I am highly against this requirement. I am fully aware that over 55,000 children have unenrolled from public school this last year in Washington state. Trust me when I tell you it's not out of fear of the virus. The only virus that is plaguing our children is your gross overreach and indoctrination. Making it a requirement will be detrimental to the school system.

Sent from Yahoo Mail on Android

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

From: Heidi Lovett
Sent: 1/5/2022 1:14:43 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccination for children

External Email

I am writing to request that you NOT require COVID vaccinations for children to be able to participate in school/day care. These vaccines are still under an EUA and are as yet unproven to be safe long term. As such to mandate anyone take them is contrary to the Nuremburg Code

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cirp.org%2Flibrary%2Fethics>>
and is unethical at best. To force children who do not have legal authority over their own decisions/body to take these vaccines is wrong. PLEASE think about the future of our nation. When we force children to take a vaccine that is still under emergency use authorization (and is not approved through standard means), we are putting our future at risk in both their health as well as their ability to participate in society and in education.

Thank you for your time and consideration.

--

Heidi Lovett

From: Katy Allen
Sent: 1/5/2022 8:55:53 PM
To: DOH WSBOH
Cc:
Subject: Concern about vaccine mandates

External Email

Greetings. As a concerned citizen I wish to voice that it is extremely important to me that there NOT be mandates for school children to receive the Covid 19 vaccine. These shots are still under emergency use authorization, and children remain very low risk for Covid. Encouraging health, well being and safety measures is one thing that I can support... mandating is quite another. I trust there will be consideration given to all those concerned parents. Thank you very much,
Katy

Sent from my iPhone

From: ejnells777
Sent: 1/6/2022 2:06:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- 1.) There's no substantiated and truthful scientific evidence to date that any vaccines protect or eradicate Covid and all its variants.
- 2.) Dr. Fauci and the CDC have been caught in lies and misinformation before Congressional investigation panels (e.g. Rand Paul Senate Covid and Oversight Committee Investigation). Why would anyone, especially the Washington State Board of Health, put much confidence in the NIH, the WHO, the CDC and Dr. Fauci when they have been publicly complicit and proven false or suspect in what they're stating and recommending?
- 3.) It has been scientifically documented by many reputable health and medical institutions that school-age children do not need any Covid or variants immunizations, because they do not spread it to other children and only have very mild symptoms if they have it , and they have a very high 99.7xx% recovery rate (according to many highly respected health research institutions who have publicly documented and provided this for anyone to see and confirm). Why hasn't the Immunizations Technical Advisory Group seen or received this critical health data and information to be accurately and truthfully advised of a matter of this magnitude and significance before they give advice and recommendations to Washington State and whoever is concerned?
- 4.) As a Washington State resident and a Constitutional U.S Citizen I am extremely suspicious of and highly question any vaccine mandates for our state's school-aged children based on all the abundant, solid and reputable information available and that has been amply disclosed that is against vaccinating our children.

Thank you for my input and voice. I strongly urge you to consider my comments above.

Ernie Nelson
Ejnells777@gmail.com

Sent from my T-Mobile 5G Device

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 9:05:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid Vaccine Requirement for kids

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Kathy Day <kathy.day@hotmail.com>
Sent: Thursday, January 6, 2022 9:05 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid Vaccine Requirement for kids

External Email

Dear Ms. Schreiber,

I am writing to voice my concern regarding the consideration of covid vaccine requirements for school-aged children beginning next Fall.

Our four children span elementary to high school. They have all had covid, and thankfully, all had mild symptoms and recovered quickly with no long-haul symptoms. We are aware and acknowledge that some children are not as fortunate and that MISC is a risk factor for infection.

Having worked as an inpatient physical therapist at Seattle Children's Hospital, I recall young patients coming onto my unit who suffered similar complications (MISC, others with Guillan-Barre syndrome) that resulted from initial infection with flu or other illness. These were always regarded as RARE and unfortunate effects of otherwise non-life threatening viruses. Not once did I ever hear suggestion among medical or social work staff for a blanket requirement to flu vaccine as a solution. In fact, some of my patients who came in with Guillan Barre syndrome had received the flu vaccine that same year.

While mainstream media and CDC continues to promote covid vaccines and boosters, their efforts cannot negate tens of thousands of parents' personal experiences and direct word-of-mouth testimonies that covid is, for the vast majority of school-aged children, NOT a life-threatening illness, and NOT a significant, measurable, traceable cause of severe spread or threat to the larger community.

It is destructive to our state and tone-deaf to think that parents who do not want the vaccine for their children will reverse course simply because it's required or recommended. As time goes on, studies continue to show actual risk to children associated with the vaccine. A primary argument from health officials is that these risks are also associated with covid; however, they refuse to acknowledge that millions of

children have HAD covid and did not experience any lasting or dangerous side effects or complications, and that any subsequent infection from a virus almost always results in milder symptoms.

Attempting to require the covid vaccine for school entry in the fall WILL result in a mass exodus of students from our state's schools. Increased requirements to crack down on homeschooling or private school communities WILL result in a mass exodus of families and citizens from our state period.

We, born and raised here, have always had a strong desire to raise our kids in this beautiful place, but when freedom of choice and trust in our parenting is available to us in so many other states, the decision to leave has begun to hinge on decisions like these.

Please consider listening.

Thank you for all you are doing to serve,

Kathy Day

From: ellie kosz

Sent: 1/5/2022 10:41:48 PM

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

Cc:

Subject: COVID MANDATES IN SCHOOLS AND IN THE STATE OF WA

External Email

I am writing to address the proposals for WA State regarding COVID vaccines.

What you are proposing is unconstitutional and CRIMINAL.

If you think that the citizens of WA are going to support such criminal activity, you are in for a rude awakening.

What you are proposing is a violation of our rights as citizens and we are not going to allow such raping of our rights to occur and continue. We have had enough!

Please reconsider your actions. Your actions will either make or break this state and your 'careers' will surely and most definitely be impacted by your decisions.

Thank you for your consideration.

From: Lindsay Cox

Sent: 1/5/2022 6:26:21 PM

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

Cc:

Subject: COVID vaccine for children

External Email

WSBOH,

I would like to ask you to take into consideration that the COVID vaccine is still in its early stages of testing and use, and not much is known about its long term affect on children at this time. Please don't use our youth as test subjects for the COVID vaccine. I consider the ultimate low is to prey on children, and giving them a controversial shot, not knowing the long term implications is no different. Please say no to mandatory vaccination for covid for children to be able to attend our schools. I believe in the right to be able to choose what is best for ourselves and our families. If I have to, I will pull my kids from public school to protect them, but unfortunately some parents don't have that option.

Thank you,

Lindsay Cox

WA State Resident

Sent from my iPhone

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 8:21:23 AM
To: DOH WSB OH
Cc:
Subject: FW: Covid 19 vaccinations in school age children

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Tbevelacqu <tbevelacqu@aol.com>
Sent: Thursday, January 6, 2022 12:13 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid 19 vaccinations in school age children

External Email

I strongly oppose COVID-19 vaccinations for children. It has been shown that COVID-19 vaccines cause myocarditis in male children and other serious side effects up to death. COVID-19 vaccination have shown to be in effective in the prevention of COVID-19 or the spread of it. There is no benefit and the potential for harm is too great to use an emergency use authorization vaccine and mandate it.

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 9:29:18 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccine mandate/school

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Julie McRae <julsmcrae@yahoo.com>
Sent: Thursday, January 6, 2022 8:45 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Covid vaccine mandate/school

External Email

This email is to communicate to you that as a parent of school aged children I am against the Covid vaccine mandate. I believe parents should have the last say regarding what is put inside my child's body.
Please do not move forward with these unconstitutional mandates.

Sent from my iPhone

Sent from my iPhone

From: Danielle Morgan

Sent: 1/5/2022 11:30:07 AM

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

Cc:

Subject: Covid vaccine

External Email

To whom it may concern,

I am writing this email to let you know that my children will not be forced to take this vaccine and if it becomes a requirement they will no longer go to public school. We do not agree with the mask mandate and we do not agree with a vaccine mandate.

Thank you,

Danielle Morgan

From: Heather Hand
Sent: 1/6/2022 3:20:39 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

It's against the law! 21-US code 360-bbb-3: Emergency Use Authorized items such as a vaccine CANNOT be mandated. An the only "authorized" Covid "vaccine" is NOT available. Please go try to get it from your Dr. It's not available. The only Vaccines available are EUA, and that is illegal!

The vaccines are experimental and violate the Nuremberg Code of 1947. This is a landmark document on medical ethics after human experimentation associated with the horrors of WWII! How dare you suggest to repeat those atrocities. This means, " the person involved should have the capacity to give consent, exercise the power of free choice without the intervention of any element of force, fraud, deceit, duress, overreach, or other ulterior form of constraint or coercion; informed of all inconveniences and hazards reasonably explained, and the effects that may come of this experiment."

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who INITIATES, DIRECTS, or ENGAGES in the experiment. It is a personal duty and responsibility which MAY NOT be delegated to another with impunity.

Therefore, any harm that comes to a child after taking your "mandatory" vaccine, it's directly incumbent upon you. Are you prepared for that??

Sincerely,
Heather Hand

Sent from my iPhone

From: Carson Haskell
Sent: 1/6/2022 2:18:28 PM
To: DOH WSBOH
Cc:
Subject: 0B61B2B4-F213-426A-BEF7-A1A64EAA0B0F

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.

From: Dennis Donati
Sent: 1/6/2022 2:35:57 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

These experimental injections are NOT vaccines, they do not prevent subjects from getting covid, spreading covid, or getting seriously ill or dying from covid.

These experimental injections have had the most adverse effects than any other vaccine in history, which going off the VAERS report numbers is bad enough, but the New York Times research into VAERS reporting estimated that the numbers reported are grossly under actual numbers and the figure should be multiplied by a factor of 10.

You have no right or legal grounds to force everyone to take an experimental treatment, because it is not a vaccine, and it is not FDA approved and is still being issued under an extended EUA. Administration of anything under an EUA is bound by the requirements of informed consent, with the option to decline said treatment. Forcing against their will, or not informing people of effects is a crime against humanity and is punishable under the Nuremberg Code.

Parents are the only ones who have a say in what their children will or will not have done to them medically.

This injection/vaccine is a personal choice for everyone to make and no one has the right to force people to take it against their will, against medical conditions, or against their firmly held religious objections.

From: Debra Mullins
Sent: 1/6/2022 1:55:04 PM
To: DOH WSOH
Cc:
Subject: Citizen Comments Re.: Proposed Policies

External Email

Re.: PROPOSED POLICIES:

1. Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
2. Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Too many questions are yet unanswered.

The CDC openly acknowledges that for 30 years since creation of the VAERS reporting system, reporting of adverse vaccine DEATH reports remained very low and constant. However, beginning in December 2020 with the first COVID19 vaccines hitting the open market, and escalating every day since, the adverse event DEATH reports have skyrocketed to levels never before seen in 30-years of vaccine adverse event reporting.

These questions must be answered (with peer-reviewed science) before mass-enforcing an experimental injection, especially on children:

1. The CDC admits there are no peer-reviewed studies, yet it's okay to take injections, deemed "safe and effective." But by what standard?
2. Just what's in these injections? We know that the mRNA Moderna experiment injection contains SM-102 designated "for research use only, not for human or veterinary use" (See: Cayman Chemical Safety Data Sheet acc: OSHA HCS. Trade Name: SM-102.) What else is in these injections, and why pump them into humans (especially children)?
3. Salk researchers confirmed that the main damage from Covid is caused by the clot-generating spike protein, not the virus. It's unclear how long these potentially lethal proteins remain trapped in the lining of the blood vessels, or what damage they might eventually do, so why inject people with a substance that teaches their cells to make spike proteins?
4. Why the Covid surge (which, on a per-capita basis, was higher than the surge that devastated India) in 4 out of 5 of the most vaccinated countries (Forbes)?
5. Why did more people die in 2021 (January through August) despite the rollout of COVID shots in December 2020?
6. Cardiovascular, neurological and immunological adverse events are all being reported at rates never even remotely seen before. Why the magnitude of side effects compared to other vaccination programs? Shouldn't this concern us?
7. A local ABC News Station posted a request on Facebook for people to share their stories. In five days, over 200K people posted comments, all of which addressed vaccinated loved ones who died shortly after being injected, or who are permanently disabled. Shouldn't this at the very least be looked into?
8. Researchers noted: "Overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived B cells and memory B cells." This is perhaps the best available evidence of long-lasting immunity. Yet natural immunity is downplayed in the media narrative. Why?
9. To encourage pharmaceutical companies to manufacture ground-breaking new

medicine, governments use no-fault indemnity against lawsuits. Where's the protection for individuals injured from the vaccine? Check it out: According to the CDC, Myocarditis, a rare condition, is occurring at a higher than expected rate in vaccinated individuals. The Informed Consent Action Network (ICAN) reported that a study showed that the actual number of anaphylaxis is 50 to 120 times higher than claimed by the CDC.

Researchers used data from the Vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Ft-vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce0eb1461b43a483ad99508d9d15f0d97%7C11d0>

Safety Datalink, run by the CDC, to find 21 potential cases, 11 of which were confirmed, of Guillain-Barré syndrome (GBS) in people who got the shot. Autoimmunity and the opposing condition, metabolic syndrome, are well known adverse events caused by vaccines. The Covid injection is also paired with Creutzfeldt-Jakob (prion) disease.

Shouldn't the public be fully informed? And what about one's right to informed consent?

10. Are we ready for the reality that life for the vaccinated will "be about the maintenance of one's vaccination status"?

From: Steve McCoy

Sent: 12/30/2021 11:32:35 AM

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

Cc:

Subject: Adding COVID-19 Vaccines to the list of required childhood vaccinations.

External Email

Washington State Board of Health;

Re: Adding COVID-19 Vaccines to the list of required childhood vaccinations.

The Technical Advisory Group held an orientation meeting on December 29th in which they began discussions of including COVID-19 in the list of Vaccine-preventable diseases per WAC 246-105-030. I appreciate the effort to build this decision upon science and sound medical evidence. When I use the word science, I mean provable, repeatable facts. Evidence that would stand in a court of law.

The first critical question in this process; Is the vaccine being administered under Emergency Use Authorization? If so, where does the liability rest for adverse effects? And if it is FDA approved, was the same historical approval process used for this vaccine as previous vaccines? Please provide the research along with the list of adverse effects.

What is the evidence of the efficacy of the vaccine, particularly for children under 18? My understanding is the age group being considered are least likely to have severe or life threatening symptoms from COVID-19.

And since the definition for 'fully vaccinated' continues to change, what benefits are you proposing over natural immunity? Please provide evidence.

Dr. Robert W. Malone, credited as the inventor of mRNA technology, has expressed concerns regarding the use of this technology in vaccines. Shouldn't his information be considered in this process?

During the meeting, a quote from John Stuart Mill was given as the "Board Critical Framework". It reads, "The only purpose for which power can be rightfully exercised over any member of a civilized community, against his (or her) will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Please explain how this is not a blatant violation of our Constitutional right to personal liberty? The state and federal constitution both declare our inalienable right for our person. Yet the framework being used to guide this decision supports forced compliance against a person's moral or physical good. Justified by a philosophy that believes the good of the community is above the rights of the individual.

This is following the utilitarianism philosophy of John Stuart Mill. How is forcing this philosophy upon the public, different from forcing any other belief system upon the public, based upon the justification that it is for the good of everyone?

As you consider this decision, please look critically at the science. And think about any

course of action as to how it conforms to, or violates the liberty of the individual, per the intention of our Constitution. There are many lawsuits currently making their way through the courts concerning the forced compliance to this vaccine. Certainly, these cases should be considered as well, since any decision to mandate COVID-19 treatments will need to withstand legal challenges.

Regards,

Steve McCoy

From: Jennifer Cook
Sent: 12/29/2021 3:19:24 PM
To: DOH WSOBH
Cc:
Subject: Covid vaccine requirements for K-12

External Email

I am writing to plead with you to NOT make the Covid "vaccine" mandatory for children to attend school. There are many reasons not to move forward with this. First of all, children ARE NOT at risk from Covid and the current panick driving variant, Omicron varies from basically no symptoms to a very mild flu. For most it seems to be like a head cold. So, should we also require vaccines for the common cold? Or allergy shots? The emergency situation is and has been grossly exaggerated, particularly for children. There is no emergency situation for children outside of the policies which are destroying their childhoods. They are absolutely at more risk from these shots than from Covid. Even if you go by the official data, you will see that the numbers do back up this statement.

Another reason not to force injections on children, is that adults can all get it if they want it and that has been the case for some time now. This is actually the same reason to force it on nobody, regardless of age. If these shots work then anyone who thinks they need them can get them and should be protected. If they don't work then nobody should get them quite frankly. To argue that children should get these shots to protect adults who already have chosen to get injected themselves is NOT scientific and is contrary to even minimal common sense. Which brings me to my next point, these shots are NOT working, clearly. First, they said 99% effective, then 95%, then it was in the 80s, then 70s... Eventually, a booster was announced as essential. Now, they are saying that a fourth shot will probably be necessary. Talk of a booster anywhere from every 9 months all the way down to every 2 months is getting tossed around. CLEARLY these shots don't work as a vaccine should. So, what sense does it make to mandate them.

Next point, these are experimental and not all information on them is available. You cannot force experimental injections and you cannot force injections without FULLY INFORMED CONSENT. We do not have all information available still on these shots. That CAN'T be denied under any stretch of the truth. Tell me? What are all the ingredients? What are the long term effects? Bet you can't answer either. Before you go off on the Pfizer FDA approval narrative, stop. Comirnaty, the FDA approved version isn't available in the US and isn't being given. The emergency use version is still being given. I'm going to go out on a limb and say this is because Pfizer has legal protection under the EUA.

Another point, the officials involved have been caught blatantly lying and contradicting themselves about safety and efficacy of the vaccine and the severity of Covid over and over again. So, we are supposed to use this as the basis of whether to give families the choice of an education for their child or bodily autonomy?

From: Herendeen, Lindsay (SBOH)
Sent: 12/30/2021 9:22:20 AM
To: DOH WSBOH
Cc:
Subject: FW: 13 reasons why 5 to 11-year-old Children should not be given the Covid-19 Vaccine

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>

, 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: Russ hamerly <russhamerly@yahoo.com>

Sent: Wednesday, December 29, 2021 2:27 PM

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

External Email

To: WA State Board of Health

Please ensure you fully understand the following information before making your decision.

Thank you.

Russ Hamerly

Seattle

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

BY THE EXPOSÉ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fauthor%2Fjonathan-jones>
ON DECEMBER 23, 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F12%2Freasons-why-children-5-to-11-should-not-have-the-covid-vaccine%2F&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7>

- (4 COMMENTS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F12%2Freasons-why-children-5-to-11-should-not-have-the-covid-vaccine%2F%23comments&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008>

Listen Now

[illegible]

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fregulator-approves-use-of-pfizerbiontech-vaccine-in-5-to-11-year-olds&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e> for the Pfizer / BioNTech Covid-19 injection to be administered to all children between the ages of 5 and 11.

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

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-new-vaccination-advice-for-children-and-young-people&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d> deemed to be in a clinical risk group, or who are a household contact of someone who is immunosuppressed.

Professor Wei Shen Lim, Chair of the JCVI said:

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

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

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

19 injection.

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

Reason No. 1

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

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

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

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

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F05%2F86-of-children-suffered-an-adverse-reaction-to-the-pfizer-covid-vaccine-in-clinical-trial%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C1>
. Of the 1,097 children who received a second dose of the jab 78.9% experienced an adverse reaction.

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

Reason No. 2

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

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

Consequently, children who received the vaccine had nearly six times the risk of a severe adverse event occurring in the two-month observation period compared to children who did not receive the vaccine. In addition, the incidence of Covid-19 in the unvaccinated group was 1.6%, therefore, there were almost seven times more severe adverse events observed in the vaccinated group than there were Covid-19 cases in the unvaccinated group.

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

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

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

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

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

Reason No. 4

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

A study (found here

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

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

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

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

Reason No. 5

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%>
(see official MHRA document here

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

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

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

The reason the Pfizer mRNA Covid-19 injection has only been granted temporary authorisation is because it is still in clinical trials that are not set to conclude until May

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2Fstudy%2F00000976&data=04&contextmenu=link&format=html>

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

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fpapers.c%2F678942&cid=678942>) examined 900 hospital staff members in Vietnam who had been vaccinated with the Oxford / AstraZeneca viral vector injection between March and April 2021. The entire hospital staff tested negative for the Covid-19 virus in mid May 2021 however, the first case among the vaccinated staff members was discovered on June 11th.

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

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

UK Department of Health & Social Care Study

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

The UK Department of Health & Social Care study (found [here](#))

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

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

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

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

Reason No. 7

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

Various UK Health Security Agency Vaccine Surveillance reports

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_49.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_49.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%3A)

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

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

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

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

This data alone puts an end to the myth that the Covid-19 vaccine will prevent children from being infected and spreading Covid-19.

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

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-278.png?resize=639%2C523&ssl=1>>

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

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

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

Between 16 Aug 21 and 05 Dec 21 there were 3,070 Covid-19 deaths among the unvaccinated population in England, compared to 12,058 deaths among the vaccinated population during the same time frame. That is a 293% difference.

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

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-281.png?resize=639%2C493&ssl=1>>

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

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

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

* COVID-19 vaccine surveillance report – Week 37 (Covers Week 33-36)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_37_v2.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d>

* COVID-19 vaccine surveillance report – Week 41 (Covers Week 37-40)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/surveillance-report-week-41.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d>>

* COVID-19 vaccine surveillance report – Week 45 (Covers Week 41-44)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_45.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d>

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

Reason No. 8

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

MHRA revealed that they had received a total of 404

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e>>
reported adverse reactions to all available vaccines (excluding the Covid-19 injections)
associated with a fatal outcome between the 1st January 2001 and the 25th August 2021
– a time frame of 20 years and 8 months.

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

However, according to the MHRA Yellow Card Report (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e>>
– under each analysis print section) there were 1,632 deaths reported as adverse reactions to the Covid-19 vaccines from December 9th 2020 up to September 1st 2021. This included 16 deaths due to the Moderna jab, 24 deaths where the brand of vaccine was unspecified, 1,064 deaths due to the AstraZeneca vaccine, and 524 deaths due to the Pfizer mRNA injection.

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

Reason No. 10

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

Myocarditis is inflammation of the heart muscle, whilst Pericarditis is inflammation of the protective sacs surrounding the heart. Both are serious conditions due to the fact the heart muscle cannot regenerate, and both conditions have officially been added to the safety labels of the Pfizer jab and Moderna jab by the MHRA (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e>>
>).

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-114.png?resize=639%2C141&ssl=1>> Source

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e>>

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

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

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

The new JAMA study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F1352722>) showed a similar pattern to a CDC study (found [here](#))

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Facip-2021-06%2F03-COVID-Shimabukuro-508.pdf&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11>), although at higher incidence of myocarditis and pericarditis after vaccination, suggesting vaccine adverse event under-reporting.

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle&cid=69875&ui=en&hs=en&sr=es&di=en&from_mail_header=true)

the average monthly number of cases of myocarditis or pericarditis during the pre-vaccine period of January 2019 through January 2021 was 16.9 compared with 27.3 during the vaccine period of February through May 2021.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewartic>
. Also, in the governments' statistics, pericarditis and myocarditis were "lumped
together".

Children have died and are dying due to the Covid-19 Vaccines

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.openvaers.com%2F covid-data%2F covid-full-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e>
by inputting the specific VAERS ID shows that several children have died in the US after having the Covid-19 vaccine, with many suffering cardiac arrest.

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image-107.png?resize=478%2C405&ssl=1>

<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image-109.png?resize=471%2C283&ssl=1>

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

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

Reason No. 12

So it may surprise you further to know that GP's are being offered an additional payment of £10 on top of the £12.58 already offered for every injection administered to a child in the United Kingdom. All of this is documented in an official NHS document found here <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fcoronavirus%2Fuploads%2Fsites%2F52%2F2021%2F08%2FC1384-Vaccinating-children-and-young-people-frequently-asked-questions.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fcoronavirus%2Fuploads%2Fsites%2F52%2F2021%2F08%2FC1384-Vaccinating-children-and-young-people-frequently-asked-questions.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%2F)

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215>>
back in 2002 (see here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215>>
) , and back in September 2020 Bill Gates ensured the value of his shares went up by announcing to the mainstream media in a CNBC interview that he viewed the Pfizer jab as the leader in the Covid-19 vaccine race.

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215>>
(see here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215>>
) in September 2019, just before the alleged Covid-19 pandemic struck.

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

Reason No. 13

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215>>
15&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215
(see here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215>>
15&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf84da1c0041b4ca5d6e008d9cbb8ef28%7C11d0e215
) they were not recommending the Pfizer Covid-19 injection be offered to all children over the age of 12.

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

The JCVI cited the following –

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

Since 1st April 2009 the Health Protection (Vaccination) Regulations 2009 place a duty on

From: Carol Shimono
Sent: 12/29/2021 1:31:24 PM
To: DOH WSBOH
Cc:
Subject: adding COVID-19 vaccines to school vaccination schedules

External Email

I'm writing to let you know I strongly oppose adding covid vaccines to the school schedule. Because of it's non-existent safety studies, the fact that almost no children have died from Covid, and the shot only being approved for Emergency Use Only, it should be totally up to parent discretion and choice if they want to get their children vaccinated. Various law suits have been filed around the country opposing mandatory vaccinations and more will be coming should you make such a major error in promoting the requirement of this gene therapy shot for our school age children.

From: James Hollmann
Sent: 1/1/2022 5:52:58 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaxx for children in school

External Email

Good evening, my name is James Hollmann and I have 6 children all that go to either wenatchee or eastmont school system. I am emailing you in regards to C19 vaxx being required to engage in school and school activities! All of my children love school, and as a parent, that's one of the main things you worry about! You worry about are they going to get bullied, are they going to be made fun of, are they going to embarrass themselves? Are they going to be safe? Are they going to like their teachers and is this going to be good for them? Well as stated, thankfully my children enjoy going to school! Then it comes to vaccine mandates in accordance with attending school. I am completely and utterly opposed! Family friend of ours is now paralyzed from the neck down due to the 2nd dose of the vaccine. No previous medical history, nothing and now completely paralyzed from the Vaccine. Me, my partner and all 6 of our children will never be getting the C19 vaccine! We have all had Covid and developed antibodies from our god given immune system! We go to church each Sunday and believe in our creator! Not to mention the lack of science when it comes to "Natural Immunity" and the in-ability to recognize the human immune system as a scientific way to combat the virus is astounding! With our god given immune system, we have a GREAT and I repeat GREAT chance to combat this virus like all others that have come before as well as all others that will come after! The covid 19 vaccine changes the body's genome, changes your DNA! I am writing to you to oppose this unconstitutional, immoral and unethical vaccine that we cannot put into our bodies! If you guys unfortunately pass this horrible ruling, I will have to take all 6 of our children out of school and put them into religious or private schools that do not require the vaccine in order to keep them educated! Please please please dont make my children and thousands and thousands of other children leave the schools they love because of this! Thank you

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:24:20 PM
To: DOH WSOH
Cc:
Subject: FW:

From: Alex Zhdanyuk <alex.zhdanyuk@gmail.com>
Sent: Saturday, January 1, 2022 11:10 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

Dear Kelie Kahler (Kelie.kahler@sboh.wa.gov <mailto:Kelie.kahler@sboh.wa.gov>)

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns.

From: rb2006
Sent: 1/4/2022 10:23:21 AM
To: DOH WSBOH
Subject: Board Consideration for Vaccine Mandate on Children



*attachments\5D599B18B1254056_Dear DOH and To Whom It May Concern
1.3.21.pdf*

External Email

To Whom It May Concern,

Attached in PDF form is my letter to Washington State Board of Health, sent directly to WSBOH along with multiple elected and official representatives for my community. Respectfully please consider points made in these large decisions coming up for our state.

Thank you,

Rachel Buck

Sent with ProtonMail

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

Dear DOH and To Whom It May Concern:

I have a 16 year old daughters' bodily sovereignty I am defending with my comments. She is a straight A student, has fought to conquer the odds to stay active in her school through sports and leadership. And is on an added extracurricular board of students across the state to provide insight to the legislation as to what the students perspectives are regarding policies and proposals.

Our daughter does not want the Covid-19 vaccine. She has had Covid, and thankfully fared well throughout the illness. We are responsible citizens, quarantining over 10 plus times to be considerate of the public around us. But we stand in a legal and moral place to defend her Informed Medical Consent and right to bodily sovereignty, in all things.

I will be BCC some Representatives in my community in this email, for full disclosure.

I understand the discussion with the TAG panel is purely from a medical basis. But I would like to encourage a couple of points for considerations:

- 1) Medical involves psychological and I see this lacking in the panel, happy to be proven wrong in this though.
- 2) With only one panelist from Eastern Washington I would like to present that this is a politically skewed optic out the gate. Eastern Washington often has little voice and say, policy speaking, as to what goes on in our own state. When weighing such a massive advisory vote, one that holds much power, as a constituent of this state I would appreciate more balance on this front.

I do not say this as a personal attack on those picked for this panel. Honestly I do not assume to know your experience and expertise, or be a judge of this. I do assume each person is acting in their own best conscious.

The continued marginalization of half the landmass of this state's population is incredibly frustrating to watch over and over and over in different governing decisions. Including giving unvoted power to regulatory agencies such as the Washington State Board of Health.

An example: Seattle Public School District feels they have the right to make a vaccine mandate request for the entire state and this is then blasted via media. This one school district does not hold the place to make a request above the 295 other districts that make up the OSPI oversight.

- 3) If you do, indeed, continue to push this vaccine, while ignoring the experimental nature of its creation, onto the schools you are directly responsible for an obvious step in marginalization of a demographic with sincerely held religious beliefs.

Marginalization often hides in under the guise of "the greater good." Just look at mass incarceration. People as commodity has gone far enough, just look at the Indian Farmer's and the fight against corporate elite's attack in the last five years.

Marginalization happens in many ways.

- 4) Time will be the true measure that lets our population know if any measure is necessary and when it has to do with our children, time is what is requested. Especially looking at the risk factors

involved, complete lack of long-term studies done, and FDA decision to allow Pfizer to withhold important data in regard to their specific Covid-19 vaccine variation.

We now have evidence that the lockdown measures were not as productive as hoped. Spokane Mayor Nadine Woodward has brought this issue as well as the issue of mental health to the forefront in our community. Sadly, my own sister has been attempting a FOIA request with Spokane Regional Health District and been met with roadblocks.

Her request is the statistics involving drug overdoses and suicide rates from 2020 and 2021. As this data has not been released. So, in the name of transparency, what is this information and why is it not readily available to the public? We can count weekly Covid-19 test numbers but we cannot publicly and accurately check these stats as well? Or make them easily publicly available?

5) The hate I see in our community? Is pushed by Governor Inslee when he heavily insinuates over and over that my family, including many law-abiding citizens with not so much as a speeding ticket, are domestic terrorist. FEMA defines Terrorism as “the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom.”

Mr. Inslee’s behavior and continued hateful rhetoric constitutes this definition much closer than mine. I have loved my community and family members boundaries incredibly intentionally throughout the pandemic. Regardless of political view or medical decisions I might add. Mr. Inslee, as the leader of Washington state, cannot in good faith claim the same.

6) If our state legislation and acting agencies decide to continue to push this line, while ignoring ALL of the scientific data, onto our children we are left with little choice but to very seriously consider removing her from the system to defend her rights as an American citizen. We as parents will know then, that the true intent is to persecute, not to act in public health.

As such, we respectfully request vaccine clinics moved OFF school property and to local community centers. This allows the families that would like to participate in the vaccination process close access for their children but respects the boundaries and the families that do not. Placing clinics on taxpayer funded property like the school ignores the mental health of our youth during a devastating time.

7) One of the most beautiful aspects of being a Constitutionalist is that my family’s community is not a specific ethnicity. It holds no line on outside optics. It does not hold people in a class, but rather works to honor each person’s life experience. It includes people from all over the world, that have fled their countries, often fleeing for their lives.

This is my culture and this I feel in my heart. This is shown in our family’s constant attempt to love those around us. To live our life by the Golden Rule. Are we perfect people? Absolutely not, nor would we ever claim to be. But have raised our daughter with these values. And we use these values to make our decision on Informed Medical Consent.

8) In conclusion, I understand it is a difficult place to be in, making these big decisions at this moment in history. But I encourage each person that reads this letter to do some research on a few topics that may seem outside the box. Read Professor Harriet Washington’s Book, Carte Blanche as well as Oneness vs. the 1% by Environmentalist Shavana Shiva and do some soul searching on the lessons

history can teach us. While we are in unprecedented times, we as a population don't need to re-write a script.

One last thing, we beg you as community members, constitutes, and people of this land. Stop searching for ways to control an uncontrollable situation. And start leading by example through bridge building, compassion, and understanding. This is what our great state truly needs. I say this in the name of equality, Love for my community regardless of beliefs, and as a citizen trying to do the same thing on a daily basis.

Sincerely,

Rachel Buck

Born and Raised Citizen of Spokane County

From: Glennis Stamon
Sent: 1/2/2022 5:11:43 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccinations for students

External Email

We are adamantly opposed to requiring Covid vaccinations for school children. There is too much conflicting data regarding efficacy, safety and long-term affects to even be considering such a move at this time. The newest variant is known to be less severe and less likely to impact children. The alleged effectiveness of currently available vaccinations against all the different variants is also not well-supported by the most recent data.

Health experts acknowlege the current surge is just that - a surge that will soon subside. Rushing into such an important decision without solid data is reckless, improper and harmful to our kids. A review committee member participating in the Zoom presentation with a poster urging vaccination in their background leads many to wonder about the intent and impartiality of the group. This is a decision that requires an open, thoughtful and impartial investigation, not a rushed decision that meets an artificially imposed deadline. The other vaccinations on the "required" list are well-researched and vetted, with proven efficacy. The same standards MUST be applied to the deliberation regarding the Covid vaccination.

Sincerely,

Mike and Glennis Stamon
1496D Pritchard Rd N
Evans, WA. 99126
gstamon70@gmail.com <<mailto:gstamon70@gmail.com>>

From: Glasoe, Stuart D (SBOH)
Sent: 1/3/2022 6:37:57 PM
To: DOH WSBOH
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Tina Furuness <tfuruness@icloud.com>
Sent: Thursday, December 30, 2021 5:32 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Washington Board of Health,

As a parent, I strongly oppose of the possibility of the board including the experimental Covid-19 (mRNA) vaccines for children in the State of Washington to attend school/daycare. After being fully informed of the risks and benefits of a medical procedure, patients have the right to reject or accept that procedure. Governmental preemption of patients' or parents' decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child rearing. I have outlined for you information I am fully aware of in regards to the mRNA vaccines. Please review the information listed.

1. SERIOUS ADVERSE VACCINE REACTIONS ARE REAL AND ARE UNDERREPORTED As of 12/15/21, 965,843 adverse events following COVID vaccines have been reported to VAERS, including 20,244 deaths. 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).

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%7C1>>

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Ffindfield.php%3FTABLE%3DON%26GROUP1%3DCAT%26EVENTS%3DON%26VAX%3DCOVID19>

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Ffindfield.php%3FTABLE%3DON%26GROUP1%3DCAT%26EVENTS%3DON%26VAX%3DCOVID19>

2. VACCINE MAKERS ARE IMMUNE FROM LIABILITY Vaccine manufacturers have no incentive to ensure their vaccines are as safe as possible. Established in 1986 with the National Childhood Vaccine Injury Act and reinforced by the PREP Act, vaccine makers cannot be sued even if they are shown to be grossly negligent.

<https://www.congress.gov/bill/99th-congress/house-bill/5546>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.congress.gov%2Fbill%2F99th-congress%2Fhouse-bill%2F5546&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%7C>

<https://www.phe.gov/Preparedness/legal/prepact/Pages/default>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phe.gov%2FPreparedness%2Flegal%2Fprepact%2FPages%2Fdefault>

3. VACCINE COMPANIES HAVE LONG RAP SHEETS Vaccine makers have paid out tens of billions of dollars for crimes, including fraud and violating the False Claims Act, when they knew products would cause injuries and death. (Think Vioxx, Opioids and more.) If they knowingly put harmful products on the market when they can be sued, why should we trust them to make safe vaccines when they have no liability and rushed clinical trials?

<https://violationtracker.goodjobsfirst.org/industry/pharmaceuticals>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviolationtracker.goodjobsfirst.org%2Findustry%2Fpharmaceuticals>

4. PREVIOUS ATTEMPTS TO MAKE SIMILAR VACCINES HAVE FAILED In one study, vaccinated infants got much sicker than the unvaccinated infants when exposed to the respiratory syncytial virus (RSV) naturally, with 80% of the vaccinated infants requiring hospitalization. Two died. In subsequent studies, vaccinated animals became very sick when they later became infected with the actual virus. Many died. This phenomenon is called Antibody Dependent Enhancement (ADE).

<https://www.nature.com/articles/s41579-020-00462-y#Sec11>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41579-020-00462-y%23Sec11&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%7C>

<https://www.nature.com/articles/s41579-020-00462-y#Sec11>

5. COVID VACCINES HAVE NO LONG-TERM SAFETY TESTING There is no way to determine what these experimental vaccines will do to humans in the medium- to long-term. Not all vaccine injuries manifest immediately. Additionally, given that all current COVID vaccines have Emergency Use Authorization status only, people cannot be subject to mandates under federal and international law.

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Femergency-preparedness-and-response%2Fmcm-legal-regulatory-and-policy-framework%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de9>>
emergency-use-authorization

6. COVID VACCINES DO NOT STOP TRANSMISSION 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.

<https://www.fda.gov/media/144245/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144245/download>>

<https://www.fda.gov/media/144434/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144434/download>>

<https://www.fda.gov/media/146217/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F146217/download>>

7. YOUNG ADULTS HAVE UNDER .04% RISK OF DEATH FROM COVID-19 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%. Consider this low risk from COVID when deciding whether to take an experimental vaccine that causes significant side effects, including death.

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-SexAge-and-S/9bhg-hcku/data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Death-Counts-by-SexAge-and-S%2F9bhg-hcku%2Fdata&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de9>>

8. mRNA VACCINES CONTAIN PROBLEMATIC INGREDIENTS Both mRNA vaccines (Pfizer's

and Moderna's) contain polyethylene glycol (PEG), and J&J's vaccine contains polysorbate 80—structurally similar ingredients associated with hypersensitivity reactions and anaphylaxis. Although the unlicensed mRNA vaccines are the first in widespread use to feature PEG, there are a number of approved vaccines that include polysorbate 80—all of which document anaphylaxis in their package inserts.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/pfizer-covid-vaccine-reaction-fda-peg%2F&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%2F10.1056/NEJMra2035343>
<https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/inactive-ingredients-covid-vaccines-allergic-reactions%2F&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%2F10.1056/NEJMra2035343>
<https://www.nejm.org/doi/full/10.1056/NEJMra2035343>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056/NEJMra2035343>
<https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/inactive-ingredients-covid-vaccines-allergic-reactions%2F&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%2F10.1056/NEJMra2035343>

9. THE J & J VACCINE CONTAINS ABORTED HUMAN FETAL CELL LINES The viral vector that forms the backbone of the J&J vaccine is grown in a continuous ("immortalized") human embryonic cell line (PER.C6) derived from the abortion of a healthy 18-week-old fetus, leading some Catholic leaders to describe the vaccine as "morally compromised." FDA officials have acknowledged for over two decades that such cell lines are a "major safety concern."

<https://childrenshealthdefense.org/defender/media-ignores-jj-pharma-giants-checkered-past/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/media-ignores-jj-pharma-giants-checkered-past%2F&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%7C1>

https://religionnews.com/2021/03/01/new-orleans-archdiocese-urges-catholics-to-avoid-new-johnsonjohnson-vaccine/?fbclid=IwAR0O-bTGv7WKyiNK5_thILH__z9PK53A-eHb3oIh3u81qeJGkCuY8_25jYw

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Freligionnews.com%2F2021%2F03%2Fnew-orleans-archdiocese-urges-catholics-to-avoid-new-johnsonjohnson-vaccine%2F%3Ffbclid%3DIwAR0O-bTGv7WKyiNK5_thILH__z9PK53A-eHb3oIh3u81qeJGkCuY8_25jYw&data=04%7C01%7CWSSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%7C1

https://childrenshealthdefense.org/wp-content/uploads/FDA-Pink-Sheets-99.pdf
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fwp-content%2Fuploads%2FFDA-Pink-Sheets-99.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%7C11d
 https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fvaccines-

blood-biologics%2Fbiologics-research-projects%2Finvestigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb6a485b8591944fda8ab08d9cf2b36de%

10. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."

11. All of the treatments being marketed as COVID-19 vaccines are still in Phase III clinical trials until 2023 to 2024 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials;

12. None of these treatments has been approved, but only granted emergency use authorization, hence cannot be mandated nor can informed consent be dispensed with;

13. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year;

14. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models;

15. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, myocarditis, and antibody dependent enhancement leading to death;

16. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials;

17. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting System (VAERS), than deaths in the last 10 years from all vaccines combined;

18. Only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID vaccines is unknown as there is a significant delay in uploading reports to the VAERS database;

19. Breakthrough cases of COVID-19 infections in those who have received COVID-19 vaccines is on the rise;

20. The trials have not proven that COVID-19 vaccines prevent infection or transmission;

21. Safe and effective treatments and preventive measures exist for COVID-19;

AND

22. Students are at nearly zero % risk of contracting or transmitting this respiratory illness and are instead buffers which help others build their immune system. The overall survival rate is 99.997%.

23. Children have already been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, and segregation through the COVID-19 measures and are therefore even more suggestible than their developmental stage would usually entail;

24. It is the job of parents or legal guardians, not of principals, teachers, teacher assistants, school board executives or other adults with influence on children, to make medical decisions for them;

Schools include vaccine and COVID-19 vaccine curriculum, which is biased, prejudicial and is a form of undue influence on any minor child which excludes full disclosure of the known risks of vaccination and the emerging evidence that vaccines do not provide protection as claimed;

25. Vaccine compliance elicited from children under threat of coercion, bullying, or suspension and who are not of fully informed consent that they have the legal right to refuse vaccination, constitutes extreme bullying and coercion and could be construed as a "battery" as well as a violation of constitutionally protected rights.

26. Contrary to misinformation spread by the World Health Organization, "implied consent" is not "informed consent," and "informed consent" is mandatory by law;

27. The Mature Minor doctrine cannot override the wishes and consent of the parents outside of preventing imminent harm or death. Vaccinations do not fall under the Mature Minor doctrine.

28. The engagement of medical experimentation without informed consent further constitutes the indictable offense of crimes against humanity.

For all of the foregoing reasons, I respectfully request that Washington Board of Health give serious consideration to not approve of the COVID-19 vaccine.

Sincerely,

Christina Carrillo Dela Paz

From: dlkosko@comcast.net
Sent: 1/2/2022 7:01:59 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for school

External Email

I dont think it is necessary to require the covid vaccine for school. Science has shown children are not at a high risk unless having underlying issues or no immune systems. It should be a choice. Alot of parents will remove their children from the public school system if it is required.

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:25:31 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccine mandate

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

From: Kaitlynn Donald <kaitlynn.donald@gmail.com>
Sent: Friday, December 31, 2021 9:00 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid vaccine mandate

External Email

Hello,

I as a mother of two am giving my informed consent notice that I OPPOSE the Covid vaccine being mandated for children in schools..

They are not the state, government, or countries Guinea pigs. They deserve better and deserve our protection..

My children will not be raised in a generation that is silent and told what to do..

Thank you
Kaitlynn Donald

Sent from my iPhone

From: Kristi Carmichael
Sent: 12/29/2021 1:26:54 PM
To: DOH WSBOH
Cc:
Subject: Covid Vax for School

External Email

You made your point perfectly clear shutting down chat and not taking questions. That's how you people win arguments right? Shut us down or talk over us. You all want to push this rushed experimental vaccine on our children to attend schooling they have a right to attend. Not a vaccine that has been around for years and years. A rushed EXPERIMENTAL vaccine. There is a HUGE difference. If you don't see that, then you are blind. You are already seeing a decline in public enrollment this year due to pushing your agenda. Want to see those numbers climb exponentially? Then keep pushing for this nasty vaccine requirement. You are all about that money for kids attending school right? You are going to lose. I don't want to be ugly here, but I am fed up with this drivel. I'm done. NOT MY CHILD!

Sent from my iPhone

From: Haus Manning

Sent: 12/30/2021 4:03:49 PM

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

Cc:

Subject: Covid vaccine requirement for school?

External Email

Hello,

As there is statistically no concern from any children dying from this virus, there is no responsible excuse to mandate children be required to make a medical decision that looks to be, at this point, not even living up to its promise.

It's hard to believe that you'd even be thinking about this. It's obviously not for the wellbeing of our children as indicated by the absurd masking and distancing you've inflicted on them, and the abusive practices that have continued. If you took their wellbeing seriously, you be meeting about mental health and the damage you've done.

Stop it.

~ Stacy Manning

From: Nathan Cox
Sent: 12/29/2021 9:53:25 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines for Children

External Email

Hello,

I watched the first hour or so of your meeting, but found it too time consuming to get through all of your formalities, rules, procedures and then finally the "bucket" list of items that you will be basing your votes 'for' or 'against' on. You really need to streamline your meetings and not waste so much time.

First off, this is still an experimental "vaccine." Why are you even considering requiring an experimental vaccine in order for kids to attend school?! Are they guinea pigs for your board to play with?

Have you looked at all of the VAERS data showing heart inflammation and complications in young adults and children that have been "vaccinated?" Just check out how many young people are getting Myocarditis after getting injected with the Covid vaccines. How can you consider this when it's neither safe or effective?

Do you now that even the CDC is saying that the "vaccines" are not preventing the spread of the virus?

Do you know that children are the LEAST affected by the virus of ANY age group? They literally are more likely to be struck by lightning than they are of dying from Covid-19. A 99.9+% recovery rate from children in the school system age group is what the CDC says is normal. Look it up! ...And this is without any prophylactics like Quercetin, zinc, vitamin D3, and vitamin C, or the boogymen "horse paste" Nobel prize winning ivermectin or the been-around-forever hydroxychloroquine.

The fact that after all of this information that you are even discussing the potential requirement to "vaccinate" (without our take on the matter) says that you are not concerned with our children's health, but for control.

Let this be notice that the Nuremberg Code is still in effect and that those pushing for uninformed experimental testing on humans will be held to account. Those that said "we were just doing what we were told" faced punishment along side those that actively dictated what experiments were to be done. You have been warned. When the dust settles on this "plandemic" as Biden press secretary Jen Psaki so factually stated, those that pushed for illegal, inhumane experiments on our most vulnerable children will be held to account by our legal and or military justice system.

A concerned parent of a WA state school system child,

-Frank

PS: If your board does sign this, me and thousands of God-fearing parents WILL pull our children from the school system. We will not be intimidated, bullied, pressured or persuaded to inject our children with this deadly jab. See how long your school system lasts with no funding.

Sent with ProtonMail

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

From: Herendeen, Lindsay (SBOH)
Sent: 12/30/2021 1:15:47 PM
To: DOH WSBOH
Cc:
Subject: FW: COVID vaccination mandate for kids question

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, 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: Oleg Gorenko <oleg.gorenko@gmail.com>
Sent: Thursday, December 30, 2021 1:12 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: COVID vaccination mandate for kids question

External Email

Hello Lindsay,

I'm a father of three here in WA and I have a couple of questions.

I would like to know if you or your colleagues saw results from Pfizer medical trials of the vaccine on adolescents. I mean real trials results document, and not narratives from CDC and Pfizer websites. Pfizer is interested in selling the vaccines, so I would not trust Pfizer's narratives alone. I'm talking about a PDF with trial results.

Canadian doctors share the real numbers from that report in a video. I encourage you to watch that video before you make a decision on our children.

Please use google to search

Canadian Covid Care Alliance

The video is on the home page, just scroll down.

Pfizer medical trials on children start at 19:50.

I hope that WA DOH board would not take any decision before familiarizing with all the facts from the medical trial results.

1. Look into Absolute Risk Reduction instead of Relative Risk Reduction that Pfizer research points out.

2. The Pfizer report is focussed on preventing COVID, but they really should be focussed on how vaccination changes the risk of severe illness and death from all factors, including vaccine injury. For example, myocarditis is a very dangerous disease that has a mortality rate of 20% in 6.5 years on average, which is not an uncommon injury from the vaccine

3. There is nearly 0 chance for kids to die from COVID, and there is at least 1 to 1000 chance to get horrible permanent injury or death from the Pfizer vaccine according to Pfizer medical trials on adolescence.

If you haven't heard of anything like that please read about one girl. Her name is Maddie de Garay.

Maddie was one of the 1005 kids who got the Pfizer vaccine during the medical trials.

You can use Google to search.

It's like at least one kid from every Middle School would be dead or disabled sitting in a wheelchair. It is not just Maddie.

My colleague's daughter had a similar vaccine injury. Also in a wheelchair now.

Please do not make a decision before analyzing facts from all available sources.

Thanks,

Oleg

From: Carla Selk
Sent: 1/1/2022 3:17:50 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for Schools

External Email

Please do not make having a covid vaccine mandatory for our children to attend school. This so called vaccine has not been out long enough for us to know what might happen when these children become old enough to have children themselves. There are many unknowns.....will they be able to conceive? If they do conceive will they be able to carry pregnancies to term? If they carry pregnancies to term will the babies be ok, or is it likely to turn out to be another Thalidomide type experience. Over 300,000 babies were born so deformed that most of them did not even live because Thalidomide was supposed to be SAFE. Obviously it was not.

We have been told repeatedly that this Covid vaccine is safe, but there have been more vaccine injuries from it than from any vaccine in the past. I personally have been told by nearly a dozen people that a loved one of theirs was permanently injured or died from this vaccine. It has not proven to be safe and it is using experimental techniques. Do not allow this experiment to be pushed onto our children where parents must decide between their children's safety and their education.

Sincerely,

Carla Selk

From: Serah N
Sent: 12/29/2021 11:14:43 PM
To: DOH WSBOH
Cc:
Subject: Concerned Parent Children Vaccine Mandates

External Email

Hello

I am writing this email to highlight my concerns as a parent in regards to mandatory covid vaccines in schools.

Vaccines are a personal choice. That's common sense. It is wrong to manipulate people into taking something they don't want just because a certain group of people think it's the right thing to do. Remember it's an opinion and should not be imposed on others just because you have the power to do so.

I urge you to give parents the right to choose what they think is right for their children.

As parent I must teach my children to stand up against any system trying to take their God given rights away and be willing to pay the price. This is my duty.

I hope that you consider human rights above all.

Thank you,

Serah Nganga

From: Oleg Gorenko
Sent: 12/30/2021 1:07:26 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID vaccination mandate for kids question

External Email

Hello Nathaniel,

I would like to know if you or your colleagues saw results from Pfizer medical trials of the vaccine on adolescents. I mean real trials results document, and not narratives from CDC and Pfizer websites.

Canadian doctors share the real numbers from that report in a video. I encourage you to watch that video before you make a decision on our children.

Please use google to search
Canadian Covid Care Alliance

The video is on the home page, just scroll down.
Pfizer medical trials on children start at 19:50.

I hope that WA DOH board would not take any decision before familiarizing with all the facts from the medical trial results.

1. Look into Absolute Risk Reduction instead of Relative Risk Reduction that Pfizer research points out.
2. The Pfizer report is focussed on preventing COVID, but they really should be focussed on how vaccination changes the risk of severe illness and death from all factors, including vaccine injury. For example, myocarditis is a very dangerous disease that has a mortality rate of 20% in 6.5 years on average, which is not an uncommon injury from the vaccine
3. There is nearly 0 chance for kids to die from COVID, and there is at least 1 to 1000 chance to get horrible permanent injury or death from the Pfizer vaccine according to Pfizer medical trials on adolescence.

If you haven't heard of anything like that please read about one girl. Her name is Maddie de Garay.

Maddie was one of the 1005 kids who got the Pfizer vaccine during the medical trials.

You can use Google to search.

It's like at least one kid from every Middle School would be dead or disabled sitting in a wheelchair. It is not just Maddie.

My colleague's daughter had a similar vaccine injury. Also in a wheelchair now.

Pfizer is interested in selling the vaccines, so I would not trust Pfizer's narratives alone. Please do not make a decision before analyzing facts from all available sources.

Thanks,
Oleg

From: Brett
Sent: 12/29/2021 6:54:45 PM
To: DOH WSBOH
Cc:
Subject: Covid Shots to attend school

External Email

The Center for Disease Control has stated the Covid19 shot does not prevent the recipient from catching the virus or spreading the virus. Children are not at risk from the disease. Stop this madness now! The Covid 19 shot should be optional. What you will be putting at risk is the health of the public schools. Many parents will withdraw their children rather than subject them to ineffective and dangerous biological agent. Are you willing to see upwards of seventy percent of the school age children withdraw from the public school system?

Respects,

Brett Nunn
Port Townsend, WA.

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:30:58 AM
To: DOH WSBOH
Cc:
Subject: FW: Adding COVID-19 Vaccines to the list of required childhood vaccinations.

From: Steve McCoy <steve.earthborn@gmail.com>
Sent: Thursday, December 30, 2021 11:32 AM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Adding COVID-19 Vaccines to the list of required childhood vaccinations.

External Email

Washington State Board of Health;

Re: Adding COVID-19 Vaccines to the list of required childhood vaccinations.

The Technical Advisory Group held an orientation meeting on December 29th in which they began discussions of including COVID-19 in the list of Vaccine-preventable diseases per WAC 246-105-030. I appreciate the effort to build this decision upon science and sound medical evidence. When I use the word science, I mean provable, repeatable facts. Evidence that would stand in a court of law.

The first critical question in this process; Is the vaccine being administered under Emergency Use Authorization? If so, where does the liability rest for adverse effects? And if it is FDA approved, was the same historical approval process used for this vaccine as previous vaccines? Please provide the research along with the list of adverse effects.

What is the evidence of the efficacy of the vaccine, particularly for children under 18? My understanding is the age group being considered are least likely to have severe or life threatening symptoms from COVID-19.

And since the definition for 'fully vaccinated' continues to change, what benefits are you proposing over natural immunity? Please provide evidence.

Dr. Robert W. Malone, credited as the inventor of mRNA technology, has expressed concerns regarding the use of this technology in vaccines. Shouldn't his information be considered in this process?

During the meeting, a quote from John Stuart Mill was given as the "Board Critical Framework". It reads, "The only purpose for which power can be rightfully exercised over any member of a civilized community, against his (or her) will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Please explain how this is not a blatant violation of our Constitutional right to personal liberty? The state and federal constitution both declare our inalienable right for our person. Yet the framework being used to guide this decision supports forced compliance against a person's moral or physical good. Justified by a philosophy that believes the good of the community is above the rights of the individual.

This is following the utilitarianism philosophy of John Stuart Mill. How is forcing this philosophy upon the public, different from forcing any other belief system upon the public, based upon the justification that it is for the good of everyone?

As you consider this decision, please look critically at the science. And think about any course of action as to how it conforms to, or violates the liberty of the individual, per the intention of our Constitution. There are many lawsuits currently making their way through the courts concerning the forced compliance to this vaccine. Certainly, these cases should be considered as well, since any decision to mandate COVID-19 treatments will need to withstand legal challenges.

Regards,

Steve McCoy

From: amber reiter
Sent: 12/29/2021 1:17:16 PM
To: DOH WSOB
Cc:
Subject: Covid vaccine for school age kids

External Email

To whom it may concern:

I urge you to not even think of implementing a covid "vaccine" for our children as a requirement for them to attend any state school.
If implemented, our family and THOUSANDS of other families will promptly remove our children from their specific schools.
I understand each school and district is given money per child that attends. This will have quite an effect as well to each districts' own financial issues.

There is ample evidence that school aged children have barely any risks from Covid, compared to their elder demographic counterparts.

There obviously are cases of children getting covid, but symptoms, if any, are mild and comparable to common colds.

Before this body starts trying to compare a Covid "vaccine" to other vaccines that are currently required to go to school...like the measles...or polio, or chicken pox, etc....let us actually take a look at those a little closer.

How many children who have received those actual vaccines had a breakthrough case of Polio...or a breakthrough case of Measles....or had Chicken Pox a 2nd or 3rd time?

The answer is NONE!! That's because those were actual VACCINES! Vaccines that were tested and retested for years, if not decades and had a profound outcome to saving millions of children's lives who were actually dying of those diseases.

The Covid "Vaccine" is not an actual Vaccine, but rather a shot, like the FLU.

The FLU has actually killed more kids throughout history than pretty much anything, and it's not a REQUIREMENT to get the FLU shot.

Adults, as well as children, can catch the FLU even after they have received a "FLU Shot" because there are different "strains" to the virus.

Covid has different strains as well.....So by getting a Covid "shot", you are actually not protected from getting Covid at all.

Just as the Flu shot is not required, nor should the Covid "shot".

It should be a decision that parents can make on their own, just as they have with the Flu shot.

Again, if this body decides to make this unnecessary "shot" a requirement, this state will lose thousands of students....and for what?

We all know the truth.....keep it a choice. Do not go down this road.

Sincerely,

Fed up parent with the Covid B.S.

Sent from Samsung Galaxy smartphone.

Get Outlook for Android

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

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:29:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccine requirement for school?

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

From: Haus Manning <manninghaus@gmail.com>
Sent: Thursday, December 30, 2021 4:04 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Covid vaccine requirement for school?

External Email

Hello,

As there is statistically no concern from any children dying from this virus, there is no responsible excuse to mandate children be required to make a medical decision that looks to be, at this point, not even living up to its promise.

It's hard to believe that you'd even be thinking about this. It's obviously not for the wellbeing of our children as indicated by the absurd masking and distancing you've inflicted on them, and the abusive practices that have continued. If you took their wellbeing seriously, you be meeting about mental health and the damage you've done.

Stop it.

~ Stacy Manning

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 8:26:54 PM
To: DOH WSBOH
Cc:
Subject: FW: Children's vaccine

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

From: Ann Engebretson <dozeygirl@icloud.com>
Sent: Wednesday, December 29, 2021 8:02 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Children's vaccine

External Email

Have you considered the possibility that these vaccines are not tested in children not to mention it was never the kids getting infected or spreading the covid it was the vaccinated adults esp after covid recovered and mass vaccination creating variants, but the injuries related to vaccinated we already are aware of and the possibility of the vaccines causing damage to a persons immune system they currently have increasing their auto immune issues, new cancers and for sure return if those cancers in remission and sterilization we know nothing about is this what we want to test our children on?

From: LAURI WILLIAMS
Sent: 1/2/2022 1:26:20 PM
To: DOH WSBOH
Cc:
Subject: Adding Covid Shots to Required Child Vaccines

External Email

It is my understanding that you are considering adding the Covid shots to the required list of childhood vaccines and I am completely taken aback. After doing clinical research for ten years and staying completely abreast of this entire situation from the onset, attending all of the FDA Zoom meetings, reading all of the protocols, the studies, paying attention to the skipped studies, watching the adverse events and serious adverse events unfold, I am absolutely shocked you would even consider this. Never in our history has a drug been allowed to remain on the market with this kind of history of adverse events. The studies have not even been completed. Have you even read the literature that patients are not given but are supposed to be given when they are injected? The FDA said during the Zoom meeting when they "approved" this injection for under 12 year olds was that they were doing it because they wanted it to be available to those who needed it. There were many on the panel who were concerned this would happen. And obviously justifiably so.

What is the risk/benefit ratio for our children? The only deaths from Covid in children have been few, and only with comorbidities. Healthy children run very little risk of serious injury or death from Covid. However, myocarditis is a real, known, ongoing issue and a real threat to our children with these shots. Why would you cause serious, potential death or possible lifelong harm and early death to a large population of our children? These children are our future. They are on this earth to lead FULL, productive lives. Not lives full of illness and death due to our mistakes. And that is exactly what is going to happen if you let this requirement go through. You will have the blood of thousands of children on your hands.

According to clinicaltrials.gov, a lot of the trials required in the Comirnaty licensure approval are not even registered as having commenced, despite being required as part of licensure approval. Comirnaty is still not made in US and people are getting BioNTech, legally distinct but interchangeable, under EUA. The deferred pediatric studies required under section 505B(a) of the Federal Food, Drug, and Cosmetic Act (FDCA) are required postmarketing studies. The status of these postmarketing studies must be reported according to 21 CFR 601.28 and section 505B(a)(4)(C) of the FDCA. Those studies were to include:

1. Deferred pediatric Study C4591001 to evaluate the safety and effectiveness of COMIRNATY in children 12 years through 15 years of age. Final Protocol Submission: October 7, 2020 Study Completion: May 31, 2023 Final Report Submission: October 31, 2023

2. Deferred pediatric Study C4591007 to evaluate the safety and effectiveness of COMIRNATY in infants and children 6 months to <12 years of age. Final Protocol Submission: February 8, 2021 Study Completion: November 30, 2023 Final Report Submission: May 31, 2024

3. Deferred pediatric Study C4591023 to evaluate the safety and effectiveness of

COMIRNATY in infants <6 months of age. Final Protocol Submission: January 31, 2022
Study Completion: July 31, 2024

Final Report Submission: October 31, 2024

Furthermore, they go on to state:

POSTMARKETING REQUIREMENTS UNDER SECTION 505(o) Section 505(o) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute (section 505(o)(3)(A), 21 U.S.C. 355(o)(3)(A)).

We have determined that an analysis of spontaneous postmarketing adverse events reported under section 505(k)(1) of the FDCA will not be sufficient to assess known serious risks of myocarditis and pericarditis and identify an unexpected serious risk of subclinical myocarditis

Furthermore, the pharmacovigilance system that FDA is required to maintain under section 505(k)(3) of the FDCA is not sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, we have determined that you are required to conduct the following studies:

4. Study C4591009, entitled "A Non-Interventional Post-Approval Safety Study of the Pfizer-BioNTech COVID-19 mRNA Vaccine in the United States," to evaluate the occurrence of myocarditis and pericarditis following administration of COMIRNATY.

We acknowledge the timetable you submitted on August 21, 2021, which states that you will conduct this study according to the following schedule:

Final Protocol Submission: August 31, 2021

Monitoring Report Submission: October 31, 2022

Interim Report Submission: October 31, 2023

Study Completion: June 30, 2025

Final Report Submission: October 31, 2025

Again, I have no idea how they are conducting the above because the trials are not registered with the proper governmental registries and Comirnaty is not even manufactured in the US. Please bear in mind that Pfizer had been indicted before more than once for their fraudulent practices. Even California, despite starting into the requirement of mandating the shots for children, have backed away as more safety and efficacy data has come forward.

There are literally thousands upon thousands of us who know the steps that were skipped with these shots. But, in the event you need a refresher and can put greed aside, this is

the best presentation I have seen. Not only are there too many potential adverse events and potential harms present for our public with these mandates, but so many extremely important steps were skipped in the creation of these shots in the way of safety and efficacy. For people who don't do clinical research, they wouldn't know. For those of us who do, it's scary. Please choose wisely. Human lives are on the line.

https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/?fbclid=IwAR1-0XDYiHpcpuge0rw0fa3_yWDAKiBpnheN_spiLUyBxjn_JLM-1Tw3Tk4
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F%3Ffbclid%3DIwAR1-0XDYiHpcpuge0rw0fa3_yWDAKiBpnheN_spiLUyBxjn_JLM-1Tw3Tk4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C543453dd978344fa304508d9ce365f36%7C11d0

Lauri H Williams

Sent from Mail

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%3Furl%3Dhttps%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F%3Ffbclid%3DIwAR1-0XDYiHpcpuge0rw0fa3_yWDAKiBpnheN_spiLUyBxjn_JLM-1Tw3Tk4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C543453dd978344fa304508d9ce365f36%7C11d0>
for Windows

From: aridgely.wrs
Sent: 1/2/2022 8:08:07 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 Mandate

External Email

I strongly believe the decision to mandate this vaccine, especially while approved for emergency purposes for this age group, will hurt all of our schools. I believe strongly in medical freedom as well as the right to a robust public education earned thru our tax dollars. Regardless of if someone or I am pro or anti covid vaccine our schools stand to loss an even larger number of students if this is pushed thru. As of last reported WA schools overall enrollment is down 55k since the beginning of the pandemic and estimated to grow larger not smaller per reports. OSPI has asked for more funding to bridge this gap that has been filled with Covid dollars, which will not last. Each student is estimated to equal 18k in yearly funding. So my question is simple how many more families will pull their children out in search of homeschool, charter or private options and what will be left for the children left in our public system regardless of vaccination status. Even if only a few more % leave there will districts that will be left behind.
#stopthemandate

I have personally pulled my two children out of public school both last year and this current year. This decision will be the tipping point to going back next year or continuing with homeschool. I have also began exploring charter and private options. I am not alone I have over a dozen friends in our state that have removed their children as well. Including mine we now have over 8 new homeschool friends, and 8 friends in private or charter options. Recently I have had 5 others reach out to me to ask about homeschool to gear up in case of a mandate. I'm just one Mom who knows 16+ students that have left.

I am currently leaving my children unvaccinated for the reasons of one, they have had covid and recovered fine and two because I of the a growing risk of Myocarditis. This is vaccine that has proven to not stop the spread of this disease. Vaccinated people can still both get covid and spread covid. So in relation to a group that has less than a 1% chance of sever illness and even less of death the decision should be left to the parents. I would never tell anyone what to do with their children nor should anyone tell me what to do with mine.

Thank you for you time,

Alisha Ridgely

Sent from my Verizon, Samsung Galaxy smartphone

From: Erin Fonville
Sent: 12/29/2021 2:50:24 PM
To: DOH WSBOH
Cc:
Subject: A State Mandate for Covid-19 vaccination will mean no children at school.

External Email

Good Afternoon,

As a concerned parent of two school age children, I strongly encourage you to reconsider any thoughts on requiring the Covid-19 vaccination for our children to attend Washington public schools. Forcing a state mandate to vaccinate our children is not appropriate and will only result in less kids attending public schools. My husband and I are not willing to risk our children's health and future with the Covid-19 vaccination. If requiring the vaccine becomes a reality our family will be joining the thousands of other parents in home schooling our children.

Sincerely,

Erin Fonville
Wenatchee, WA

From: Pete Kauzlarich
Sent: 1/3/2022 10:58:43 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines to 5-11 year olds.

External Email

To the Board,

I understand that the State Board of Health is in the process of deciding on whether to include the new CovidVx's on the schedule of requirements for school. There are many many of us who have read numerous articles by highly respected medical and health professionals that are sounding the alarm of the detrimental effects this could have on our children, especially the 5-11 year olds.

Please consider the following:

Dr. Cody Meissner chief of pediatric infectious diseases at Tufts children's Hospital states: "healthy people under 18 have generally not suffered major covid effects, and the number of serious cases among the young has tumbled as more adults become vaccinated. ... children are generally not infecting older, vulnerable adults. Under these circumstances, the benefits of covid vaccination at this point may not outweigh the risks for children.

A study in Clinical Infectious Diseases shows that children are unlikely to be the source of COVID-19 household outbreaks and are less likely to be infected with SARS-CoV-2 by another household member, with implications for vaccine distribution.

The average hospitalization rate over the last five weeks for kids 5 to 11 was 0.8 cases per 100,000, according to COVID-NET.

Pfizer itself acknowledged that its data was limited. In fact, it did not even include data in its news release to show if the chances of children getting sick were lower.

Both the COVID-19 infection and vaccines have been linked to heart complications. Sweden suspended Moderna shot indefinitely after vaxxed patients develop crippling heart condition. Finland, Iceland and Denmark have taken similar steps. Norway is encouraging men under 30 not to get the Moderna shot, but is not mandating it.

Rate of Myocarditis/pericarditis for young males in Ontario after 2nd shot stands out above the rest.

"In the preliminary data ... there is a suspicion of an increased risk of heart inflammation, when vaccinated with Moderna," the Danish Health Authority said in a statement, according to Reuters.

Dr. Michael Kurilla from the National Institutes of Health noted there was a lack of data,

but particularly he questioned if vaccinating 5- to 11-year-olds was worthy of an application for emergency use. "I don't see the need for 'emergency use' of this vaccine across the entire age group and would have preferred a more nuanced approach,"

There is no question that overall children are at much less risk of contracting and getting seriously ill from COVID than adults.

Dr. Robert Malone, inventor of mRNA technology, has cited the risks involved in vaccinating children. 'the government is not being transparent about the risks' of the COVID-19 vaccine'

Dr. Peter McCullough, a widely published cardiologist. "There will be children lost with the vax — far more than ever happened with COVID,"

Then of course, the latest VAERS data: <https://openvaers.com/covid-data>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C61be8e8bad0e44f0e5ac08d9ceeb0ed8%7C11d0e217>

I have many more, but that's enough.

Thank you for your consideration.

Pete Kauzlarich

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:26:39 AM
To: DOH WSBOH
Cc:
Subject: FW: Automatic reply: Oppose the Covid vaccine in kids!!!!

From: Dan B <danachka16@yahoo.com>
Sent: Friday, December 31, 2021 8:25 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Re: Automatic reply: Oppose the Covid vaccine in kids!!!!

External Email

I oppose the Covid vaccine mandate for kids in schools.

Sent from my iPhone

On Dec 31, 2021, at 8:19 AM, Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov> wrote:

□

Hello! I am out of the office. I will return Tuesday, 01/04/2022. I will return messages at that time. Thank you.

From: Phil Hogan
Sent: 12/31/2021 7:58:13 AM
To: DOH WSBOH
Cc:
Subject: Fwd: Council Member COVID Mandate Letter

External Email

12/28/2021

To: Board of Health TAG Council members

Dear Council Members,

Please end all COVID related mandates!

I have lived and worked in Clark County 43+ years, have kids in school, have a construction business with 20+/- employees. These last few years have been bad.

Since the COVID mandates I've had over \$100,000+ loss of income because of the mandates, also paying extra for private school. We are looking to move out of the County and/or State.

These COVID mandates are 99% politically motivated. Masks, vaccines, are unproven, not effective and cause harm. Masking kids is child abuse, they can't talk, breathe, hear each other, disrupts education. There is no emergency COVID risk to kids and healthy people. Many doctors agree that masks, vaccines, are harmful, unnecessary, no emergency need.

Please allow personal medical choice and responsibility. People have the right to choose. If Council suggests mandating masks, vaccines, etc. for people and there are future bad effects, the council could be liable.

The Council should publicize facts only for our area, such as COVID death rate is less than .001%. The Council should remind people that they are ultimately personally responsible for their own health and to follow their doctor's advice re: COVID.

Please enact an ordinance prohibiting all COVID-related mandates, so we can all get back to work and live a normal life. The mandates have gone on too long and it's not getting any better.

The "clarkcountygroupp.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fclarkcountygroupp.com%2F&data=0>
" just recently sent a petition to the Clark County Council to "Stop the Mandates" with over 11,000 signatures !!! ..So Please push for ending the Mandates locally and Statewide !!

Please confirm.

Sincerely,

PHIL HOGAN

8314 NE 239TH. ST.

BATTLE GROUND WA. 98604

CELL: 360 521 3621 <tel:(360)%20521-3621>

EMAIL: PHOGANISM@GMAIL.COM <mailto:E.....PHOGANISM@AOL.COM>

From: Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal
Sent: 1/2/2022 11:20:29 AM
To: DOH WSBOH
Cc:
Subject: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case

State of Washington Secure Email Portal

<https://emailencryption.twsegcloud.com/branding/trustwave_watech/en_US/images/emailBanner.gif>

"Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> has sent you an encrypted message via State of Washington Secure Email Portal. You have 30 day(s) left to collect this message before it expires.

* Subject: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case
* Sent: January 2, 2022 11:19:36 AM, PST
* Expires: February 1, 2022 11:19:37 AM, PST

The State of Washington Secure Email Portal has changed providers. You will need to create a new account to access your message. We apologize for the inconvenience.

Once you've created your account, you can view your messages you receive from "Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> directly from your State of Washington Secure Email Portal account:

* Email: wsboh@sboh.wa.gov

Create your account and read your message

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F>

Need help? Visit the State of Washington Secure Email Portal online tutorial

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F>

.

Do not reply to this message; this message was auto-generated by the sender's security system. To reply to the sender, first create your account and read your message.

From: Rana Justice
Sent: 1/3/2022 2:19:54 PM
To: DOH WSOH
Cc:
Subject: COVID vaccination for school

External Email

To Whom It May Concern,

I am a Washington state residence, and I want it to be known that I am strongly against forcing people to be vaccinated, especially when the long term risks are unknown, and especially when it comes to our children. There is overwhelming evidence that these vaccines are not ready for the public, EVEN FROM THE COMPANIES THEMSELVES! These links report there are high risks involved with these vaccines

https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/Pfizer-COVID-19-Vaccine-Risk-Statement-PDF.pdf?fbclid=IwAR307Wz1EaUdCRWLbidH-ZMC4ORUqqjBabidgOu7GfT6fDEAOzR59tRw_6U

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphysiciansforinformedconsent.org%2Fwp-content%2Fuploads%2F2021%2F08%2FPfizer-COVID-19-Vaccine-Risk-Statement-PDF.pdf%3Ffbclid%3DIwAR307Wz1EaUdCRWLbidH-ZMC4ORUqqjBabidgOu7GfT6fDEAOzR59tRw_6U&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cef4bd09f0be45984c7808d9cf06e0ea%7C>

In addition, the group members who met to decide whether the vaccine is safe for administration to children directly stated that they won't know unless we give it to them. It honestly concerns me a great deal that WA state would jump on this bandwagon without knowing the long term effects to our children. If parents choose to get the vaccine for their children, that should be their choice, but the state should not have a say in a "vaccine" that isn't actually a vaccine, and has not effectively been tested!

The "reports" the media puts out are never backed with actual studies. This news site supports all claims with actual studies that have been performed throughout the world. These studies have not been manipulated like what our government is trying to put out to the public. I suggest WA state strongly consider and look at other sources before making a decision that will effect the lives of our children.

<https://thehighwire.com/playlist/get-factsinated/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehighwire.com%2Fplaylist%2Fget-factsinated%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cef4bd09f0be45984c7808d9cf06e0ea%7C>>

Sincerely,
Rana Justice

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:25:40 PM
To: DOH WSBOH
Cc:
Subject: FW:

From: Jenna Khochay <jkhochay@gmail.com>
Sent: Friday, December 31, 2021 7:21 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

We oppose of all covid vaccines mandated for all children.

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:30:26 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid mandate for children

From: Irina Lukomskaya <i_lukomskaya@yahoo.com>
Sent: Friday, December 31, 2021 11:31 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid mandate for children

External Email

Hello there,

I would like to kindly ask to discourage/ reject the proposed Covid vaccine mandate for children in WA state. The risks of the vaccine far exceed the benefits. As a mother, I'm concerned for the safety of my children. Thank you!

-Irina Siumbeli

Sent from Yahoo Mail for iPhone

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

From: Jennifer Cook
Sent: 12/29/2021 3:45:42 PM
To: DOH WSOB
Cc:
Subject: Re: Covid vaccine requirements for K-12

External Email

I didn't mean to send this yet. I had more to say. We can see from outbreaks in the most vaccinated countries in the world (Israel, Gibraltar, Iceland, and Singapore are examples) as well as a multitude outbreaks from vaccinated only events and vaccinated only cruises that these shots do not work and almost seem to be generating illness.

The vast majority of reports on VAERS are from the Covid injections. As of December 17th, due to the Covid shots: 20,622 deaths reported, 108,572 hospitalizations, 983,756 reports. Almost 1,000,000 reports and you have the nerve to pretend these are safe in your Zoom meeting? Dispicable. Quit lying to yourselves and everyone else. You're ruining the lives of adults, families, and children. We are seeing way too many side effects and "breakthrough cases" to call either rare. Stop these ridiculous, tyrannical policies!

Mandating experimental injections is a violation of the Nuremberg code. The emergency situation isn't valid. It cannot be demonstrated under our current situation, especially not in children. It is also a violation of UNESCO-
<https://en.unesco.org/themes/ethics-science-and-technology/human-genome-and-human-rights>

This is simply a violation of common decency. The stripping away of bodily autonomy, ability to acquire money, ability to achieve an education, and freedom of movement based upon a false emergency should scream to everyone that it is evil and wrong. Particularly when children get dragged into the situation. If you're really interested in doing the right thing then you won't do this.

I am more than happy to send anyone at the BOH links to a multitude of information, including from governmental sites, from the mouths of dissenting scientists and doctors, from whistle blowers, and from scientific studies. This is too important to go on ideology, talking points, and conjecture. Please make the right choice. You have a lot of lives in your hands. History will judge you harshly if you go through with this.

Jennifer Cook

On Dec 29, 2021 3:19 PM, Jennifer Cook <jennifungus@hotmail.com> wrote:

I am writing to plead with you to NOT make the Covid "vaccine" mandatory for children to attend school. There are many reasons not to move forward with this. First of all, children ARE NOT at risk from Covid and the current panic driving variant, Omicron varies from basically no symptoms to a very mild flu. For most it seems to be like a head cold. So, should we also require vaccines for the common cold? Or allergy shots? The emergency situation is and has been grossly exaggerated, particularly for children. There is no emergency situation for children outside of the policies which are destroying their childhoods. They are absolutely at more risk from these shots than from Covid. Even if you go by the official data, you will see that the numbers do back up this statement.

Another reason not to force injections on children, is that adults can all get it if they want it and that has been the case for some time now. This is actually the same reason to force it on nobody, regardless of age. If these shots work then anyone who thinks they need them can get them and should be protected. If they don't work then nobody should get them quite frankly. To argue that children should get these shots to protect adults who already have chosen to get injected themselves is NOT scientific and is contrary to even minimal common sense. Which brings me to my next point, these shots are NOT working, clearly. First, they said 99% effective, then 95%, then it was in the 80s, then 70s... Eventually, a booster was announced as essential. Now, they are saying that a fourth shot will probably be necessary. Talk of a booster anywhere from every 9 months all the way down to every 2 months is getting tossed around. CLEARLY these shots don't work as a vaccine should. So, what sense does it make to mandate them.

Next point, these are experimental and not all information on them is available. You cannot force experimental injections and you cannot force injections without FULLY INFORMED CONSENT. We do not have all information available still on these shots. That CAN'T be denied under any stretch of the truth. Tell me? What are all the ingredients? What are the long term effects? Bet you can't answer either. Before you go off on the Pfizer FDA approval narrative, stop. Comirnaty, the FDA approved version isn't available in the US and isn't being given. The emergency use version is still being given. I'm going to go out on a limb and say this is because Pfizer has legal protection under the EUA.

Another point, the officials involved have been caught blatantly lying and contradicting themselves about safety and efficacy of the vaccine and the severity of Covid over and over again. So, we are supposed to use this as the basis of whether to give families the choice of an education for their child or bodily autonomy?

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:27:38 PM
To: DOH WSB OH
Cc:
Subject: FW: Covid vaccines for children

From: info skyservicesinc.com <info@skyservicesinc.com>
Sent: Friday, December 31, 2021 1:29 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid vaccines for children

External Email

I want to express my concern regarding the discussions surrounding the possible mandatory covid shots for children. I think it is extremely irresponsible to even be discussing such a mandate when the science doesn't come close to suggesting there is any advantage to doing so.

I will welcome any reply that might sway my opinion. Please include any data that would show that vaccinated children are less likely to contract or spread Covid any unvaccinated. Also any absolute assurance that there is NO risk whatsoever if children receive this shot.

I look forward to hearing from you.

Thank you, Craig Sorenson

Sent via the Samsung Galaxy S10+, an AT&T 5G Evolution capable smartphone

Get Outlook for Android

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

From: Glasoe, Stuart D (SBOH)
Sent: 12/30/2021 9:55:13 AM
To: DOH WSBOH
Cc:
Subject: FW:

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Sarah Erickson <brentsaraherickson@gmail.com>
Sent: Wednesday, December 29, 2021 5:57 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject:

External Email

Stuart,

Why are we pushing the covid vaccine on our children on when the survival rate is nearly 100%? Doesn't make any sense a d is very Unconstitutional!

Sarah Erickson

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Melinda Berg
Sent: 12/30/2021 10:08:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the ITA group

External Email

I wanted to weigh in on the discussion regarding C-19 vaccine requirements for school. I want to state clearly I do NOT agree with a vaccine mandate for children. There have been many issues with children and the vaccine and there is not an immediate threat to kids in regards to COVID. This should not constitute a requirement for school enrollment. Why are we even considering this. You do NOT have a valid reason to be pushing this on families. What happened to my body my choice? It only is in play when it works for your agenda?? Stop this madness!

Concerned parent,

Melinda Berg

From: Schreiber, Tracy N (SBOH)
Sent: 12/30/2021 11:24:05 AM
To: DOH WSBOH
Cc:
Subject: FW: 13 reasons why 5 to 11-year-old Children should not be given the Covid-19 Vaccine



attachments\530AB06793FF482F_~WRD0000.jpg

attachments\707BF9350E15427A_image001.jpg

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Russ hamerly <russhamerly@yahoo.com>
Sent: Wednesday, December 29, 2021 2:27 PM
Subject: 13 reasons why 5 to 11-year-old Children should not be given the Covid-19 Vaccine

External Email

To: WA State Board of Health

Please ensure you fully understand the following information before making your decision.

Thank you.

Russ Hamerly

Seattle

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

BY THE EXPOSÉ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fauthor%2Fjonathan-december-23-2021>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F12%2Freasons-why-children-5-to-11-should-not-have-the-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>

• (4 COMMENTS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F12%2Freasons-why-children-5-to-11-should-not-have-the-covid-vaccine%2F%23comments&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>
)

Listen Now

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faudioplacement.me%2F%3Futm_medium=reasons-why-children-5-to-11-should-not-have-the-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fregulator-approves-use-of-pfizerbiontech-vaccine-in-5-to-11-year-olds&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>
for the Pfizer / BioNTech Covid-19 injection to be administered to all children between the ages of 5 and 11.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-new-vaccination-advice-for-children-and-young-people&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>
deemed to be in a clinical risk group, or who are a household contact of someone who is immunosuppressed.

Professor Wei Shen Lim, Chair of the JCVI said:

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

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

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

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

Reason No. 1

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

Vaccine in the Clinical Trial

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

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

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

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F05%2F86-of-children-suffered-an-adverse-reaction-to-the-pfizer-covid-vaccine-in-clinical-trial%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11>
. Of the 1,097 children who received a second dose of the jab 78.9% experienced an adverse reaction.

Reason No. 2

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

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

Consequently, children who received the vaccine had nearly six times the risk of a severe adverse event occurring in the two-month observation period compared to children who did not receive the vaccine. In addition, the incidence of Covid-19 in the unvaccinated group was 1.6%, therefore, there were almost seven times more severe adverse events observed in the vaccinated group than there were Covid-19 cases in the unvaccinated group.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441>
and official Centre for Disease Control (CDC) documents
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadvisories%2F2021-05-12%2F03-COVID-Wallace-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11>
.

Reason No. 3

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

March 2020

Official NHS data which can be viewed here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fstatistics/work-areas%2Fcovid-19-daily-deaths%2Fweekly-total->

archive%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C

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

There are approximately 15.6 million people aged 19 and under

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.statista.com%2Fstatistics%2Fpopulation-by->

age%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc842717aaa24e3f193c08d9cbc9f140%7C11

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.researchsquare.com%2Ffile%2F689684%2Fv1%2F3e4e93fb-4e98-4081-9315->

16143c2bbd2b.pdf%3F%3D1625678600&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aa
(which can be found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.researchsquare.com%2Ffile%2F689684%2Fv1%2F3e4e93fb-4e98-4081-9315->

16143c2bbd2b.pdf%3Fc%3D1625678600&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aa

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

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

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

Reason No. 4

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

A study (found here

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

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

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

Reason No. 5

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2F>
(see official MHRA document here

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

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2F>

.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fec.europa.eu%2Fresearch-and-innovation%2Fen%2Fhorizon-magazine%2Ffive-things-you-need-know-about-mrna-vaccines&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11>
) , and the long term side effects are not known, meaning the millions of people around the world who have had the Pfizer Covid-19 injection are essentially taking part in an experiment.

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

CDC Study

The CDC study (found here

Oxford University Study

The Oxford University study (found [here](#)

UK Department of Health & Social Care Study

The UK Department of Health & Social Care study (found [here](#))

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

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

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

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

Reason No. 7

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

Various UK Health Security Agency Vaccine Surveillance reports

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_49.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc842717aaa24e3f193c08d9cbc9f140%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_49.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc842717aaa24e3f193c08d9cbc9f140%detail)

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

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

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

This data alone puts an end to the myth that the Covid-19 vaccine will prevent children from being infected and spreading Covid-19.

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

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

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

Between 16 Aug 21 and 05 Dec 21 there were 3,070 Covid-19 deaths among the unvaccinated population in England, compared to 12,058 deaths among the vaccinated population during the same time frame. That is a 293% difference.

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

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

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

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

* COVID-19 vaccine surveillance report – Week 37 (Covers Week 33-36)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fweek_37_v2.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f14

* COVID-19 vaccine surveillance report – Week 41 (Covers Week 37-40)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia/2024/04/11/surveillance-report-week-41.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0

* COVID-19 vaccine surveillance report – Week 45 (Covers Week 41-44)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fweek_45.pdf&data=04%7C01%7CWSEBOH%40SBOH.WA.GOV%7Cc8f842717aaa24e3f193c08d9cbc9f140%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fweek_45.pdf&data=04%7C01%7CWSEBOH%40SBOH.WA.GOV%7Cc8f842717aaa24e3f193c08d9cbc9f140%3Fauthsource=Microsoft.Exchange)

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

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fweek_49.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%2Fweek_49.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%2Fweek_49.pdf

Reason No. 8

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

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

The reports for each available vaccine can be found [here](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-adverse-reactions%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e>

under the analysis print section and include adverse reactions such as blindness, seizure, stroke, paralysis, cardiac arrest and many other serious ailments. As of December 8th 2021 there have now been over 1.3 million adverse reactions including 1,852 deaths.

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

Reason No. 9

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

The UK Medicine Regulator responded to a Freedom of Information (found here <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e>) request demanding to know how many deaths have occurred in the past 20 years due to all vaccines, and their response revealed that there have been four times as many deaths in just eight months due to the Covid-19 injections.

The request

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e>>
was made via email to the Medicine and Healthcare product Regulatory Agency (MHRA)
on the 6th August 2021, and in answer to the question
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e>>
asked on the number of deaths due to all other vaccines in the past twenty years, the
MHRA revealed that they had received a total of 404
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e>>
reported adverse reactions to all available vaccines (excluding the Covid-19 injections)
associated with a fatal outcome between the 1st January 2001 and the 25th August 2021
– a time frame of 20 years and 8 months.

However, according to the MHRA Yellow Card Report (see here

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications/covid-19-vaccine-adverse-reactions%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Cc842717aaa24e3f193c08d9cbc9f140%7C11d0e>

– under each analysis print section) there were 1,632 deaths reported as adverse reactions to the Covid-19 vaccines from December 9th 2020 up to September 1st 2021. This included 16 deaths due to the Moderna jab, 24 deaths where the brand of vaccine was unspecified, 1,064 deaths due to the AstraZeneca vaccine, and 524 deaths due to the Pfizer mRNA injection.

Reason No. 10

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

Myocarditis is inflammation of the heart muscle, whilst Pericarditis is inflammation of the protective sacs surrounding the heart. Both are serious conditions due to the fact the heart muscle cannot regenerate, and both conditions have officially been added to the safety labels of the Pfizer jab and Moderna jab by the MHRA (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e1>).

Source

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e1>

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

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

A Scientific Study published on the JAMA network

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F2745555>, has also found that the incidence of myocarditis among vaccinated individuals is at least double what Health Authorities are claiming.

The new JAMA study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F2745555> (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F2745555>) showed a similar pattern to a CDC study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadvisories%2F2021-06%2F03-COVID-Shimabukuro-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e1>), although at higher incidence of myocarditis and pericarditis after vaccination, suggesting vaccine adverse event under-reporting.

The researchers calculated

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle%2F934555> the average monthly number of cases of myocarditis or pericarditis during the pre-vaccine period of January 2019 through January 2021 was 16.9 compared with 27.3 during the vaccine period of February through May 2021.

The mean numbers of pericarditis cases during the same periods were 49.1 and 78.8.

Dr. George Diaz who conducted the study told Medscape that "Our study resulted in

higher numbers of cases probably because we searched the EMR, and [also because] VAERS requires doctors to report suspected cases voluntarily," Diaz told Medscape <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewartic>>. Also, in the governments' statistics, pericarditis and myocarditis were "lumped together".

Reason No. 11

Children have died and are dying due to the Covid-19 Vaccines

The US Vaccine Adverse Event Reporting System (VAERS), which can be searched here <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.openvaers.com%2F covid-data%2F covid-full-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e>> by inputting the specific VAERS ID shows that several children have died in the US after having the Covid-19 vaccine, with many suffering cardiac arrest.

A 16 year-old female received the Pfizer vaccine on the 19th March 2021. Nine days later the same female went into cardiac arrest at home. By the 30th March 2021 she had sadly died. Found under VAERS ID 1225942.

A 15 year-old female suffered cardiac arrest and ended up in intensive care four days after having the Moderna mRNA jab. She also sadly died. Found under VAERS ID 1187918.

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

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

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

Reason No. 12

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

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

So it may surprise you further to know that GP's are being offered an additional payment of £10 on top of the £12.58 already offered for every injection administered to a child in the United Kingdom. All of this is documented in an official NHS document found here <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fcoronavirus%2Fcontent%2Fuploads%2Fsites%2F52%2F2021%2F08%2FC1384-Vaccinating-children->>

and-young-people-frequently-asked-questions.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2

According to the last count made in 2020 there are approximately 3,154,459 children between the ages of 12 and 15 in the United Kingdom. Therefore GP's across the UK could stand to make a combined £142.45 million if every child is injected with a Covid-19 vaccine.

A Freedom of Information request (found here <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fopen-information-responses-from-the-mhra-week-commencing-17-may-2021%2Ffreedom-of-information-request-about-the-bill-and-melinda-gates-foundation-foi-21-509&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>>) which the MHRA responded to in May 2021 revealed that the current level of grant funding received from the Bill & Melinda Gates Foundation amounts to \$3 million and covers "a number of projects". The MHRA being the UK Medicine Regulator to have granted emergency use authorisation for the Pfizer / BioNTech mRNA vaccine to be given to children.

Coincidentally, the Bill & Melinda Gates Foundation bought shares in Pfizer <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>> back in 2002 (see here <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>>), and back in September 2020 Bill Gates ensured the value of his shares went up by announcing to the mainstream media in a CNBC interview that he viewed the Pfizer jab as the leader in the Covid-19 vaccine race.

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

The Bill & Melinda Gates Foundation also coincidentally bought \$55 million worth of shares in BioNTech <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>> (see here <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/09/01/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e2>>) in September 2019, just before the alleged Covid-19 pandemic struck.

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

Reason No. 13

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e21>
(see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e21>
) they were not recommending the Pfizer Covid-19 injection be offered to all children over the age of 12.

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

The JCVI cited the following –

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

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

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2Fgovernment%2Fassets%2Fdocuments%2Fhprv%2Fhprv_final.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e21
– page 6).

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

In their letter to the Government (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-updated-advice-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19%2Funiversal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ccf842717aaa24e3f193c08d9cbc9f140%7C11d0e21>
) , the UK CMO's stated they looked at wider public health benefits and risks of universal vaccination in this age group to determine if this shifts the risk-benefit either way. They claimed in their letter that “the most important in this age group was impact on education”.

This raises some serious questions –

1. Did Covid-19 close the schools? The answer is of course no. Schools were closed because of Government policy.

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

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

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

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

From: t drivas
Sent: 12/30/2021 7:06:35 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines

External Email

Please don't make the Covid vaccine mandatory for school. What if our children already had Covid? Would they be exempt?

Please respect the choices that people are making for themselves and their family. We are already wearing masks and following the protocols set in place to slow/stop the spread.

I work at our local high school and I'm vaccinated. I am also the only one in my house/immediate family of 4, who is sick with Covid (day 6). The rest of the family is fine and tested negative as of this morning. I honestly feel like having the vaccine hasn't made a difference, especially when I can still spread Covid.

I recall Chris Reykdal saying in June that this wouldn't be mandatory.

Thank you for taking the time to read my opinion,

Teresa Drivas

From: Sherri Martin
Sent: 1/1/2022 11:49:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunization Technical Advisory

External Email

I am writing in opposition to your proposal to make the Covid vaccine part of the state's child immunization schedule.

- 1) The vaccines are brand new and still under EUA....lack of adequate data.
- 2) I know of friends & have heard many very serious side effects hitting people after getting the vaccine. Everyone should have a choice in this vaccine. No mandates should be forced on this Covid vaccine.
- 3) Where there is a risk, there should be a choice.
- 4) Mandates like this will continue to destroy the foundation of our public school system....loss of funding. Families will continue to leave the state.
- 5) Children have a 99.99% survival rate...
- 6) We are 2 years in...those who wanted the shot have likely already done so.

Thank you,
Sherri Martin
Tonasket, Wa

From: Liz Rondeau
Sent: 12/29/2021 3:04:13 PM
To: DOH WSBOH
Cc:
Subject: Adding Covid-19 vaccines to school vaccine requirements

External Email

To: WSBOH

Re: Adding Covid-19 vaccines to school vaccine requirements

I expect this board to do thorough research of the studies showing the adverse events suffered by children who have been given Covid-19 vaccines, and to study the risk to reward ratio. It is your duty to make a decision that will help children keep their health and not harm it with long-term consequences of this experimental mRNA therapeutic.

1. Children are not affected by the SARS-COV-2 virus in the same way that adults are. They often show no symptoms at all and their risk of dying from Covid-19 is shown to be almost zero. Fewer children died of Covid-19 last year than died from the flu. There is no scientific reason to inflict this experimental "vaccine" on children, particularly since the BOH doesn't require school children to get the flu vaccine.

2. The Covid-19 vaccine is not actually a vaccine since it doesn't actually prevent Covid-19. The CDC changed the definition of a vaccine in September 2021 from a drug that creates immunity to a drug that can reduce or prevent serious illness. Those drugs were previously known as therapeutics. Scientists have never successfully created a vaccine against a coronavirus since it continuously mutates. The good news is that as the coronavirus mutates it tends to decrease in severity of the illness caused, which is why the current omicron variant causes symptoms similar to those of a head cold.

3. Children's immune systems are at risk of being permanently harmed by this new, untested mRNA technology. The FDA was very reckless in approving the Covid-19 for children ages 5 - 11 since it has not been seriously tested on children for a scientifically acceptable length of time. Two long-term department heads at the FDA who were in charge of vaccine programs resigned in protest of the approval of this experimental therapy which was made by a separate committee that ignored their concerns.

4. Children's hearts, particularly boys' hearts, are at greater risk of myocarditis caused by the spike proteins generated by the mRNA injection. This causes health problems throughout their lives and will shorten their lives. You need to weigh the risk to benefit ratio in this decision. There is much greater risk of damaging children's health with this injection than there is risk of them being harmed by the SARS-COV-2 virus. We know this after two years of study, that thankfully this virus doesn't hurt children like it does the elderly.

5. Children's bodies are still growing, their immune systems are still changing and the presence of these spike proteins in their bodies will have many unintended consequences to their health as they go through puberty and become adults.

I believe not only that it is wrong to experiment on our children, but it's criminal child abuse if you recommend that this fake "vaccine" be given to every school child in the State of Washington. Just because our government is using the media to spread fear and propaganda throughout the scientifically uneducated population doesn't mean that you need to go along with the hysteria.

I strongly urge you to do your research and to keep this experimental mRNA therapeutic off the list of vaccinations required for children.

Please let me know if you have any questions. Please review this article:

<https://www.naturalnews.com/2021-12-29-experimental-mrna-vaccines-cause-heart-damage-destroy-young-boys-health.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.naturalnews.com%2F2021-12-29-experimental-mrna-vaccines-cause-heart-damage-destroy-young-boys-health.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C187047484373431b0d8408d9cb1f7f50%7C1>>

I would be happy to send you more information if you're interested.

Sincerely,

Liz Rondeau

Camas, Washington

Mobile: 360-904-8152

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

--

"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: Calvin Willard
Sent: 12/30/2021 8:07:12 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccines and kids

External Email

I hope and trust that the state of Washington will not add the RMN Covid vaccines to the mandatory school vaccine list.

These vaccines are still experimental and the long-term consequences they may have on individual health are still unknown.

Additionally, the Moderna vaccine was developed using fetal cell line HEK 293, and the Johnson & Johnson vaccine used fetal cell line PER.C6.

These vaccines were developed from the bodies of children murdered in the Netherlands and exploited by the above companies. (See Univ. of Nebraska Med. Center web page

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nebraskamed.com%2FCOVID%2Fasked-we-answered-do-the-covid-19-vaccines-contain-aborted-fetal-cells&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5ca2c2a518d44b8cc63008d9cbae6647%7C11d>

So these vaccines are potentially dangerous and certainly immorally developed.

I hope the State of Washington will not also exploit the deaths of these children.

Rev. Calvin D.G. Willard, AFLC
Calvary Lutheran Church, Everett, WA.

2. **VACCINE MAKERS ARE IMMUNE FROM LIABILITY** Vaccine manufacturers have no incentive to ensure their vaccines are as safe as possible. Established in 1986 with the National Childhood Vaccine Injury Act and reinforced by the PREP Act, vaccine makers cannot be sued even if they are shown to be grossly negligent.

https://www.congress.gov/bill/99th-congress/house-bill/5546
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.congress.gov%2Fbill%2F99th-congress%2Fhouse-bill%2F5546&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C...>
 https://www.phe.gov/Preparedness/legal/prepack/Pages/default
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phe.gov%2FPreparedness%2Flegal%2Fprepack%2FPages%2Fdefault.aspx>
 . Aspx

3. **VACCINE COMPANIES HAVE LONG RAP SHEETS** Vaccine makers have paid out tens of billions of dollars for crimes, including fraud and violating the False Claims Act, when they knew products would cause injuries and death. (Think Vioxx, Opioids and more.) If they knowingly put harmful products on the market when they can be sued, why should we trust them to make safe vaccines when they have no liability and rushed clinical trials?

<https://violationtracker.goodjobsfirst.org/industry/pharmaceuticals>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviolationtracker.goodjobsfirst.org%2Findustry%2Fpharmaceuticals>

4. **PREVIOUS ATTEMPTS TO MAKE SIMILAR VACCINES HAVE FAILED** In one study, vaccinated infants got much sicker than the unvaccinated infants when exposed to the respiratory syncytial virus (RSV) naturally, with 80% of the vaccinated infants requiring hospitalization. Two died. In subsequent studies, vaccinated animals became very sick when they later became infected with the actual virus. Many died. This phenomenon is called Antibody Dependent Enhancement (ADE).

https://www.nature.com/articles/s41579-020-00462-y#Sec11
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41579-020-00462-y#Sec11&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7

5. COVID VACCINES HAVE NO LONG-TERM SAFETY TESTING There is no way to determine what these experimental vaccines will do to humans in the medium- to long-term. Not all vaccine injuries manifest immediately. Additionally, given that all current COVID vaccines have Emergency Use Authorization status only, people cannot be subject to mandates under federal and international law.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Femergency-preparedness-and-response%2Fmcm-legal-regulatory-and-policy-framework%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050emergency-use-authorization>

<https://www.fda.gov/media/144245/download>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144245%2Fdownload&cid=7d95f6e2-88ae-4612-b138-7ff7cd46c6ea>
<https://www.fda.gov/media/144434/download>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144434%2Fdownload&cid=7d95f6e2-88ae-4612-b138-7ff7cd46c6ea>
<https://www.fda.gov/media/146217/download>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F146217%2Fdownload&cid=7d95f6e2-88ae-4612-b138-7ff7cd46c6ea>

https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-SexAge-and-S/9bhg-hcku/data
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Death-Counts-by-SexAge-and-S%2F9bhg-hcku%2Fdata&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/>
<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde>

covid-vaccine-reaction-fda-

peg%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11

<https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeingredients-covid-vaccines-allergic-reactions%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

<https://www.nejm.org/doi/full/10.1056/NEJMra2035343>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMra2035343>

<https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeingredients-covid-vaccines-allergic-reactions%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

9. THE J & J VACCINE CONTAINS ABORTED HUMAN FETAL CELL LINES The viral vector that forms the backbone of the J&J vaccine is grown in a continuous ("immortalized") human embryonic cell line (PER.C6) derived from the abortion of a healthy 18-week-old fetus, leading some Catholic leaders to describe the vaccine as "morally compromised." FDA officials have acknowledged for over two decades that such cell lines are a "major safety concern."

<https://childrenshealthdefense.org/defender/media-ignores-jj-pharma-giants-checkered-past/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeignores-jj-pharma-giants-checkered-past%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

https://religionnews.com/2021/03/01/new-orleans-archdiocese-urges-catholics-to-avoid-new-johnsonjohnson-vaccine/?fbclid=IwAR0O-bTGv7WKyiNK5_thILH__z9PK53A-eHb3oIh3u81qeJGkCuY8_25jYw

https://religionnews.com/2021/03/01/new-orleans-archdiocese-urges-catholics-to-avoid-new-johnsonjohnson-vaccine/?fbclid=IwAR0O-bTGv7WKyiNK5_thILH__z9PK53A-eHb3oIh3u81qeJGkCuY8_25jYw

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Freligionnews.com%2F2021%2F03%2F01%2Fnew-orleans-archdiocese-urges-catholics-to-avoid-new-johnsonjohnson-vaccine%2F%3Ffbclid%3DIwAR0O-bTGv7WKyiNK5_thILH__z9PK53A-eHb3oIh3u81qeJGkCuY8_25jYw&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11

<https://childrenshealthdefense.org/wp-content/uploads/FDA-Pink-Sheets-99.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fwp-content%2Fuploads%2FFDA-Pink-Sheets-99.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

<https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fvaccines-blood-biologics%2Fbiologics-research-projects%2Finvestigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

<https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fvaccines-blood-biologics%2Fbiologics-research-projects%2Finvestigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

<https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fvaccines-blood-biologics%2Fbiologics-research-projects%2Finvestigating-viruses-cells-usedmake-vaccines-and-evaluating-potential-threat-posed-transmission&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2947b9f136134bef9cae08d9cf48b050%7C11>

10. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."

11. All of the treatments being marketed as COVID-19 vaccines are still in Phase III clinical trials until 2023 to 2024 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials;

12. None of these treatments has been approved, but only granted emergency use authorization, hence cannot be mandated nor can informed consent be dispensed with;

13. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year;

14. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models;

15. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, myocarditis, and antibody dependent enhancement leading to death;

16. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials;

17. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting System (VAERS), than deaths in the last 10 years from all vaccines combined;

18. Only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID vaccines is unknown as there is a significant delay in uploading reports to the VAERS database;

19. Breakthrough cases of COVID-19 infections in those who have received COVID-19 vaccines is on the rise;

20. The trials have not proven that COVID-19 vaccines prevent infection or transmission;

21. Safe and effective treatments and preventive measures exist for COVID-19;

AND

22. Students are at nearly zero % risk of contracting or transmitting this respiratory illness and are instead buffers which help others build their immune system. The overall survival rate is 99.997%.

23. Children have already been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, and segregation through the COVID-19 measures and are therefore even more suggestible than their developmental stage would usually entail;

24. It is the job of parents or legal guardians, not of principals, teachers, teacher assistants, school board executives or other adults with influence on children, to make medical decisions for them;

Schools include vaccine and COVID-19 vaccine curriculum, which is biased, prejudicial and is a form of undue influence on any minor child which excludes full disclosure of the known risks of vaccination and the emerging evidence that vaccines do not provide protection as claimed;

25. Vaccine compliance elicited from children under threat of coercion, bullying, or suspension and who are not of fully informed consent that they have the legal right to refuse vaccination, constitutes extreme bullying and coercion and could be construed as a "battery" as well as a violation of constitutionally protected rights.

26. Contrary to misinformation spread by the World Health Organization, "implied consent" is not "informed consent," and "informed consent" is mandatory by law;

27. The Mature Minor doctrine cannot override the wishes and consent of the parents outside of preventing imminent harm or death. Vaccinations do not fall under the Mature Minor doctrine.

28. The engagement of medical experimentation without informed consent further constitutes the indictable offense of crimes against humanity.

For all of the foregoing reasons, I respectfully request that Washington Board of Health give serious consideration to not approve of the COVID-19 vaccine.

Sincerely,

Christina Carrillo Dela Paz

From: kimberly@yodio.com
Sent: 12/29/2021 7:33:47 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine mandated for school children - NO

External Email

I implore you not to add the covid vaccine to the childhood schedule. There are just too many injuries reported already. Where there is a risk, there must be a choice. Many parents will run to the vaccine as it becomes available to them, but they should not be required in order to attend school. Children respond to covid so much differently than adults and it's clear (with the high percentage of omicron cases happening in vaccinated individuals) that vaccine are contributing to variants. Vaccinating all school children will only exacerbate this problem and actually put the elderly people in those kids' lives at more risk to variants.

And if it is added to the schedule, the philosophical exemption should absolutely be retained. Let parents be parents. If they want it, trust me, they'll line up to get it.

Kimberly Hankins

From: Beckie Takashima
Sent: 12/31/2021 6:28:48 PM
To: DOH WSBOH
Cc:
Subject: C19 vaccine requirement

External Email

There is no reason minors should be forced to take this rushed vaccine in order to get a tax funded government education. The risk to children from COVID does not justify requiring such a highly controversial drug be injected into our children. It makes no sense to require this shot unless you are intentionally trying to line the big pharmacy companies' pockets. Even The WHO said this shouldn't be mandatory for minors unless they have underlying conditions. Everyone knows healthy kids are not at risk from dying from this virus. Do the right thing. Be better. Give parents. Voice and LISTEN.

BLESSINGS,
Beckie Takashima

Sent from my iPhone

From: Leslie Elliott
Sent: 12/29/2021 9:39:47 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for schoolchildren

External Email

Hello,

I was in the public audience for today's TAG meeting. I heard the questions members raised about topics they hope will be covered by the advisory committee, and they mostly involved administrative implementation and logistics. I think the following topics are of paramount importance, and I did not hear them discussed at all. I hope they will be covered thoroughly in upcoming meetings.

1. What is the risk of SARS COV2 to the target population? Discuss the statistics and risk factors.
2. If there is a risk of severe illness, are there treatments available?
3. What is the efficacy of the covid vaccines in preventing serious illness in this age group? Discuss study data.
4. Is this vaccine being proposed for this age group in order to protect a different demographic? If so, what are the ethical implications of doing this? Full discussion please. What data do you have to indicate whether this age group is a significant vector for SARS COV2 transmission? Full presentation of statistical evidence.
5. What is the safety profile of the covid vaccines? Discussion of VAERS reports please (and if VAERS is not considered reliable, what is being done to create a better adverse events reporting system?). What are the ethical implications of giving an entire population a treatment that has not been studied long-term?
6. Is the FDA approved Comirnaty product being discussed, or is the board proposing mandating one of the other products, which have not been approved?
7. What are the ethical implications of mandating a medical injection on a population when the manufacturer has complete product liability protection and faces no responsibility should people be injured?

I hope to see a complete and thorough discussion of all these points and more. I also hope that rather than "making it fun" as one of your members suggested, you will instead recognize that parents of children in Washington State are taking this issue extremely seriously and would appreciate professionalism when it comes to recommendations for our children's health care.

Sincerely,

Leslie Elliott

From: Crystal Dube
Sent: 12/29/2021 6:54:45 PM
To: DOH WSBOH
Cc:
Subject: Covid scheduled addition to children's vaccine's.

External Email

This is an email to communicate with wsboh that I DO NOT support the Covid 19 vaccine being added to any child's vaccination schedule or care plan if attend day care or public school. It is entirely up to the parent or guardian what should enter a child's body. I DO NOT support the addition of the Covid 19 vaccine to a child's vaccination schedule.

Crystal Dube
253 248 9856

From: Lauren Welch
Sent: 12/30/2021 7:16:11 PM
To: DOH WSBOH
Cc:
Subject: Covid shot requirement for school

External Email

To Board of Advisors,

I am a concerned parent, and I was listening in on the discussion about the process of making the covid shot a requirement for entry to school (Wednesday, December 29, 1:00).

I'd like to start by saying that there is no scientific evidence that supports covid as a public health crisis for children. Nearly 100% of children do not die from covid, and they do not spread covid. In general, 99.98% of ALL people do not die from covid. We live in a constitutional republic with medical privacy protections. In our country, everyone is permitted to get their covid shot if they choose. The covid shots are 100% accessible (and even free in most places). However no one should be forced to get a shot that they do not want. The function of a legitimate vaccine is not community protection, but rather, individual protection. We have lived decades upon decades amidst populations of people who quietly choose to not get vaccines (and with viruses that are far riskier). These people do not pose a community health risk, even though they choose to risk contracting viruses themselves. That is their choice and they should be free to take that risk. There are many risks out there. We can't put a helmet, seatbelt, and life vest on every single risk in life. Focusing solely on covid as THE only risk to society is a very narrow and negligent focus. Dancing behind the scenes of this hysterical covid crisis, our state leaders have done away with legitimate background checks for child care and they released criminals into the streets. Our leaders have opted to "defund the police" and they shrunk our local police and law enforcement down significantly by mandating the covid shot. Why would the same people who scream for safety from covid release criminals into the streets, defund the police, and erase effective background checks for those caring for children?

Another important fact is that the transmission of covid is not prevented by the covid shots. Studies in Israel and other places where nearly 100% of the population had the covid shot prove that transmission and hospitalization is not diminished from getting the shot. And the VAERS data alone is shocking! Have you seen how many people have died from the shots or live with irreversible adverse effects? If we "follow the science," we should be following the facts and the greatest risk variable is this covid shot itself. It is a fact that this covid shot is an experimental shot, it is not approved, and we do not know the long term risks. It is 100% wrong to force people to inject something unknown, untested, and unwanted into their bodies. I'm surprised I would even have to convince anyone of this.

I want to let you know that the meeting yesterday, where once again parents could not attend nor ask any live questions, gave me serious concerns about the trustworthiness of those working for us in the public school system. Hiding behind zoom, masks, social distancing, and fear of omicron (and the infinite upcoming variants) is not going to replace transparent in-person gatherings. For two years, our children's educational leaders in Washington state have remained in some form of hiding.

Regarding the outcome of this vote, I couldn't help but notice that these board voters have the protection of anonymity. Everything about this decision making process communicates an air of secrecy, predetermined outcomes, and non-inclusivity. Truly, as

you demonstrate that you value anonymity with your vote, on a much more personal level, no one, including students at school, should have to confess their private health status to anyone. The trajectory of the "health" police state is not hopeful when you and your personal health conditions are considered the next unacceptable condition in society. When might we start to say people with AIDS/STDS are a danger to society? Or cancer? Today it's covid, but tomorrow, who can know?

Germs are a reality and they are here to stay in this entropic world, and anyone working with children will most certainly encounter germs. The brave souls who teach children should be aware of this risk, and surely, if the risk of germ exposure is a problem for any adult, then teaching children is a career that they should definitely avoid. Fomenting fear about microscopic germs in a germ-filled world is an endless opportunity for tyrants to take control of populations of people based on infinite potentials of uncontrollable and unpredictable fears. Can we even begin to measure the trauma that has happened to our nation as a result of covid hysteria? If public schools become the germ police about covid, and if they require these experimental covid shots, then they are embarking on a journey of medical discrimination and exclusivity. After years of diversity, equity/inclusivity training, it is incredible that schools are thinking of engaging in this hypocrisy of the highest order.

Coercion with covid shots in the public schools is wrong, and I am saying no to this.

Thank you for your time and consideration.

Lauren Welch

deemed to be in a clinical risk group, or who are a household contact of someone who is immunosuppressed.

Professor Wei Shen Lim, Chair of the JCVI said:

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

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

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

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

Reason No. 1

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

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

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

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

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F05%2F86-of-children-suffered-an-adverse-reaction-to-the-pfizer-covid-vaccine-in-clinical-trial%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0>> . Of the 1,097 children who received a second dose of the jab 78.9% experienced an adverse reaction.

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

Reason No. 2

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

For children 12 to 15 years of age, the Pfizer Covid-19 vaccine clinical trial found the overall incidence of severe adverse events which left them unable to perform daily

activities, during the two-month observation period to be 10.7%, or 1 in 9, in the vaccinated group and 1.9% in the unvaccinated group.

Consequently, children who received the vaccine had nearly six times the risk of a severe adverse event occurring in the two-month observation period compared to children who did not receive the vaccine. In addition, the incidence of Covid-19 in the unvaccinated group was 1.6%, therefore, there were almost seven times more severe adverse events observed in the vaccinated group than there were Covid-19 cases in the unvaccinated group.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441>>
and official Centre for Disease Control (CDC) documents

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Faci>>
2021-05-12%2F03-COVID-Wallace-
508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0

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

Reason No. 3

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

Official NHS data which can be viewed here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fstatistics>>
work-areas%2F covid-19-daily-deaths%2F weekly-total-
archive%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0
(see Table 3 – COVID-19 deaths by age group and pre-existing condition of the
downloadable excel document) shows that since March 2020 just 17 people under the
age of 19 have died with Covid-19 who had no known pre-existing conditions in
England's hospitals, up to the 8th December 2021. The data also shows that just 60
people under the age of 19 have died with Covid-19 in the same time frame who did
have other serious underlying conditions.

There are approximately 15.6 million people aged 19 and under

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.statista.com%2Fstatistics%2F>>
population-by-
age%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0
in the United Kingdom which means just 1 in every 260,000 children and teenagers have
allegedly died with Covid-19 in 21 months who had other serious pre-existing conditions.
Whilst just 1 in every 917,647 children have allegedly died with Covid-19 in 21 months,
who had no know pre-existing conditions.

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.researchsquare.com%2Ffile>>
689684%2Fv1%2F3e4e93fb-4e98-4081-9315-
16143c2bbd2b.pdf%3F%3D1625678600&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0
(which can be found here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.researchsquare.com%2Ffile>>

689684%2Fv1%2F3e4e93fb-4e98-4081-9315-

16143c2bbd2b.pdf%3Fc%3D1625678600&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54

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

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

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

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

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

Reason No. 4

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

A study (found here

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

) led by Professor Russell Viner of UCL Great Ormond Street Institute of Child Health, published on the medRxiv server, found that 251 young people aged under 18 in England were admitted to intensive care with Covid-19 during the first year of the pandemic (until the end of February 2021).

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

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

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

Reason No. 5

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%>

(see official MHRA document here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%>

) for emergency use only. In October the government made changes to the Human Medicines Regulations 2012 to allow the MHRA to grant temporary authorisation of a Covid-19 vaccine without needing to wait for the EMA.

A temporary use authorisation is valid for one year only and requires the pharmaceutical companies to complete specific obligations, such as ongoing or new studies. Once

comprehensive data on the product have been obtained, standard marketing authorisation can be granted. This means that the manufacturer of the vaccine cannot be held liable for any injury or death that occurs due to their vaccine, unless it was due to a quality control issue.

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow0>

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-113.png?resize=512%2C333&ssl=1>>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fec.europa.eu%2Fresearch-and-innovation%2Fen%2Fhorizon-magazine%2Ffive-things-you-need-know-about-mrna-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2>), and the long term side effects are not known, meaning the millions of people around the world who have had the Pfizer Covid-19 injection are essentially taking part in an experiment.

Reason No. 6

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

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

CDC Study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2FvolunH.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2>

The CDC study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2FvolunH.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2>) focused on 469 cases among Massachusetts residents who attended indoor and outdoor public gatherings over a two week period. The results found that 346 of the cases were among vaccinated residents with 74% of them presenting with alleged Covid-19 symptoms, and 1.2% being hospitalised. However, the remaining 123 cases were among the unvaccinated population with just 1 person being hospitalised (0.8%).

Oxford University Study

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

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

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

UK Department of Health & Social Care Study

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

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%>

_week_49.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7Cdetail the number of Covid-19 cases by vaccination status in England. The following chart shows hospitalisations by vaccination status over a period of 16 weeks from 16 Aug 21 to 05 Dec 21.

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

The chart shows that between August and early September, the fully vaccinated population accounted for the majority of Covid-19 cases. However, between the middle of September and early October this switched to the not-vaccinated population accounting for the majority of cases. This is most likely due to children returning to

school in September and being “encouraged” to test on a regular basis.

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

This data alone puts an end to the myth that the Covid-19 vaccine will prevent children from being infected and spreading Covid-19.

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

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-278.png?resize=639%2C523&ssl=1>>

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

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

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

Between 16 Aug 21 and 05 Dec 21 there were 3,070 Covid-19 deaths among the unvaccinated population in England, compared to 12,058 deaths among the vaccinated population during the same time frame. That is a 293% difference.

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

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/12/image-281.png?resize=639%2C493&ssl=1>>

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

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

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

* COVID-19 vaccine surveillance report – Week 37 (Covers Week 33-36)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_37_v2.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639>

* COVID-19 vaccine surveillance report – Week 41 (Covers Week 37-40)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/surveillance-report-week-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/surveillance-report-week-41)>

41.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2

* COVID-19 vaccine surveillance report – Week 45 (Covers Week 41-44)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2Fassets%2Fgovernment%2Fcoronavirus%2Fvaccine%2Fsurveillance%2Fweek_45.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2

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

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2Fassets%2Fgovernment%2Fcoronavirus%2Fvaccine%2Fsurveillance%2Fweek_49.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2

Reason No. 8

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

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

The reports for each available vaccine can be found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fmedia%2Fassets%2Fgovernment%2Fcoronavirus%2Fvaccine%2Fsummary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2>

under the analysis print section and include adverse reactions such as blindness, seizure, stroke, paralysis, cardiac arrest and many other serious ailments. As of December 8th 2021 there have now been over 1.3 million adverse reactions including 1,852 deaths.

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

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

Reason No. 9

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2>

) request demanding to know how many deaths have occurred in the past 20 years due to all vaccines, and their response revealed that there have been four times as many deaths in just eight months due to the Covid-19 injections.

The request

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2>

was made via email to the Medicine and Healthcare product Regulatory Agency (MHRA) on the 6th August 2021, and in answer to the question

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e21>>

asked on the number of deaths due to all other vaccines in the past twenty years, the MHRA revealed that they had received a total of 404

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2Fwp-content%2Fuploads%2F2021%2F09%2FFOI-21-907-Response-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e21>>

reported adverse reactions to all available vaccines (excluding the Covid-19 injections) associated with a fatal outcome between the 1st January 2001 and the 25th August 2021 – a time frame of 20 years and 8 months.

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

However, according to the MHRA Yellow Card Report (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23annex-1-vaccine-analysis-print&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e21>>

– under each analysis print section) there were 1,632 deaths reported as adverse reactions to the Covid-19 vaccines from December 9th 2020 up to September 1st 2021. This included 16 deaths due to the Moderna jab, 24 deaths where the brand of vaccine was unspecified, 1,064 deaths due to the AstraZeneca vaccine, and 524 deaths due to the Pfizer mRNA injection.

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

Reason No. 10

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

Myocarditis is inflammation of the heart muscle, whilst Pericarditis is inflammation of the protective sacs surrounding the heart. Both are serious conditions due to the fact the heart muscle cannot regenerate, and both conditions have officially been added to the safety labels of the Pfizer jab and Moderna jab by the MHRA (see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e21>>).

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-114.png?resize=639%2C141&ssl=1>> Source

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcoronavirus-vaccine-summary-of-yellow-card-reporting%23analysis-of-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e21>>

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

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

A Scientific Study published on the JAMA network

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F937571>>, has also found that the incidence of myocarditis among vaccinated individuals is at least double what Health Authorities are claiming.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/09/image-115.png?resize=491%2C768&ssl=1>>

The new JAMA study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F937571>> (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F937571>>) showed a similar pattern to a CDC study (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadverse%2F2021-06%2F03-COVID-Shimabukuro-508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e210-4b46-4881-8000-000000000000>>

), although at higher incidence of myocarditis and pericarditis after vaccination, suggesting vaccine adverse event under-reporting.

The researchers calculated

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle%2F937571>> the average monthly number of cases of myocarditis or pericarditis during the pre-vaccine period of January 2019 through January 2021 was 16.9 compared with 27.3 during the vaccine period of February through May 2021.

The mean numbers of pericarditis cases during the same periods were 49.1 and 78.8.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medscape.com%2Fviewarticle%2F937571>>. Also, in the governments' statistics, pericarditis and myocarditis were "lumped together".

Reason No. 11

Children have died and are dying due to the Covid-19 Vaccines

The US Vaccine Adverse Event Reporting System (VAERS), which can be searched here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.openvaers.com%2Fsearch%2Fsearch-covid-full-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e210-4b46-4881-8000-000000000000>>

by inputting the specific VAERS ID shows that several children have died in the US after having the Covid-19 vaccine, with many suffering cardiac arrest.

A 16 year-old female received the Pfizer vaccine on the 19th March 2021. Nine days later the same female went into cardiac arrest at home. By the 30th March 2021 she had sadly died. Found under VAERS ID 1225942.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image-107.png?resize=478%2C405&ssl=1>>

A 15 year-old female suffered cardiac arrest and ended up in intensive care four days

after having the Moderna mRNA jab. She also sadly died. Found under VAERS ID 1187918.

<<https://i0.wp.com/dailyexpose.uk/wp-content/uploads/2021/06/image-109.png?resize=471%2C283&ssl=1>>

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

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

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

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

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

Reason No. 12

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

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

So it may surprise you further to know that GP's are being offered an additional payment of £10 on top of the £12.58 already offered for every injection administered to a child in the United Kingdom. All of this is documented in an official NHS document found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fcoronavirus%2Fcontent%2Fuploads%2Fsites%2F52%2F2021%2F08%2FC1384-Vaccinating-children-and-young-people-frequently-asked-questions.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C>>
.

According to the last count made in 2020 there are approximately 3,154,459 children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.statista.com%2Fstatistics%2Fpopulation-by-age%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e211>>
between the ages of 12 and 15 in the United Kingdom. Therefore GP's across the UK could stand to make a combined £142.45 million if every child is injected with a Covid-19 vaccine.

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

A Freedom of Information request (found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Ftransparency%2Fof-information-responses-from-the-mhra-week-commencing-17-may-2021%2Ffreedom-of-information-request-about-the-bill-and-melinda-gates-foundation-foi-21-509&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e211>>
) which the MHRA responded to in May 2021 revealed that the current level of grant funding received from the Bill & Melinda Gates Foundation amounts to \$3 million and

covers “a number of projects”. The MHRA being the UK Medicine Regulator to have granted emergency use authorisation for the Pfizer / BioNTech mRNA vaccine to be given to children.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020-07-28%2Fcoronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d3f1c1-402d-4130-a001-000000000000>
back in 2002 (see here

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020/04/28/coronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d

), and back in September 2020 Bill Gates ensured the value of his shares went up by announcing to the mainstream media in a CNBC interview that he viewed the Pfizer job as the leader in the Covid-19 vaccine race.

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020%2F04%2Fcoronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d35801-4241-409c-b008-345710100000>
(see here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fool.com%2Finvesting%2F2020%2F09%2Fcoronavirus-vaccine-stocks-the-bill-melinda-gate%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d33101-4348-4681-9938-000000000000>) in September 2019, just before the alleged Covid-19 pandemic struck.

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

Reason No. 13

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

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

< <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e217>
(see here

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e217...> they were not recommending the Pfizer Covid-19 injection be offered to all children over the age of 12.

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

The JCVI cited the following –

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

Since 1st April 2009 the Health Protection (Vaccination) Regulations 2009 place a duty on the Secretary of State for Health in England to ensure, so far as is reasonably practicable, that the recommendations of JCVI are implemented (See here <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.gov.uk/system/uploads/attachment_data/file/67891/final.pdf&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cade5acb34ea54e4756b108d9c – page 6).

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

In their letter to the Government (found here <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fvaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19%2Funiversal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cade5acb34ea54e4756b108d9cb1a6639%7C11d0e2172>), the UK CMO's stated they looked at wider public health benefits and risks of universal vaccination in this age group to determine if this shifts the risk-benefit either way. They claimed in their letter that "the most important in this age group was impact on education".

This raises some serious questions –

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

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

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

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

From: J Jack
Sent: 12/29/2021 1:56:34 PM
To: DOH WSBOH
Cc:
Subject: Adding COVID-19 Vaccine to the Requirement to Attend School

External Email

I am against adding the experimental COVID-19 vaccine to the requirements to attend school.

According to the CDC statistics, there have been zero children that have died from this virus in the state of Washington.

Evidence has shown around the country that this vaccine does not prevent the individual receiving the vaccine from getting the sick with COVID-19.

I will leave you with a quote from former VP of Pfizer, Michael Yeadon.

"For every child that dies from COVID-19, there will be a hundred that die from the vaccine."

Very Respectfully,

Jon Jackson

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:49:53 AM
To: DOH WSBOH
Cc:
Subject: FW: Covax

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

From: Danielle Varela <naptastik@me.com>
Sent: Monday, January 3, 2022 10:50 PM
To: 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 (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Covax

External Email

I oppose any vaccine requirement.

From: rpowell31
Sent: 1/1/2022 11:43:21 AM
To: DOH WSBOH
Cc:
Subject: Covid mandate in schools

External Email

Hello,

I am writing to you today to please not mandate vaccines in schools. The "follow the science" is maddening as they don't yet know all the long-term side effects of an "emergency use drug". Most science and medical issues are debated, as you know. This isn't allowing debate. I would pull my kids and homeschool if this was a mandate. I already have 12 friends/families that left the state, and that's just me. Maybe that's what this state wants (not sure). I have never had a flu shot in at least the last 20 years. I have never had the flu during that time, never missed a day of work (you can call my employer for proof). I will leave the state of WA if the vaccine is mandated.

All my vaccinated friends are getting sick. Explain that.....well, they can't. Please think about this for most people that are healthy are just fine. All my co-workers that get Covid say they felt worse with the flu, then laugh about all the free time they get off of work (depending where they work). Stop this nonsense please!!!!

Note: if the media said "covid is over", everyone would go back to having the flu and colds. Something is fishy here and I would have to think you have these same thoughts.

Thank you for listening!

Rachelle Powell
Everett, WA

From: Benjamin Wojcik
Sent: 1/3/2022 10:56:46 AM
To: DOH WSBOH
Cc:
Subject: Covid rules

External Email

Dear Board of Health:

I understand that your agency is responsible for the WACs that determine which vaccines are required to attend public schools. Is that correct? If so, is there any plan to require vaccination of students eligible for Covid vaccines? Please let me know. (Frankly, what are you waiting for?)

Benjamin Wojcik

Paralegal to Matthew I. Cooper

9 Lake Bellevue Drive, Suite 218

Bellevue, WA 98005

O: (425) 467-1740

F: (206) 312-0939

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:29:53 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid vax

From: Anna Goncharenko <goncharenkoanna18@gmail.com>
Sent: Friday, December 31, 2021 11:40 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid vax

External Email

No, to mandating the covid vaccination. Its unconstitutional and I have a full right to deny a procedure on my body or my childs. Lord Jesus Christ is my God, not the government.

Blessings,

Anna

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:29:18 PM
To: DOH WSBOH
Cc:
Subject: FW:

From: Mariya Rudenko <b2kmtwin@gmail.com>
Sent: Friday, December 31, 2021 12:18 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

I oppose Covid Vax for all children! This is wrong!

From: Courtney Dethlefs
Sent: 12/30/2021 2:08:16 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirement

External Email

Dear Board of Health and advisory group,

I'm a resident in the Highline school district and I'm writing to let you know that I disagree with a covid vaccine requirement for school and daycare entry. As a member of the public, I do not accept the "vaccine". As a former pediatric research coordinator, I do not see that adequate efficacy and safety trials have been shown on this vulnerable population. As a parent, the risk of "vaccine" side effects outweigh the risk of contracting covid, which is not preventable by the current "vaccine". Furthermore, there is not an FDA-approved covid vaccine available. This is NOT a pediatric public health emergency.

Please allow parent choice for covid related interventions.

Thanks, Courtney

Courtney Dethlefs
206-794-9166

From: Maddy Downing
Sent: 12/30/2021 10:39:48 AM
To: DOH WSBOH
Cc:
Subject: Comments on immunizations

External Email

Good morning!

I'm writing to express my support on vaccine mandates in schools. I am a constituent in the 23rd district. My younger sister is in high school and she has an autoimmune disease that suppresses her immune system. She is fully vaccinated and has been fully vaccinated as early as she could be. However with the omicron variant spreading and breakthrough cases occurring at a higher frequency, I worry that the vaccine is not enough. Every wrestling team in the county has had covid cases, and other indoor sports are making this worse. The parents who attend these sports do not wear masks even when politely asked to by school staff. There is no recourse for anyone who refuses to wear a mask because our high school staff is too afraid of violence or bereavement from these people. I do not want my sister to die when she has done the right thing since the beginning of this pandemic, all because of people who do not realize they have a huge privilege with access to this groundbreaking vaccine. Please keep our vulnerable students safe from this disease.

Thank you for your time,
Madison Downing

From: Tracey Cordero
Sent: 1/1/2022 1:47:13 PM
To: DOH WSBOH
Cc:
Subject: Children and COVID-19: State-Level Data Report

External Email

There is no need to include a covid drug that is not fully FDA approved and no long term studies to show the effects it has on our children when the data shows children recover from Covid at a 98-99% rate without severe illness or death.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aap.org%2Fen%2Fpages%2Fnovel-coronavirus-covid-19-infections%2Fchildren-and-covid-19-state-level-data-report%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf995fefceff24e7e96ee08d9cd704378%7C>

You may find more studies from the lancet which is the oldest and most respected peer reviewed medical journal in the world. There are studies there that state the same thing. Children are at low risk for severe illness and death! Please leave this out of the vaccination requirements. It is not a fully approved vaccine for children! This should be left to the parents to decide as the flu vaccine is!

Sincerely
Tracey Cordero

Sent from my iPhone

From: Audra Doll
Sent: 12/29/2021 2:47:24 PM
To: DOH WSBOH
Cc:
Subject: Absolutely Not on Covid 19 vaccine requirement for school children

External Email

I heard you met today to discuss making the vaccine a requirement for students k-12. This is ridiculous the Covid virus poses virtually no risk to healthy children and the vaccines do not prevent catching or transmitting the virus to others. The vaccines DO have significant side effects though and we don't even know the long term effects yet. I would 100% pull my kids from school and teach them through homeschooling methods if Washington tries to force my children to receive a risky vaccine under an EUA to attend public school in the future.

If you care about the welfare of children then you should see the side effects are significantly more dangerous to healthy kids than the virus is and under no circumstances should this be added as an immunization requirement for public tax funded schools.

Thank you
Audra Doll
Graham, WA

Sent from my iPhone

From: Nicole Maas
Sent: 1/1/2022 7:41:15 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirement for school children

External Email

Dear School Board of Health,

Vaccines for school children should NOT be required. We have seen over the past year how ineffective they are stopping the spread of covid. We cannot ignore the significant amount of breakthrough cases and still say the vaccines are effective. They are not. They are essentially a treatment for the virus, not a true vaccine as they make the disease more mild instead of actually preventing it. Considering children are so incredibly resistant to severe disease from covid and we do not know the long term side effects of the vaccines, there is absolutely NO REASON they should be required to attend school.

Thank you,
Citizen concerned for the safety of our children

From: dcjohnsons@comcast.net
Sent: 1/3/2022 1:04:30 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccines should not be mandatory in schools. You are taking away our rights

External Email

Don't put our children at risk!

Quoting from 246-105-010: "The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes

the immunization requirements of children attending schools and child care centers."

The facts are the current COVID vaccines do not prevent catching the disease, and therefore are ineligible for inclusion in the list of "vaccine-preventable" diseases. The current COVID "vaccines",

as is demonstrated by the vast number of "breakthrough" cases, are not able to prevent COVID to a comparable level as actually effective vaccines for the section 030 listed diseases, but merely to be a

pre-treatment for the disease that generally reduces the severity.

Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. Who has heard of breakthrough cases of chickenpox?

Diphtheria? Rubella? Measles? Mumps? Pertussis? And the rest of the list, for that matter. The simple fact is, the number of "breakthrough" cases of the -030 currently listed diseases is so small as to be negligible –

it would be major local news of an outbreak of Measles or Mumps in our local schools, yet these are all but unheard of. Yet the number of COVID cases that breakthrough the current vaccines is significant.

Therefore, as a matter of definition, COVID is not a vaccine preventable disease. Compare and contrast COVID to one of the listed diseases with an actually effective vaccine - Mumps. According to the CDC,

there were only 139 cases in 2021.

Considering that the best available evidence as of this writing indicates that on average children suffer no worse from COVID than the normal seasonal flu, and considering the unknown potential long term side effects

of the current COVID vaccines, the risk-reward profile indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them. Compare to the current policy for seasonal flu: Flu is an equal,

if not a greater risk to children (and never mind the ability of children to spread seasonal

flu to adults) AND the seasonal flu vaccine risk profile is well known and low,

yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease, COVID, that is equal or lower risk to children AND has a vaccine with an

unknown long term risk profile? That would be illogical and would indicate other non-fact based motivations for such a mandate.

I respectfully urge the board to not add COVID to the list of diseases in WAC 24-105-030.

From: Dianne Armstrong
Sent: 12/29/2021 1:48:45 PM
To: DOH WSBOH
Cc:
Subject: comment for ITA group

External Email

This should be an outrage for all Wa residents. This is an experimental vaccine only studied for 1 yr and has already had countless problems and death among young people. I was listening to the meeting via phone and it was stated that the vaccine prevents covid 19.

That is an outright lie as countless people that have been fully vaccinated have come down with covid 19.

You should consider the facts and stop this evil agenda from going forward.

Respectfully

Dianne Armstrong

From: Danielle Varela
Sent: 1/3/2022 10:50:20 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Covax

External Email

I oppose any vaccine requirement.

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:26:07 PM
To: DOH WSBOH
Cc:
Subject: FW: Come vid Vaccine

From: Tatyana Demchukov <dtaty78@gmail.com>
Sent: Friday, December 31, 2021 5:45 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Come vid Vaccine

External Email

Dear Kelie Kahler (Kelie.kahler@sboh.wa.gov <mailto:Kelie.kahler@sboh.wa.gov>)

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Clark County Resident

From: Pskowski, Samantha L (SBOH)
Sent: 12/29/2021 2:55:14 PM
To: DOH WSBOH
Cc:
Subject: FW: Board of Health question

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

From: Jodi Dotson <Jdotson_991@outlook.com>
Sent: Wednesday, December 29, 2021 2:51 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Board of Health question

External Email

Dear Samantha,

I am trying to find out who can provide me with the proof of the isolated pathogen for sarscov-2. I would like a copy of this document please. I cannot find it anywhere on the CDC.org website. I am very concerned that the BOH wants to push for children to get these so called vaccines when they never passed the animal studies. It killed all the animals tested so now they have been giving it to adults then children. The PCR test will be pulled starting the first of January 2022. What test will they do to confirm the diagnosis of actual covid infection from the annual flu? The PCR test have been inaccurate and causing false positives for hundreds of thousand of people. I am needing your help in understanding this crisis we are all in.

The gene therapy has already harmed and/or killed almost 900,000 people, is this not enough damage done?

Thank you for your time,

Jodi Dotson

Sent from Mail

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

From: Lori Jayne
Sent: 12/30/2021 2:37:10 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 for school

External Email

Absolutely NO Covid-19 inoculation for children!
Robert Koch Institute report released today states that 95.58% of the #Omicron cases in Germany are fully vaccinated (28% of those had a "booster"), 4.42% are unvaccinated. 71.1% of the total population is fully vaccinated in Germany.

Its insanity to give any child this shot! They do not need it! Period!

Respectfully,
Lori Himmelman

From: Shawn Dube'
Sent: 12/29/2021 8:03:48 PM
To: DOH WSBOH
Cc:
Subject: Adding COVID 19 TO 246-105 WAC

External Email

To Whom it May Concern,
As a parent with two small children in the Bethel school district, I oppose adding COVID 19 to WAC 246-105.

From: Shelby Gentle-Pearson
Sent: 1/3/2022 5:54:13 PM
To: DOH WSOH
Cc:
Subject: Children's COVID Vaccine Requirement

External Email

To Washington State Board of Health,

It has come to my attention that you'll be meeting on January 12th to discuss adding the **EMERGENCY USE AUTHORIZED** Covid-19 vaccine to the list of vaccinations required to attend public school. I use the words **bolded** and **underlined** above because as of today, January 3, 2022, there is currently no FDA approved vaccine available to US Citizens. The only FDA approved Covid-19 vaccine is Comirnaty and is not available in the US:

<https://thevirginiastar.com/2021/12/23/pfizers-comirnaty-available-abroad-not-in-u-s-2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthevirginiastar.com%2F2021%2Fpfizers-comirnaty-available-abroad-not-in-u-s-2%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1b627746d6b746362ea808d9cf251a86%7C11d0e2>

Like many other parents in Washington state, I am concerned about the efficacy and safety of all Covid-19 vaccines that are currently being distributed and mandated. The suspicious and dangerous lack of transparency from the pharmaceutical companies and the FDA is extremely concerning and should make any sane, rational person (especially a parent) give pause before accepting these vaccines:

<https://www.msn.com/en-us/news/us/fda-says-it-needs-until-year-2076-to-reveal-data-pertaining-to-pfizer-vaccine-approval/ar-AAQSOWp>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Ffda-says-it-needs-until-year-2076-to-reveal-data-pertaining-to-pfizer-vaccine-approval%2Far-AAQSOWp&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1b627746d6b746362ea808d9cf251a86%7C11d0e2>

Children's bodies develop at different rates, many of them continuing to grow even after primary education. The data is simply NOT THERE to support such a move as this. The data IS there, however, with the record number of deaths and adverse events that are being reported to VAERS:

<https://vaers.hhs.gov/data/datasets.html?>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Fdata%2Fdataset>

With just this information, why would health officials feel the need to push for requiring this? Children are at extremely low risk of being hospitalized or dying with any variant of COV-19 thus far, two years in. Those children who are at high risk should be accommodated with at-home learning should they wish to feel safer. You do not punish the majority to accommodate the minority.

Making a move as bold as requiring this vaccine would have embarrassing results for not only the WSBOH but local school districts as well. The recent pushback from LA County alone was enough to quash any efforts to enforce this vaccine after 30,000 students threatened to not return to school after the mandate. Children in school = federal spending money. Remove those children and schools go broke, we all know this:

<https://www.politico.com/states/california/story/2021/12/24/la-schools-tried-to-mandate-vaccines-then-it-faced-the-reality-of-sending-30-000-students-home-1402804>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.politico.com%2Fstates%2Fcalifornia%2Fstory%2F2021%2F12%2F24%2Fla-schools-tried-to-mandate-vaccines-then-it-faced-the-reality-of-sending-30-000-students-home-1402804&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C1b627746d6b746362ea808d9cf251a86%7C11d>

Bottom line, this move would bring a roaring response from parents who have simply had enough of our children being pushed around by outrageous school boards and health districts that cannot provide the data to back up their tyrannical rules for the past 2 years. The overwhelming majority of parents are completely aware of how unnecessary this is and that it's purely motivated by politics, not science. This can only end bad for those trying to push this on our children. It will shine a light on WA state and exactly how many parents are ready to pull their children, just like it did in LA county. Negative press will abound and it will embolden other counties and states to stand up.

By doing the right thing, listening to parents and their children and the concerns over these un-approved vaccines and NOT mandating them, it would be a move in the right direction in repairing the damage to your credibility and professionalism. I strongly encourage you to read every single comment and request that is submitted and take it into consideration.

Thank you for your time.

Shelby Gentle-Pearson

Bookkeeping Solutions for Your Business

(509) 991-0487

From: margo thompson
Sent: 12/29/2021 1:49:00 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunization Technical Advisory Group

External Email

I wrote a short email yesterday in general terms outlining why I oppose the inclusion of Covid shots in requirements, not realizing many of the details involved. Please consider that a summary of this more pointed communication.

As a parent, grandparent, private school administrator, citizen and taxpayer, I want to introduce the fact that these Covid shots are not true immunizations at all, so shouldn't be included in any serious medical decisions as such. They are experimental, highly debatable, ineffective, unsafe, dangerous shots making billions for pharmaceutical companies while many of their recipients suffer and often die. They are under EVA for adults as well as children. None of us need them, as so many of us who refuse them can testify, and the fact is that children have 99.9% survival rate, so it shouldn't even be considered. There are much more important things to deal with.

There seems to be some confusion about who is responsible for our children's education, too, in your materials. It is the God-given responsibility of the parents and guardians to educate or assign that privilege to those of us called to help them, not the state's. We are the primary stakeholders. This certainly includes whether we want our children to have a shot or not. We pay the various entities listed in your information to do their jobs, not mandate jabs. These exemptions we've seen dropped before when they get too much power. Many have already moved out of the state for that reason or have taken their children out of the public schools. This decreases revenue, which is one of your concerns. Most of our private schools will not go along with any such mandates, should you decide to impose them. We have religious as well as health reasons.

No virus has been isolated, so many doctors call Covid an infection, not a disease. There are natural means proven to effectively combat it. There is natural immunity for those who have had it. There is no more need to impose mandates for this than the flu, which has mysteriously disappeared with the hype. Or colds. Instead of dangerous shots, we need to promote good health practices and build immunity. The state is not obligated in any way to protect us, our health and our safety. We are free to protect ourselves. It has not been proven that these shots protect anyone from anything. If we had wanted the shots, we'd have had them by now. It is our choice. We have the right to keep our medical information private. Endless boosters only profit the pharmaceutical companies and those they pay to administer them.

Hopefully you are not basing your scientific decisions on Dr. Fauci and his ilk, who have been exposed for their profiting.

The best scientific data is not coming from bought-off MSM, either, with few exceptions. Study the actual facts. The state is US. We pay for plenty of things without including these abortion-tainted shots. There IS NO ACCEPTABLE side effect, especially when you discover the natural cures don't have any.

Thank you,

Margo Thompson

Teacher/Administrator

North Country Christian School
Oroville, WA

From: hadati
Sent: 1/3/2022 4:27:19 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirements

External Email

To Whom It May Concern,

I am a current WA State public school teacher. I also lost a family member to "Covid pneumonia".

Though I believe adults, teens and children should have the option to get any vaccination they choose, government specifically does not have the legal right to force vaccinations. This is because it violates the Nuremberg Code, which specifically states that you must have the informed consent of person who will be vaccinated without fear or coercion. To hold a person's livelihood or education hostage unless they inject something into their bodies that they don't want, no matter how well-intentioned, is clearly coercion. Everyone who goes along with this is violating the same code that was used to determine which Nazi officers were guilty of performing unnecessary, cruel experiments on unwilling Jewish patients following WWII. Many of these officers were eventually tried and put to death for these crimes against humanity. The "I was just following orders" defense was ruled against as a valid legal argument because officers also have a duty to not follow orders they know to be wrong.

Additionally, the current studies from Pfizer show "fully vaccinated" people have only 30% protection from Omicron. Even when boosted, these studies show protection tops out at only 48%. So even best case scenario, you still have a better than 50/50 shot at getting infected with Omicron variant when exposed.

Furthermore, children are at incredibly low risk of hospitalization or death. To date, no children have yet died of Omicron. Yet, in the Pfizer trial on children, one of the 1200 young people had a terrible reaction which has left her wheelchair-bound for life and almost killed her. Her name is Maddie De Garay and she was 12. She must be tube-fed as well, indefinitely. Pfizer lied about this to the FDA, reporting that one person had a "stomach ache", in order to get their Emergency Use Authorization approved. If one child out of every 1,200 has a reaction like this, then of the current 1,051,694 WA State students, we should expect to see around 877 students dead or maimed for life. All of this to prevent a variant which has killed just one person in the entire United States (a man from Texas). Does this make any sense to you?

Worse, the more we vaccinate into the face of a new variant, the more it will continue to mutate to escape the vaccine. Omicron exists because of this. We put mutational pressure on the Alpha and Delta variants and this drove a new variant that current vaccines only slightly work against. This same scientific phenomenon can be seen with insects developing immunity to insecticide. If you spray a field with 10,000 bugs in it, you'll kill 99,900. But the 100 who live will pass on their resistance to the insecticide to their offspring and within one or two generations the insecticide no longer works at all.

Viruses mutate far faster than DNA because they are made of RNA. There is approximately one mutation every 10,000 replications with RNA. When multiplied by the billions of people who have gotten Covid, and the millions of copies of the virus inside each person, this will ostensibly give rise to variants and the ones which will survive will be those that can spread faster, infect more people, and avoid the epithelial attachment

points and avoid detection by the body's antibodies. Omicron no longer "looks like" what the body's antibodies are trained to look for when injected with the vaccines from the original strain. It's like having a picture of a bad guy up at the police station. But the picture is two years old and the bad guy who ends up knocking at the door looks totally different. This leads the body to not be able to mount as effective of an immune response compared to if the body had been allowed to fight it without ever having been injected.

Simply put, the more we vaccinate people with these two-year old vaccines, the more we are putting mutational pressure on Omicron to morph into yet another version which our current vaccines will not be able to fight at all.

To recap - forcing vaccines violates the Nuremberg Code, the current vaccines don't work, there are documented serious health risks for young people from current vaccines, while continuing to vaccinate with "leaky vaccines" will continue driving new variants.

Best Regards,
A Concerned American

From: rinian@comcast.net
Sent: 12/31/2021 10:12:38 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccination for school

External Email

To whom it may concern,

Please do not make the covid vaccine a requirement for school attendance. Covid is not a risk for our children, however the vaccines have been shown to be more of a risk to them. There is no long-term data to have any idea what this will do to them in the next 10 years or more. Please do not turn our children into guinea pigs when this virus is for the most part, not a problem for them. Thank you.

K Miles

From: Craig Dahl
Sent: 12/29/2021 2:39:23 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccinations for School Children

External Email

Hello,

I had the opportunity today to review the ZOOM presentation that was given to the committee members regarding COVID vaccinations for WA students. One important element that the WA State Board of Health must include in the papers for the committee members to review is, the element of "Time". There is no adequate time element to determine if there are long term health effects from the COVID Vaccine. I'm a professional Safety/Health and Environmental Scientist for over 40-years. All of the experiments I've been involved with, require the element of "Time" to determine an accurate result. Granted there are millions of people of all ages who've received the vaccination, and there are various reactions; however, we (scientists) cannot determine the long-term effect of the COVID Vaccine without introducing "Time" into the study. Unfortunately, the COVID vaccines are lacking the element of time in the studies. So, as a professional in the science field, I recommend that there be no mandate given to inject school age children with an experimental vaccine. Children already have a robust natural immune system, why take the risk of long-term health problems? Now is not the time to rush to conclusions.

Craig Dahl
Safety/Health & Environmental Scientist

From: Kahler, Kelie (SBOH)
Sent: 1/3/2022 6:50:35 PM
To: DOH WSB OH
Cc:
Subject: FW: Covid vaccine for children

From: sergiy talko <sergiy.t92@mail.ru>
Sent: Sunday, January 2, 2022 11:52 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid vaccine for children

External Email

Hello,

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Clark County Resident

Sergiy Talko

--

Sent from Mail.ru app for Android

From: Yael Kantor
Sent: 12/29/2021 1:12:41 PM
To: DOH WSOB
Cc:
Subject: Covid vaccine for children

External Email

Before even thinking of adding this experimental vaccine to the childhood schedule please be aware that my children and your children are at risk of injury from this vaccine than they are covid

Keep in mind that fewer children have died of covid than from influenza/flu and the majority of them had comorbidities

https://email.mg2.substack.com/c/eJxVkkvtvozAUhX9N2AXZ5mUWLDKh6VANqdokVTIbZOwb4gQMMiYM_Ppkc3TutfxdzgxUrZ6Sru2N8zgKM3WQKBj7GowB7Qw96EKKxPODMAwi6ojEF5gG1JF9cdYADZN1YvQATjeUteTM_gFl4K0xvm5Gs6kvqWXdt5mx7I9nrw3tej5K_xLDZx93udhdv0NOcpn_L9oc-a-iKslu9PyGr-duZ_8t0o2XE72xqS__ySv_YHP5-zMV9nfaa2-CSzMFM_7tz7MLz5upy8z64kvjx_uJ_FnN6v-2C3Oa4u822XvryJ83WVv2i5lqNfp-_mTPn-9jrdHJkQRDAmJMY-wV7kEHcCCDCjKITw7DNB3foe0CZUaOGjpIL_fZGjE6EnBjVG2NrVg9m3bpEV9m4GJc1UgGJIdeJJ0zyH4ptvUYEws-LNBZ

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2Femail.mg2.substack.com/c/eJxVkkvtvozAUhX9N2AXZ5mUWLDKh6VANqdokVTIbZOwb4gQMMiYM_Ppkc3TutfxdzgxUrZ6Sru2N8zgKM3WQKBj7GowB7Qw96EKKxPODMAwi6ojEF5gG1JF9cdYADZN1YvQATjeUteTM_gFl4K0xvm5Gs6kvqWXdt5mx7I9nrw3tej5K_xLDZx93udhdv0NOcpn_L9oc-a-iKslu9PyGr-duZ_8t0o2XE72xqS__ySv_YHP5-zMV9nfaa2-CSzMFM_7tz7MLz5upy8z64kvjx_uJ_FnN6v-2C3Oa4u822XvryJ83WVv2i5lqNfp-_mTPn-9jrdHJkQRDAmJMY-wV7kEHcCCDCjKITw7DNB3foe0CZUaOGjpIL_fZGjE6EnBjVG2NrVg9m3bpEV9m4GJc1UgGJIdeJJ0zyH4ptvUYEws-LNBZ&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C298e13cf0e36463476c108d9cb0ff170%7C11d0e21>

Sent from my iPhone

From: Steve Kirsch's newsletter <mailto:stevekirsch@substack.com>
Sent: Tuesday, December 28, 2021 9:04 AM
To: Zana Carver <mailto:Zana@zanacarver.com>
Subject: Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

<<https://mailgun.substack.com/api/v1/email/open?token=eyJtIjojPDlwMjExMjI4MTcwMzM5LjIuNWJiYTdjNz>

This research was posted December 10, but I wanted to check with experts before posting. It's consistent with everything we know so far. [REDACTED]
[REDACTED]
[REDACTED]

Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FOr7TpzIvnNjNxarr3FcF2LloQxjCMUx15LghiyuPGEqc-a84mKkXjz0oyCUSuUfETjBIXY60kbhiCAkbMwRjJGNAHhOUo4xJymKKDPpnRpBZeME37lelWSeyPprZ3NBr1s4VeD38DL5nBSH3uclICY4ij3L56crQm2VT1R_Rj7mBWJzffNZUAqsTTtKj-HYyU1X_3r7uho7d2nofsepXlk6X3f40qc4TBAYQAAGTEAcIpT70w6ahMYtxGuKQRRH353Gi68KuGxxMHfhvQZ4IE7xWrnp0UKu9Zc0mbkLbF64Z593sND2rrjkm3J21NLQERDmIAAhS5aZ7aObVxBDFKQOC5xq1yWZL8o9dfjD

This research was posted December 10, but I wanted to check with experts before posting. It's consistent with everything we know so far.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Ft6ipnGjxy2dWWa0Mfp9u-gUrwUyO0BgX1CkUhr2ZJpWBSIq-wpE5aFKq-F4DVhKjQ1m0MzrSQ07HNFzZz9FQOY8rtzBbhvbHE3cRoCIImFAY4NhhPUdB8gOVDwhrLnBCiqZ2tbvbCvC_0eV-PoKpbonCopiSgilC5GYsdtEp9IaI53kt5nPTgiYtriavbv3heP1Qab_CKioX5PMmHyCM2W8dfQHTT3i2INou4ZkbAS-QIIyxPXaNEUEX5IQzMT45iQ8JOKCcrYQjAawz-MqqYPCyeAPDdqJXQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f

Steve Kirsch

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Ft6ipnGjxy2dWWa0Mfp9u-gUrwUyO0BgX1CkUhr2ZJpWBSIq-wpE5aFKq-F4DVhKjQ1m0MzrSQ07HNFzZz9FQOY8rtzBbhvbHE3cRoCIImFAY4NhhPUdB8gOVDwhrLnBCiqZ2tbvbCvC_0eV-PoKpbonCopiSgilC5GYsdtEp9IaI53kt5nPTgiYtriavbv3heP1Qab_CKioX5PMmHyCM2W8dfQHTT3i2INou4ZkbAS-QIIyxPXaNEUEX5IQzMT45iQ8JOKCcrYQjAawz-MqqYPCyeAPDdqJXQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FNDurWXZW8ABn6yY2WB-S-1GHaQBm4Op7CAFcMnpwtZJskaOc4jxPJEtzJPImUb4-OQDNVc-SYWx6JXhQ1ryxyRIvSNIyijjHaYERAn4iQIKxJEBotChyChzSd1E-SgVGAINXcJM1kPSSDWHwM_w4Q5u4fIihTjkv2rkfGx-46ObC6hga4m5a3knVjK5ruZPhYeChtb09Tw8O_NgHHzmRrcHEJ94E24GZ4TVMnzOB9tML6rvyYrPqVuLqssXVWCU-7dXT7nv6db3NqlXpS1NIB1XS0nx4Ffg5CL1vD_jb0CCiTs9z0ewVsUeyLA7qy9Hrff3z4WnVncVV1hsq9j_Whb6sfq7sliWIoRVmG0DLLU4yLOZovmobnIiffGiwEpTAfes2nUbzOSKrP2X-NTRy7ccNj5H4J7qIzb3h0ur63cjQqTDUY3vQgWXAjJOJ9jt706zMYcHG-ZM0DyyhJ8yxLMY3VvHsep4RQRPAyS5MoLG3MMuwfn38D0C3k4A&data=04%7C01%7Cwsboh%40sboh.wa.

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2
Ty4IcOxJatZOrEWOElcuwDMYnjzHbKwqevoZvUSb7Iv3Ozj_-
CezgZO7HBOB_dlsPAA7AeLq4D78FGowNbKckWKU4TkqaRZHGKRVPHyIVHC6C56lg0jHWnBPfK9HdvmpEFjRp
GI5II2PPJFmtEMiyQDid-
L8IEq6AUweAU7mR6ijjXeD25GHmd4HYbzwdQq60Qzd2PtPBftXBgdTEOYdcNbqerRtg230j8M3DemM6fpwYIBc
f8hcL0Hnp_8w5ZIVAubg_8ALxp4XaG6SsSeDe94K4tzgaV14KU5w0pp4sSn_OrXOfDYVk5Wo_lasN3WwfXaG
rbwend9Xvh6dlexIXWa0Tsfu1yvV5uT5oc4oUwzFGCOMMPtEH-
RzPF3XNU5HSfEEXIkIgPnSaT6N4ndFYn9B TY8su KeB8ttE9yGX7vzoILONa3HXvmpqp7XHUjm7QiRf9fyvb V

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F2HVxUJYYzt-yF50kd6M9I9YxpyQTyvV2kFqC8MAUTtRzepHC4RcMDg0-Mb1iQLKaeyl7vomPG_9Tj_OhzYfNBdyjdXGroWWDGStOWNz9jbVMiTF--e9yxMcco6_3aR33FOeEOS9PrPFCEPeacVHw7k3SvWmqSyd7YH1PDdLOWtflXgKIRgqNzdCxvgFvBbeo9dDLNoAjkx6xoBk2tk710zoGWNmhTqjk4dBxgZl_Sb9YK1f3ecyWI45Yxx3jNNhRha3lZRoJ2WQyc7pxS2-7rB63DPM6TbzP7rEknmBwLUIzc4SLW9Z7wqHCtuR1jKa8QAdkVvSjqQlGsZzrmOMwZMdUn8CMUwJalmjApV1lpTd_ReBj8ek&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C

The vaccines are bad news. Fifteen bodies were examined (all died from 7 days to 6

months after vaccination). 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 most attacked organ was the heart (in all of the people who died), but other organs were attacked as well. The implications are potentially enormous resulting in millions of deaths. The vaccines should be immediately halted.

No need to worry. It is doubtful that anything will happen because the work wasn't published in a peer-reviewed journal so will be ignored by the scientific community. That's just the way it works.

The paper

This paper, posted on December 10, 2021, On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F03LoeslWo0Wv5F1J1Q_Kq25Wdp6UnvWdWwoM6jPUHj5AdGDghHKICGwzK2Kut-77Jn7o-OQwlSpdOoMHXIOrTSOLOc_85VJEiEIPI2_J-ko30QpOwgUViJ4yp_1tsp9ZMC-PCzFw3XbvdvRFNP01WOy3vveydUtDkbbfX4c6bbPeFN_WYKlr3aFzaWTF_NlpyXuJsoZXf_4RgJN2PGPAaIdppA2wHMDwA_jNalwgQiHwfrRouJKt5rztFG3zgUH4pBKYG3jLaLBP1BVNRWLzCKW69R97-ZKh&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C11d0e217>
by Sucharit Bhakdi, MD and Arne Burkhardt, MD, has been getting some attention lately.

The authors did an autopsy in 15 patients who died (from 7 days to 6 months) after receiving the COVID vaccine and discovered that in 14 of the 15 patients there was widespread evidence of the body attacking itself, something that is never seen before. The heart was attacked in all cases.

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endotheliitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;
2. the extensive perivascular accumulation of T-lymphocytes;
3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.

Here's the video presentation

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F03LoeslWo0Wv5F1J1Q_Kq25Wdp6UnvWdWwoM6jPUHj5AdGDghHKICGwzK2Kut-77Jn7o-OQwlSpdOoMHXIOrTSOLOc_85VJEiEIPI2_J-ko30QpOwgUViJ4yp_1tsp9ZMC-PCzFw3XbvdvRFNP01WOy3vveydUtDkbbfX4c6bbPeFN_WYKlr3aFzaWTF_NlpyXuJsoZXf_4RgJN2PGPAaIdppA2wHMDwA_jNalwgQiHwfrRouJKt5rztFG3zgUH4pBKYG3jLaLBP1BVNRWLzCKW69R97-ZKh&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C11d0e217>
of the results.

VAERS as well as other independent studies (e.g., see this vaccine injury paper

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F03LoeslWo0Wv5F1J1Q_Kq25Wdp6UnvWdWwoM6jPUHj5AdGDghHKICGwzK2Kut-77Jn7o-OQwlSpdOoMHXIOrTSOLOc_85VJEiEIPI2_J-ko30QpOwgUViJ4yp_1tsp9ZMC-PCzFw3XbvdvRFNP01WOy3vveydUtDkbbfX4c6bbPeFN_WYKlr3aFzaWTF_NlpyXuJsoZXf_4RgJN2PGPAaIdppA2wHMDwA_jNalwgQiHwfrRouJKt5rztFG3zgUH4pBKYG3jLaLBP1BVNRWLzCKW69R97-ZKh&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C11d0e217>
I6ETPRWf4c6lajQWnQcI3xM07QIuccw6povuKHIq54M821D5OJQE3LTbNBR3B_JhBX56wIi3B__OCftuwI7gYaXrP-ky_2t36cvzwdLJ8doM-5DIs_vU49Z_nU1g-b2-wufR2_NO3L8jK--yGkK4RmNK-JnU7jKpowfqWtZpzqMnYVduqvYuGr1NTp3VMWElLr0VRfIXOVU696BVLJ9_1AuZQ4nX1dm8DeDUuICROa6A8lvDBA5ikdAMKsuGMyyaBINeXvOktQjBOGG0azAqi40vt5xMubB8sTHp-R83EKh1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C11d0e217

This work independently validates the analysis of Peter Schimacher
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2RmSIN6FFAhE4W6VPX7IrISyPMTMeByBccrnckSux-5roOtAl_Fs3JMLCzoplrPrbbKDtpbNTlgVrGexTq-CuEPcHDtOv8UAFHP6vDaj7g1bnTdgvduDog3GvoTwfbBgRjXb_iIH8yWFc46YAjp8Y7lyQra5leioD_3roX63Qyviss-R_wPFYeOE8v_iMQCuPiWvBjbGROCKfNWK9k4IBE20Xf0MIMbXxZ17hqnzBskPiYY344kf7I295iZUAf4tOCswIUjAM2B3bDtcZ3g8j9kv29fSVIPx0Ie-suH-QoFXuEKCOGT9482xqcT9TpGvCBH7D2VE5kdF3Ix9zpWUTllvqBOTkYISVUuihqfm61_w2gzJ6III14jm3ruQqNTM>
 who showed a minimum of 30% to 40% of the deaths after vaccine were caused by the vaccine.

If the autopsy findings are confirmed by other pathologists with additional samples, and if they are combined with the findings of Dr. Hoffe (>60% inoculant recipients have elevated D-dimer tests and evidence of clotting) and Dr. Cole (increase in cancers after inoculation, including twenty-fold increase in uterine cancer), we are seeing a disaster of unimaginable proportions. The conclusion (if supported by further data) is that essentially EVERY inoculant recipient suffers damage, with more damage after each shot. Given the seriousness of the types of damage (autoimmune diseases, cancer, re-emergent dormant infections, clotting/strokes, cardiac damage, etc.), these effects will translate into lifespan reduction, which should be counted as deaths from the inoculations. So, in the USA, where ~200M people have been fully inoculated, the number of deaths will not be the 10,000 or so reported in VAERS, or the 150,000+ scaled-up deaths from VAERS, but could be closer to tens of millions when the inoculation effects play out!

The question in my mind is whether it is possible to reverse these inoculation-based adverse events. Can the innate immune system be fully restored? Can the micro clotting be reversed? Can the autoimmunity be reversed? I have seen a wide spectrum of opinions on whether this is possible, none of which is overly convincing.

I realize the above sounds extreme, and maybe when more data are gathered from myriad credible sources the results and conclusions may change, but right now the above data seem to synchronize with the demonstrated underlying mechanisms of the damage. Additionally, we seem to be doubling down on inoculations, with fourth booster being proposed for Israel, and UK suggesting quarterly boosters.

Dr. Ryan Cole's reaction

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Fdbv6bejV5uQthTac3JaBwXnmE6zx1zYx4zI3NEE_M4rloKJHRnTuHjTaqE7qTXzptHCacuWPE4JcYNINWw_7Lo4Km17iY1cYtOolbeT6oRvWs9Ah-kEjcoHH7B4NDgG9MZA7LVPEvZ80N-PcRvOs6HOH82F3Cv2sWNUssGM5KfsLjnx1ObEh_i1587kf9zjJ7u0zruKc4Jc17eSPlcEHequCFE-wFpPzBk7OFeSO-pwqa11vWqsgCyUIJjNbS8r8BbKSxqPfSqzrKGDx5igO9886IetxhXeJHmVyiU5gKwqabOq0pNg6J-kldCDghe-n4YulHK7q8Sst7DzBYjGsG5ED3XjZRDLWpiBNppNbSqdV2H9b5ucB7u_VDNNvP_JGLJ_EAAevk4B4m0vfJEbyS-lpTd8x94UsWP&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C

Background of two of the scientists behind the study

Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of Pathology in Reutlingen

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FqAV96xFEykZkyzd7pXXA1CKeI0VdwqQ3yiel4R4gN81OavZvYXiY3hPy1H0kmyaTo4bYewI02isW9QkDFhFLYBqMJ0x4Bk11spZ36I7wf_aXFdV3dC2eIeV49fT6iLwZowdA4bTLzmlDPG-cgUFWLqeNcbA8oqOfWyt8OA3bkfcFf7ekh6rKzL1eQC9tnZeJCKfyFAQ_6LhdT-ePebrnVowZf7hkDmB2dLqikiR_X3gbMKwZMzU03Q9FskFQxRsXQvkvobJ7IgUsxMkoasYttK-hcmuCnT9lufya_hmw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C

for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

Like

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FR40zAIbfaDtnw9etAK7WSNUee8Xgu50hh4dzqkXetsd5kUjt2wBsYTAXWgvZ6AzpVOfdDEgY0DL2co5DIMPOUSFMLjMETPoFXeAcI-Jni0JIWjDNChTQZ1HR5woaCRxuoMe2Aa_if2s7M6MvM7Jxx1gXuip5GVu-sxYIa9z2dYuJDrl7A07M33m4NHTNw1CTv3M6Ma2V3C4hnGLJTmM76S6RmWLk3tEkzKmyTgo-WN5zzfL7mMVBcn6NCbrmMVvLyZqttXpmCBxXPYuR7GOXCM1KHHcIHf_TMrdkNy_f8brmPxcBtTjY_WqtKN-jGzytmPx_Rea3kt6UFO-rA-XE913GWGq2M3zawl-VS9Opl-Hxb7cx7-Pb_Hrh1llh1NLN0i8D8I_nUvazkjQ2zo1ba8luGn-7uGPv4Zc9fU05TS-pzhBBGNCFjhEIC7nZO5nmQhlyJY-82UQwLyrajH28jZjqD7j_xbraX4XjXCRCaTQjpmH3zGdOqz7RtkxhUZkFeTc6h48-9TRo356hga001eeCstxwFCIMaKB6-bJuVMJCwhzskCeK5y3Lqvh__D8Bb2K43c&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C

Comment

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FR40zAIbfaDtnw9etAK7WSNUee8Xgu50hh4dzqkXetsd5kUjt2wBsYTAXWgvZ6AzpVOfdDEgY0DL2co5DIMPOUSFMLjMETPoFXeAcI-Jni0JIWjDNChTQZ1HR5woaCRxuoMe2Aa_if2s7M6MvM7Jxx1gXuip5GVu-sxYIa9z2dYuJDrl7A07M33m4NHTNw1CTv3M6Ma2V3C4hnGLJTmM76S6RmWLk3tEkzKmyTgo-WN5zzfL7mMVBcn6NCbrmMVvLyZqttXpmCBxXPYuR7GOXCM1KHHcIHf_TMrdkNy_f8brmPxcBtTjY_WqtKN-jGzytmPx_Rea3kt6UFO-rA-XE913GWGq2M3zawl-VS9Opl-Hxb7cx7-Pb_Hrh1llh1NLN0i8D8I_nUvazkjQ2zo1ba8luGn-7uGPv4Zc9fU05TS-pzhBBGNCFjhEIC7nZO5nmQhlyJY-82UQwLyrajH28jZjqD7j_xbraX4XjXCRCaTQjpmH3zGdOqz7RtkxhUZkFeTc6h48-9TRo356hga001eeCstxwFCIMaKB6-bJuVMJCwhzskCeK5y3Lqvh__D8Bb2K43c&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2FxpBzeyubNSg45b06WuyLRRkhG9GzpmjMwj3lHe9pYLkKDPuG-qIX2UFRMikFsizX_SomJJcKbLoQTGnLPFlvmWAYPyqyVbt6p1Bn-I5LSY-

CvLQQhnprJiMYZYtzDpFhZAXqm4XKh0zb1FTFw_RgYYX5D1FIKt-
IG6l4x8du7ZTqi1o3LN3KRyEXyuGuaSaHXT886_dMXnwAIuvofHT3S90KSJEbPSW0rGa12xglDI2UTVwfulZP1p
IePdwmbQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C537eb732a34246f9771c08d9cbe49f52%7C1

<https://email.mg1.substack.com/o/eJwlUEmOgzAQfM34iLxhk4PfYjXtDrECBnnJiHn9OHAqqbrUtSBUWvZ8urxyGGcZ7Bo9WPUIxpDw7FucDb8_G>

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:27:59 PM
To: DOH WSBOH
Cc:
Subject: FW:

From: Andrew Zherebnenko <andrewzherebnenko@gmail.com>
Sent: Friday, December 31, 2021 1:08 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

I oppose the covid vaccine to be mandated for children. This should be (parent choice) , NOT the governments! 100% My kids will not be going to school if this happens Shame on America for taking our freedom of religion and freedom of choice away!!!

From: Rebecca Van Cleef
Sent: 1/4/2022 8:03:39 AM
To: DOH WSBOH
Cc:
Subject: COVID Vaccine Mandate- public comments

External Email

I am actually pro- vaccine. As an adult, I made the choice to get the COVID vaccine, as I also get a flu vaccine annually. I, however, 100% disagree with any type of mandate. As adults, we should make the choice for ourselves. And, most importantly, AS A PARENT, I should make the decision for my child. Given the limited preliminary testing, the type of vaccine that it is (as you know, this is very different than the other vaccines we put in ourselves) and the mild to no symptoms experienced by nearly 100% of the children, I see no need to mass vaccinate these children. There shouldn't be a mandate at all. And there definitely shouldn't be a mandate to vaccinate our children. We will not do it, and will pull our children out of school. Sadly, the emotional toll and damage done to children not in school isn't even a consideration when these types of discussions take place. Please make record of my public comments that our children will not be vaccinated, and will be pulled out of school if this mandate is imposed.

Eva Rebecca Van Cleef

2310 W Carolina Court

Spokane, WA 99208

509.995.4900

rvancleef@randall-hurley.com <<mailto:rvancleef@randall-hurley.com>>

beccavancleef@comcast.net

From: Kahler, Kelie (SBOH)
Sent: 1/3/2022 6:48:55 PM
To: DOH WSBOH
Cc:
Subject: FW: C-19 Vax for Kids

From: Natalie Taylor <nataliejttaylor@yahoo.com>
Sent: Monday, January 3, 2022 9:56 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: C-19 Vax for Kids

External Email

Kelie,

Good morning. I'm writing to voice my opinion that families and doctors should determine whether or not a child (anyone under 18) is vaccinated w/ the EUA Covid 19 vaccine. This vaccine has no long term studies and the disease is not threatening to healthy youth. Please let this be a decision between parents and their child's healthcare provider & not a mandatory requirement for children to attend schools.

Thank you!

Natalie Taylor

From: Lucas Bonner
Sent: 12/29/2021 2:51:45 PM
To: DOH WSBOH
Cc:
Subject: Adding COVID-19 vaccines to school □vaccinationrequirements

External Email

Hi,

I listened to the WA Board of Health Technical Advisory Group (TAG) meeting today about adding COVID-19 vaccines to school □vaccinationrequirements and have some comments/questions.

I heard talk about ensuring that a requirement for the COVID-19 vaccines (here after referred to as COVID-19 injections or just "injections") is not an unreasonable burden. I didn't hear any talk about verifying if the COVID-19 injections are necessary among school age children.

The following represent some essential questions that must be sufficiently addressed by TAG before forcing children to get an experimental injection.

1. How many children have died to-date with/from COVID-19 in Washington state?
 - 1.a. Of those children who died with/from COVID-19 how many of them had other pre-existing medical conditions?
 - 1.b. For the sake of comparison how many children died from suicide and other causes?
2. Why force all children to get the COVID-19 injections when children are at low risk of dying from COVID-19?
3. Why force all children to get the COVID-19 injections when we don't know the long term (long term as in years, maybe even decades) impacts of the injections? The mRNA injections are an entirely new type of experimental injection. What are the long term impacts of mRNA injections?
4. Why not leave the choice to get a COVID-19 injection up to children and their parents, under the advisement of their personal doctors? Is it not better for medical decisions to be made on a case by case basis by those whom the decision impacts most?
5. Why force the COVID-19 injections on children when the CDC has acknowledged that the COVID-19 injections DO NOT stop transmission of COVID-19? If the injections do not stop transmission of COVID-19 then forcing a given child to get the injection will not protect other children in a school.
 - > Our vaccines are working exceptionally well, They continue to work well for Delta, with regard to severe illness and death – they prevent it. But what they can't do anymore is prevent transmission.
 - > - Rochelle Walensky, U.S. Centers for Disease Control, during a CNN interview on Thursday, Aug. 5.
6. What options are there for preventative treatment to reduce the risk of death from COVID-19? Can we promote these preventative treatments instead of experimental injections?

Sincerely,

Lucas Bonner

360-840-4502

2804 M Ave
Anacortes, WA 98221

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:26:56 PM
To: DOH WSBOH
Cc:
Subject: FW:

From: Tatyana Demchukov <dtaty78@gmail.com>
Sent: Friday, December 31, 2021 3:24 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

Hello,

I would like to let you know that my husband and I oppose the Covid vaccine being mandated for all children.

Sincerely,

Tatyana Demchukov

From: Audra Doll
Sent: 12/29/2021 2:50:25 PM
To: DOH WSBOH
Cc:
Subject: Comments for the immunizations technical advisory board

External Email

Hello

> I heard you the TAG met today to discuss making the vaccine a requirement for students k-12. This is ridiculous the Covid virus poses virtually no risk to healthy children and the vaccines do not prevent catching or transmitting the virus to others. The vaccines DO have significant side effects though and we don't even know the long term effects yet. I would 100% pull my kids from school and teach them through homeschooling methods if Washington tries to force my children to receive a risky vaccine under an EUA to attend public school in the future.

>

> If you care about the welfare of children then you should see the side effects are significantly more dangerous to healthy kids than the virus is and under no circumstances should this be added as an immunization requirement for public tax funded schools.

>

> Thank you

> Audra Doll

> Graham, WA

>

> Sent from my iPhone

From: John Anderson
Sent: 12/29/2021 1:12:25 PM
To: DOH WSBOH
Cc:
Subject: Comments on Public School Vaccine Policy

External Email

Greetings Working Group

Personal Background

I am a vaccinated (2x), healthy 68 year old male. I have lived in Washington since 1993. My education includes science (BS Physics, Pre-med, Nuclear Engineering graduate school, and IT professional coursework) and business (MBA Marketing, graduate studies in Marketing and Strategy) from 7 universities. I have written US Patents on behalf of inventors who developed anti-viral, anti-bacterial, and other immunological effects. Currently, I lead the materials science Product Development efforts of a WA state clean energy venture. I review on a daily basis the many observational studies and Randomized Control Trials from select nations concerning COVID.

These reviews have included:

- * Evidence comparing Vaccine immunity vs Natural Immunity.
- * Breakthrough infection rates by immunity class (No Vaxx, Vaxx only, Natural Immunity Only, Vaxx after recovery from infection).
- * Symptom and infection severity by Variant
- * Viral load and transmissivity by immunity class.
- * Infection rates and clinical outcomes by age group.
- * Vaccine Adverse Effects (UK Yellow Card System, US VAERS, etc.)
- * Infection and severity of symptoms serum nutrient content {Vit A, Vit D, Vit C, Vit K, Zinc, Iron}

DISCLAIMER

I am not a physician nor an academically-certified virologist nor nutritionist. My comments are not intended to make claims nor to provide advice.

COMMENTS FOR YOUR CONSIDERATION

Prudent policy decisions are always a risk-reward (or cost-benefit) trade-off. There literally is no free lunch. I suggest strongly that your deliberation consider the following facts:

- * Herd immunity occurs when nearly all community members have immunity.
- * Omicron is now outcompeting other variants. People get infected with OMICRON rather than Delta, Alpha, Beta etc.
- * Omicron will likely infect everyone.
- * Young people, unvaccinated, are most likely to be asymptomatic, and acquire natural immunity superior to vaccine immunity.
- * Young people, regardless of immunity class, will infect teachers and parents with OMICRON regardless of their immunity class.
- * Unless the policy for IM injection returns to the international best practice of aspirating the syringe after insertion, young people will be placed at a statistical risk of adverse side effects (from injection into the vascular system) that is greater than the risk of severe infection from COVID.

ADVICE:

- * Let the Omicron variant run its course, and monitor new variants for infection and severity.
- * Do NOT mandate COVID vaccines as a condition of participation in classrooms.
- * The risk TO unvaccinated and BY unvaccinated students is acceptable. The reward of vaccination is outweighed by the adverse affects, discrimination against children, and the further invasion of patient rights by government.

I am available for discussion should follow-up be desired.

Strength and Honor

John Anderson
MOBILE: (253) 459-3447

From: Mallory Brumfield
Sent: 1/4/2022 11:52:19 AM
To:
Cc:
Subject: Covid vaccine in schools

External Email

To Whom it may concern at Washington State Board of Health-

It is my understanding that that discussion for requiring children to be vaccinated against Covid 19 in order to attend public school is on the table. I would like to voice my opinion, which is shared by many other families in our state. I think this it would be a terrible decision to require the vaccine for children. I know many people who would pull their children out of public schools if this were the case (including myself). Some of these families would be able to give their children a wonderful homeschool environment, while others wouldn't. The divide that exists between children now would only get greater. Some children who's only safe place away from an abusive or neglectful home, would no longer have that safe place as an option. My children would be fine, but many would not be. I only see families in the Seattle area being fine with this. The rest of the state would not sit well with this decision. Do not let Seattle be the voice for the whole state. Our children have lost out on a great many "normal" things over the last year and a half.... don't force families to make a decision they were not ready to make and remove them from something that feels mostly normal. Families and communities will be divided (more that they already are). People are undecided about the vaccine for a great many reasons.... they should be allowed to have whatever feelings about it that they have. Validate our families in Washington state, they are thoughtful, caring people, who are not making this decision lightly. Do not bully them into making a decision they do not want to make. The vaccine has not kept people from being covid, nor has it stopped people from giving it to others. That alone should be food for thought. If it prevented covid and ceased transmission, this would be a different conversation.

Please consider the people of Washington state and do not make this mandatory... you will lose families, and many children will lose out on high quality educational opportunities.

I hope you all have a wonderful day and will make decisions not based in fear fed by the media.

- Mallory Brumfield

From: Hoff, Christy Curwick (SBOH)
Sent: 1/3/2022 7:30:19 AM
To: DOH WSBOH
Cc:
Subject: FW: COVID vaccination mandate for kids question

From: Oleg Gorenko <oleg.gorenko@gmail.com>
Sent: Thursday, December 30, 2021 1:09 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: COVID vaccination mandate for kids question

External Email

Hello Christy,

I would like to know if you or your colleagues saw results from Pfizer medical trials of the vaccine on adolescents. I mean real trials results document, and not narratives from CDC and Pfizer websites.

Canadian doctors share the real numbers from that report in a video. I encourage you to watch that video before you make a decision on our children.

Please use google to search

Canadian Covid Care Alliance

The video is on the home page, just scroll down.

Pfizer medical trials on children start at 19:50.

I hope that WA DOH board would not take any decision before familiarizing with all the facts from the medical trial results.

1. Look into Absolute Risk Reduction instead of Relative Risk Reduction that Pfizer research points out.

2. The Pfizer report is focussed on preventing COVID, but they really should be focussed on how vaccination changes the risk of severe illness and death from all factors, including vaccine injury. For example, myocarditis is a very dangerous disease that has a mortality rate of 20% in 6.5 years on average, which is not an uncommon injury from the vaccine

3. There is nearly 0 chance for kids to die from COVID, and there is at least 1 to 1000 chance to get horrible permanent injury or death from the Pfizer vaccine according to Pfizer medical trials on adolescence.

If you haven't heard of anything like that please read about one girl. Her name is Maddie de Garay.

Maddie was one of the 1005 kids who got the Pfizer vaccine during the medical trials.

You can use Google to search.

It's like at least one kid from every Middle School would be dead or disabled sitting in a wheelchair. It is not just Maddie.

My colleague's daughter had a similar vaccine injury. Also in a wheelchair now.

Pfizer is interested in selling the vaccines, so I would not trust Pfizer's narratives alone.

Please do not make a decision before analyzing facts from all available sources.

Thanks,

Oleg

From: Rachel Huff
Sent: 1/1/2022 8:44:42 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccines mandate

External Email

Let me start by saying that I am not an anti- vaxxer. I believe in the science of true vaccines. But I also believe in making informed decisions when considering my child's health. And our rights to do do.

I recently read that Washington state is looking into adding the covid vaccine to the list of mandatory vaccines of youth to attend schools and day care.

You would be forcing parents to choose between work and/or public education of their children, and a vaccination into the arm of their child that has not been tested long enough in children. We do not have enough data to support lack of long term side affects and we do not know yet whether the benefits outweigh the risk.

Studies and real life data is showing that the vaccines do NOT stop the spread of the virus.

Studies and real life data show that young children do not suffer severity of illness/death like the older population.

The argument that getting EVERYONE vaccinated will stop the spread is outdated and no longer valid.

Please do not make our children suffer longer with these ridiculous decisions. Please consider all of the facts before you decide to kill more livelihoods of our Washington families and create more illness and mental anguish in our children.
Thank you for your time.

Rachel Huff
Montesano, WA
360-580-9277
Huffra542@gmail.com

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:28:16 PM
To: DOH WSBOH
Cc:
Subject: FW: COVID Vaccine mandate opposition

From: Natalia Samorokov <nsamorokova@gmail.com>
Sent: Friday, December 31, 2021 1:06 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: COVID Vaccine mandate opposition

External Email

Hello Kelie Kahler,

I'm homeschooling mom but still want to contribute to the mass majority of parents opinion of absolute opposition to Children COVID Vaccination. I'm strongly against that.

Please help us keep our choice and freedom available. And may the Lord bless you to be honest and strong.

Blessings to you and your family in the new year!

Natalia Samorokova

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:20 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Valentina Gladkiy <vgladkiy28@yahoo.com>
Sent: Thursday, December 30, 2021 11:31 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

Hello. Im Valentina Gladkiy. I oppose Covid vaccine for Schools

Sent from Yahoo Mail on Android

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

From: Corinna Hilderbrand
Sent: 12/30/2021 10:43:46 AM
To: DOH WSBOH
Cc:
Subject: Advisory committee for vaccines for children

External Email

I am writing in Complete opposition to your proposal to make the Covid vaccine part of the state's child immunization schedule.

- 1) This shot is brand new and still under EUA....lack of adequate data.
 - 2) I have read and personally heard of 1st hand stories of reactions to the Covid shot from adults and children under the age of 18. Life threatening heart and lung conditions! these are from an age group with a 99% survival rate!
 - 3) Where there is a risk, there should be a choice.
 - 4) Mandates like this will continue to destroy the foundation of our public school system....loss of funding. Families, including mine, will continue to leave the state.
 - 5) Children have a 99.99% survival rate...
 - 6) We are 2 years in...those who wanted the shot have likely already done so.
 - 7) There is proven treatment out there that has zero bad side affects. It makes no reasonable sense to mandate an experiment.
 - 8) It's wrong and you know it is! Do the right thing.
- Thank you,

Cori Hilderbrand
Oroville, Wa

From: Randall Martin
Sent: 12/30/2021 6:06:48 PM
To: DOH WSBOH
Cc:
Subject: Comments regarding potential vaccine mandates for kids

External Email

I want to make it very clear that if you try to impose a covid-19 vaccine mandate on our kids, you will be met with fierce resistance. I know many parents who are willing to remove their kids from public schools completely.

It would be a terribly foolish and criminal act on your part. Criminal because children have a statistically zero percent chance of dying from Covid. The same cannot be said for the vaccines.

Rather than trying to force experimental vaccines on everyone as though vaccines were our only tool in this fight, you should be pushing for recognition of at least three classes of protection: 1) the experimental vaccines (which could prove more deadly in the long run than Covid itself), natural immunity, and prophylaxis of Ivermectin or HCQ.

A vaccine mandate for kids would be unconscionable, especially when these so-called vaccines have been proven not to work against Omicron and to have been very weak at best against Delta. Also, statistics from the UK indicate that those who are vaccinated are more likely to die from all causes than the unvaccinated. Twice as likely actually. The long list of side effects from these vaccines makes them unsuitable for anyone except those with preexisting conditions. Youth is NOT a preexisting condition.

Stand up and protect our children now, and get the idea of forced vaccinations out of your heads.

Randall

From: Lori Larson
Sent: 12/31/2021 9:54:18 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccination requirements

External Email

I'm writing to you today as a concerned parent in Washington State. I recently heard that the state is considering adding the requirement for school age children to obtain the COVID-19 vaccination. I strongly oppose this decision as a parent. This is an unnecessary and concerning requirement that my children and many in my community will refuse. Your choice to make this a requirement will continue to draw parents like me to alternative options for schooling causing the State to continue to lose funding.

Thank you for your time and consideration.

Lori Larson

From: Matthew Lindsay
Sent: 12/29/2021 2:33:10 PM
To: DOH WSBOH
Subject: Agenda for the Technical Advisory Group (TAG) Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC

External Email

I am writing to you as a concerned parent and voting member of the public.

I am not certain why you are even considering implementing COVID-19 vaccinations for our children in Washington State. The facts that were stated during the first TAG meeting do not

Seem to be mentioning that the vaccines available are a new vaccine technology and are only being

Allowed under Emergency Use Authorization under the FDA rules.

Why would you consider implementing and including these vaccines, which are actually gene therapies not vaccines, when they are not FDA approved?

Data produced from the CDC as well as VAERS shows injury and deaths due to these EUA vaccines have not been fully collected or collated. Should you not wait to deliberate this action you are taking until we all have a more clear understanding of the datasets?

Some of the CDC and reporting data we have from October 2021 shows the following:

* Deaths from COVID among children is very rare. (Out of 723,880 deaths 235 of these are kids aged 1-15)

* Kids ages 1-4 make up 0.008703 percent of COVID deaths.

* Kids ages 5-15 make up .0238 percent of all deaths.

The VAERS data shows that the EUA vaccines would do more harm to children than the COVID 19 itself is doing. (Data as of 12/17/21) US and Foreign

* Adverse vaccine reactions

Dec' 2020 to present – COVID vaccine = 19 983,758

1990 to present – All other vaccines = 864,722

1990 to present – All other vaccines = 14,271

1990 to present – All other vaccines = 9,416

Issues than all others combined and in a much shorter time period.

The question is this: Should you be implementing school and day care COVID19 vaccinations at this early stage of its use? Would this not be paramount to medical experimentation on our children?

I would like a response to my questions.

Thank you,

Matthew Lindsay

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

From: Amy Reber
Sent: 1/2/2022 1:28:25 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine mandate for school children



attachments\2D9BA65852344CF1_IMG_9697.PNG

External Email

To Whom It May Concern,

If you haven't watched the Dr Malone (inventor of mRNA) episode on Joe Rogan (Spotify app), then please do so. Our children and your children need you to watch it, all of it.

Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

We will unequivocally pull all three of our children from public schools should the non FDA approved, EUA Covid-19 vaccine be mandated for school. We are fully prepared to homeschool at a moments notice as are our children.

Daniel and Amy Reber
North Kitsap SD

Sent from Yahoo Mail for iPhone

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

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 9:27:00 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccine mandate for children

From: Ruslan Bilyk <bilykrus000@yahoo.com>
Sent: Friday, December 31, 2021 12:50 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid vaccine mandate for children

External Email

Hello,
I strongly oppose COVID vaccine for any human being. There have been zero safety studies. This is unethical to push a highly dangerous product on our very vulnerable children. VAERS numbers from the COVID vaccine have increased tremendously since the rollout of this vaccine. Side effects such as blood clots, paralysis and death are very common with this vaccine, how is this okay to mandate for children. Take a minute to look at this issue as a parent who does not want their kids lives to be toyed with in the name of making an extra dollar for the pharmaceutical industry.

Thank you.

Sent from Yahoo Mail for iPhone
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>>

From: Linda Kendall
Sent: 12/29/2021 8:08:58 PM
To: DOH WSBOH
Cc:
Subject: Fw: Adding COVID vaccine to school requirements

External Email

From: Linda Kendall
Sent: Wednesday, December 29, 2021 8:03 PM
To: wshoh@sboh.wa.gov <wshoh@sboh.wa.gov>
Subject: Adding COVID vaccine to school requirements

I am writing to oppose the proposed action to require the COVID-19 vaccine for children to attend public school in Washington. These vaccines do NOT stop the virus as they were originally declared. They have cause death and injury to many children (and adults), they are still not FDA approved! What was FDA approved is not even being manufactured but is being "sold" as the same thing but is NOT!!

There is still research being done to the long-term effects of these "vaccines" with some early results indicating a possibility of sterilization of the children and/or other neurological issues as a result of the injection!!

It is much too early in this important research to make this requirement! If you love your children, grandchildren, nieces, nephews and their children...if you love ANY child, I urge you, do NOT make this change to the current law!! DO NOT force these unknowns on these innocent children!!!

Praying for this situation!

Linda D. Kendall

From: wendy@cossetteid.com
Sent: 1/3/2022 4:44:49 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine added to vaccination requirements for WA children

External Email

Dear Board,

I have included below an analysis overview of COVID-19 genetic safety in children, by Dr. Robert W Malone MD, inventor of the mRNA vaccine platform. His credentials are impeccable, and it is only due to his criticism and whistle blowing on the mRNA vaccines that he has been censored, and had his accomplishments literally re-written by Wikipedia as well as being permanently removed from Twitter in the last few days. I cannot improve on anything he has written, so am forwarding it below.

I must comment that I have reviewed the criteria for your board to accept vaccines and add them to required list for children, and I am shocked that you would even put these up for review as they do not meet basic criteria you require. Even with our institutions failing us at many turns, this is stunning, as these are our most precious citizens that we are talking about, our children, our future.

Under heading vaccine effectiveness, it is stated that the antigen in the vaccine is safe and has acceptable level of side effects. One look at the CDC VAERS data and that is proven not to be the case and this is only recent data, particularly with children there is completely inadequate data, no long term data at all. This is a rushed novel medication, not a vaccine, as it does not prevent individuals from contracting and spreading the virus. Changing the definition of vaccine to state provides protection, as opposed to provides immunity, does not make this medication on par with other required shots that do provide full immunity.

Under heading Disease Burden, it is stated that the vaccine reduces the risk of person-to-person transmission, this has not been proven with these shots and looks to be quite the opposite with Omicron as transmission among vaccinated is in the 80%.

Also, it is stated in your Board Process that you recommend a fully FDA approved immunization. The Pfizer Comirnaty shot is the FDA approved jab, and it is not in production yet, thus these current shots are still emergency use authorization only and one of your primary requirements is that it be fully FDA approved shot. You will be requiring children to take this experimental shot, with no liability to any entity, act as guinea pigs for the privilege of attending government schools. By the way, the most vaccine hesitant group is that of black and brown people, the most negatively impacted group throughout the pandemic in this country, shutting them out of education does not seem like equity to me.

In short, the risk benefit ratio for children with this medication is all downside for children, it would be criminal in my opinion and that of tens of thousands of physicians, scientists, virologists, immunologists to add these mRNA shots to mandatory list for children

The link below is a study done by a Kaiser Northwest physician that speaks to the very high rate of myocarditis and pericarditis associated with these shots, particularly for young men.

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Fmrna-vaccination-in->

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

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

" (Toxicology Reports, Volume 8, 2021, Pages 1665-1684).

"Thus, our extremely conservative estimate for risk-benefit ratio is about 5/1. In plain English, people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions! This demographic is the most vulnerable to adverse effects from COVID-19. As the age demographics go below about 35 years old, the chances of death from COVID-19 become very small, and when they go below 18, become negligible."

The new variant of COVID-19, Omicron, has exploded onto the scene. What was already an inverted risk benefit ratio for genetic vaccination in children and adults (greater risk of death from vaccine than from COVID-19) will become even more inverted since the risks of COVID-19 are further reduced with Omicron. The Omicron variant is different in five essential ways:

*

More infectious and will soon be the dominant variant in the USA

*

Less pathogenic

*

Poorly matched to currently available vaccines

*

Natural immunity is providing good protection against Omicron

*

Disease symptoms are more similar to the common cold

The issue of COVID-19 gene therapy technology -based vaccine mandates for children is a pressing issue confronting parents, grandparents, and public health officials throughout the world. Unfortunately, the topic has become highly politicized, and active censorship by legacy media outlets has made it difficult for parents and stakeholders to obtain access to the actual data required for the full informed consent prior to acceptance of a medical procedure required by law (see for example members of the Trusted News Initiative including Thompson-Reuters

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fodysee.com%2F%40VSRF%3Ad%2F%40Safety-Research-Foundation-TNI%3Ae&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d>).

Presented herein on this website is a large collection of information and data from both primary sources and analyses which will allow parents, grandparents, and other

stakeholders to make their own determination concerning the risks and benefits of the genetic COVID-19 vaccines for their children. This compilation of references, primary information, and analyses represents the collective work product of hundreds of physicians and medical scientists. It supports the consensus Physicians Declaration of the 16,000+ strong International Association of Physicians and Medical Scientists <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>>, which includes the following resolution:

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION

*

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-19 vaccines assist herd immunity.

This data collection and analysis has been prompted by an inquiry by the Thompson-Reuters factchecking organization which was sent to Dr. Robert Malone, MD, MS on 28 Dec 2021, and has been assembled in part to respond to that inquiry. However, by placing this information in a central location available to all on the World Wide Web rather than merely as a written response to Thompson-Reuters, we have attempted to insure that all have access to the full spectrum of information required for parents or guardians to make informed decisions concerning whether to have their children vaccinated with these experimental, unproven products.

This information is summarized and structured into multiple sections below, each with a separate tab.

*

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Freuterfactcheckers&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C1>

Risk/Benefit: What is the ratio of COVID damage/risk of vaccine damage for children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Frick-benefit&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d0e2>

Death Reports: Reports of vaccine-associated deaths and disability in children and young adults

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

VAERS and Yellow Card: Safe and effective in children? National database information

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Fvaers-and-yellow-card&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d0e217

Myocarditis consequences: Is there evidence that the vaccine-associated myocarditis in children is not going to lead to long term damage?

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Fheart-blood-clotting&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d0e

Applicable standards: Have normal standards for vaccine safety, quality and effectiveness in children been met?

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

COVID-19 in children: What is the evidence of long term damage in children from COVID-19?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Flong-term-damage&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d0e>

*

Illegal mandates: US Federal Mandate law
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Fillegal-mandates&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d>

*

References on Adverse Events
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Frefere>

On a personal note, I wish to speak to you as a parent, grandparent, physician and scientist. I stand by this statement
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rwmalonemd.com%2Fs%2Fyou-inject-your-child.jpg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b155d%7C11d0>
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.

You can find video of this statement as well as a subsequent town hall discussion with parents, physicians, and medical caregivers at this website
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovids Summit.org%2Fnews%2Fstream-event-physicians-alerting-parents%25C2%25A0&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C02da94badd184be06d9f08d9cf1b1>

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.

Regards,

Wendy Cossette

From: NAOMI Richmond
Sent: 1/4/2022 8:19:02 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine

External Email

I Naomi Richmond, the parent of 2 White River students have been made aware that the State Board of Health is in the process of deciding on whether to include the new Covid Vaccine's on the schedule of requirements for school. I understand that the decision is supposed to include evaluation of efficacy, side-effects, feasibility, AND public opinion as well. I would like to share with you my public opinion on the matter. I beleive that for a virus that replaced the cold/flu in the cold/flu season and that the chances of hospitalization and death are extremely low. there should not be a vaccine. I work in the medical field and have seen that Covid has literally replaced the cold/flu depending on the variant. We have had our first 2 positive flu tests in the last 2 years. The rules are made up for counting covid deaths and hospitalizations making the numbers very skewed. It has been proven and I have seen first hand that the vaccinated are getting and transmitting Covid as well as the unvaccinated, so why is a vaccine the doesn't stop the spread being mandated. I will have you know that if it is mandated, and excemptions are not excepted, my children as well of hundreds of others will be pulled from your public school. Please consider all the facts and our loving concerns for our children. They have a God given right to an education. Thank you.

Naom Richmond

From: Jenny Feldman
Sent: 12/29/2021 9:59:56 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To Whom It May Concern:

I am a parent of two children in the Seattle school district and I oppose mandating the Covid-19/EUA vaccine until there is more long-term safety data on its use on kids. Mandating EUA treatments could also entail many unforeseen risks including equity issues, families leaving the district/state, etc.

Thank you,
Jenny LaRocque

From: Jennifer Schrank

Sent: 12/29/2021 12:44:10 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Public Comments for WSBOH Members

External Email

Natural immunity needs to be considered for COVID-19 and children have an infinitesimally small risk of dying from Covid19 so it should not be required. More and more other issues have come to light from the 3 vaccines, including blood clots and myocarditis and pericarditis, more info needs to be known.

The godparents to my kids had seizures for weeks after second dose, ended up in ICU after booster from crazy blood pressure event. The long term effects from the Covid vaccines are truly unknown.

Johnson and Johnson vaccine is now considered especially problematic due to causing blood clots and deaths.

Jessica Berg, Johnson and Johnson death

<https://www.google.com/amp/s/www.oregonlive.com/news/2021/10/seattle-woman-who-grew-up-in-portland-becomes-4th-in-us-whose-death-is-linked-to-jj-covid-19-vaccine.html%3foutputType=amp>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Famp%2Fs%3FoutputType%3Damp&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf530>

><https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Famp%2Fs%3FoutputType%3Damp&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf530>

Vaccine deaths and severe adverse reactions

Ernesto Ramirez, 16, Pfizer death

Ernesto died of an enlarged heart five days after the jab, according to his autopsy which showed his heart was double the normal size.

<https://nomoresilence.world/pfizer-biontech/ernesto-ramirez-jr-16-years-old-died-from-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnomoresilence.world%2Fpfizer-biontech%2Fernesto-ramirez-jr-16-years-old-died-from-pfizer-vaccine%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf530>

Cienna Knowles, 19, Pfizer bloodclots lungs and legs

<https://nomoresilence.world/pfizer-biontech/cienna-knowles-aged-19-pfizer-severe-adverse-reaction/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnomoresilence.world%2Fpfizer-biontech%2Fcienna-knowles-aged-19-pfizer-severe-adverse-reaction%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf530>

As Dr. Marty Makary states:

"Dr. Marty Makary, a professor at Johns Hopkins University School of Medicine and editor in chief of MedPage Today, argues that mandating vaccines for "every living, walking American" is, as of now, not well-supported by science. Moreover Makary, author of "The Price We Pay: What Broke American Health Care—and How to Fix It," has concerns about the two-dose vaccine regimen for young people..."

..."The notion that we have to vaccinate every living, walking American – and eventually every newborn – in order to control the pandemic is based on the false assumption that the risk of dying from COVID-19 is equally distributed in the population. It's not. We have always known that it's very hard for the virus to hurt someone who is young and healthy. And that's still the case..."

..."When it comes to vaccinating healthy kids

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medpagetoday.com%2Fopin-makary%2F93029&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf53c%7D>

– and you could argue young people up to 25 – there is a case for vaccination but it's not strong. The COVID-19 death risk is clustered among kids with a comorbid condition, like obesity. Of the more than 330 COVID-19 deaths in kids

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcovid-19-coronavirus-vaccine-side-effects-hospitalization-kids-11626706868&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf53c%7D>

under age 25, there's good preliminary data suggesting that most or nearly all appear to be in kids with a pre-existing condition. For kids with concurrent medical conditions, the case for vaccination is compelling. But for healthy kids?

The risk of hospitalization from COVID-19 in kids ages 5 to 17 is 0.3 per million

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgis.cdc.gov%2Fgrasp%2FCOVID19-weekly-report%2F2021-06-25%2Fus-fda-adds-warning-about-rare-heart-inflammation-to-pfizer-moderna-covid-vaccines&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf53c%7D>

for the week ending July 24, 2021, according to the Centers for Disease Control and Prevention. We also know that the risk of hospitalization after the second vaccine dose due to myocarditis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usnews.com%2Fnews%2Ftop-news%2Farticles%2F2021-06-25%2Fus-fda-adds-warning-about-rare-heart-inflammation-to-pfizer-moderna-covid-vaccines&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf53c%7D>

, or inflammation of the heart muscle, is about 50 per million in that same age group.

It may be that the standard two-dose regimen is a dose too high and is inducing a strong inflammatory response causing these complications. A single dose of the vaccine may be highly effective in kids, as reported by Tel Aviv University

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jpost.com%2Fhealth-science%2Fisraeli-research-asks-is-one-covid-vaccine-dose-enough-for-young-teens-670956&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf53c%7D>

. Researchers there found that one dose was 100% effective in kids ages 12 to 15. For now, until we get better data, I recommend one dose for healthy kids who have not already had COVID-19 in the past.

I'm concerned the CDC hasn't considered whether one dose of the two-dose shots would be sufficient – and safer – for young people. The agency's Advisory Committee on Immunization Practices has vigorously recommended the two-dose vaccine regimen for all children ages 12 and up regardless of whether kids already have immunity. I take

issue with that. The data the CDC used on which to base its recommendation is incomplete at best. The agency is using the Yelp of vaccine complications as a data source: a self-reported database

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C>
of vaccine complications, which haven't been fact-checked by authorities. So the agency
may not be fully capturing the extent of vaccine complications from the second dose in
some young people.

I wish the CDC would tell us more about the deaths of Simone Scott

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fox19.com%2F2021%2F06%2Fhigh-school-graduate-remembered-kind-talented-after-mysterious-illness-takes-her-life%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777d3f08d9cb0bf53c%7C>
 , 19, and Jacob Clynick

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.freep.com%2Fstory%2Fnew-clynick-pfizer-covid-vaccine%2F5323095001%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C2c4a0c7020cf40777>, 13, both of whom died shortly after getting a second vaccine dose and developed heart inflammation. There have been 19 other deaths in youth under age 25, according to the CDC. Since the clinical trials were not powered sufficiently to detect rare events like these, I want to know more about those deathbefore making blanket recommendations.

Researching these events is important when issuing broad guidance about vaccinating healthy kids, including students, who already have an infinitesimally small risk of dying from COVID-19.”

Jennifer Schrank

This is the day that The Lord has made, I will be glad and rejoice in it!

From: Marcia Rubenstein
Sent: 12/29/2021 11:02:26 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine school requirements.

External Email

WA BOH Technical Advisory Group,

Forcing Covid Vaccines on school children is unethical, immoral, against every freedom guaranteed us in the US Constitution, and against the Nuremberg Code.

There is a greater threat to children and young people from this vaccine than from Covid itself. The research indicates that children are at a greater risk from cardio-myopathy than they are from Covid which has a 99.99% survival rate.

Do NOT vote impose Covid vaccination on WA State's children

Marcia Rubenstein
Silverdale, WA

From: J Jack
Sent: 12/29/2021 1:02:35 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine for School Enrollment

External Email

To Whom it may concern,

Experimental vaccines should never be required anywhere. This is a violation of the Nuremberg Code. Additionally, Comenaty will not be available until 2023.

There have been ZERO deaths in regards to K-12 students in the state of Washington. This is another reason not to add this to the required vaccine list.

Very Respectfully,

Jon Jackson

From: Levi and Stephanie Vogel
Sent: 12/29/2021 12:52:26 PM
To: DOH WSBOH
Cc:
Subject: Don't mandate vaccines on children

External Email

To those attending the meeting today in regards to mandating pharmaceuticals to our children,

These vaccinations have not been reviewed long term, and children (and adults) have many negative side affects. The risk isn't worth it. We don't know what those consequences will be. To push this agenda against parents will is morally wrong. I've already pulled my children out of public school and if this is mandated we will get an exemption and if we can't get an exemption we will move to another state. A different state that values parents and children's rights more than Washington. Not all vaccines are safe, not all children have the same reaction, and some kids are genetically predisposed to sensitivities and medicine that can alter them in ways you don't understand and you don't care to understand. Please respect a parents right and a child's right, none of my children need this pharmaceutical, it's not a vaccine, it's a drug. We all have natural immunity in my family.

Please look beyond yourself, read with an open mind and respect for a mothers intuition.

Stephanie Vogel

Sent from my iPhone

From: Amber Belanger
Sent: 12/29/2021 12:49:29 PM
To: DOH WSBOH
Cc:
Subject: Meeting 12/29/21

External Email

To Whom It May Concern:

I am asking that the Covid-19 vaccination not be included in the WAC 246-105.

It is extremely unsettling to know that this meeting is not open to comment by the public, and that it is being held without notification so that the public at large can add input.

The vaccination is still in its infancy and there is not enough information to determine that it is safe for adults, let alone children. I realize there is information out there that says otherwise; however, if the vaccination were effective it would prevent the virus, as a vaccination is designed to do. The fact that someone can get vaccinated and still get Covid-19 is reason enough not to have subject our children to this experiment.

Thank you for listening.

A concerned member of society,
Amber Belanger

From: Testify Online Survey
Sent: 12/29/2021 10:04:45 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12 2022

2.

Agenda Item or Issue:

Covid Vaccination

3.

Your Name:

Brittany Ramirez

4.

Do you have a professional title?

1. Yes

N/A

5.

Are you representing an organization?

2. No

6.

Address:

1021 N Simpson Rd Liberty Lake, WA. 99019

7.

Email:

Broseramirez@gmail.com

8.

Phone Number (Include Area Code):

509-655-3407

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 proposal to require the Covid vaccination(experimental drug) for every student within this state.

11.

Are you Pro or Con on the proposal?

2. Con

In October of 2021 I removed my children from the Washington State School system because I could see the writing on the wall that this state would require an experimental drug to be tested & used on our children. A drug that has not been proven safe over a long period of time. There is literally no evidence. None. None at all that prove this experimental drug is safe on the use of any human being long term. I say I could see the writing on the wall because Gavin Newsom had just announced an illegal mandate for all students in the state of California and true to form Washington usually follows. While we are still residents in the State of Washington my children literally attend a private school across state line. The trust we once had as parents for the state to maintain the best, quality education for our children is all but destroyed. We have ZERO trust in the Government officials to include the state education board of Washington. This lack of trust goes far deeper than the experimental drug shot. The name of Covid has revealed much more insidious plans from dark governmental powers That would assault, abuse, & violate our children through programs and policy. If I had more time today I would to discuss those two. The mini months that I have fought at the local level within our school district has been both discouraging and sobering. When October arrived I knew I literally needed to save my children from the Washington state public school system both physically from a experimental drug injection and mentally from indoctrination of evil, twisted, perverse curriculum. Thankfully there are far more of us than there are of you. I know you don't see it that way now but you will. Those of us who can see this for what it is are fighting on the winning side and we know how it all ends. Stop this sickening madness now.

From: Erica Byman
Sent: 12/29/2021 12:54:05 PM
To: DOH WSBOH
Cc:
Subject: Leave our kids ALONE

External Email

This is regarding the zoom meeting that is being held today, not allowing any public comment. There are thousands and thousands of us parents out there that in no way intend to inject our children with the COVID-19 vaccine.

If you implement the "rule" That our children must receive the COVID-19 vaccine in order to go to daycare's or schools, I can tell you now you will be losing thousands and thousands of kids from the public school system, and therefore the public school system will drown and have no money coming in.

LEAVE OUR CHILDREN ALONE.

Think of your own children, your own grandchildren in the world that they are living in.

Let's give them some peace and normalcy, this is absolutely ridiculous.

If anyone chooses to vaccinate themselves or their children, that is, by all means, their own God-given right. If anyone chooses not to vaccinate themselves or their children that is, by all means, their own God-given right.

Do not let your "authority" get to your head. Use common sense. Thank you.

From: Danny Foster
Sent: 12/29/2021 11:11:41 AM
To: DOH WSBOH
Cc:
Subject: No Vaccine Mandate

External Email

Please do not mandate vaccines in schools! This is not the American or Constitutional way. This should be a choice of the parents of the children that attend public schools. Also the choice of those who pay taxes for their kids to attend these schools. Government's role is not to be a parent.

Thank you
Danny Foster
RSVP Real Estate
253-255-3413
homeddealings@gmail.com <<mailto:homeddealings@gmail.com>>

From: Twinkle Kitty
Sent: 12/29/2021 12:28:26 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Regarding vaccine mandate for children 5 and older:

The Covid-19 "Vaccine" is still operating under EUA from the CDC. There is no approved vaccine for use AVAILABLE in the USA. This means that the Nuremberg code applies; as well as federal and state statutes regarding experimental medications. THEY MAY NOT LEGALLY be required. Anyone doing so becomes personally liable for any harm caused.

The justification for this entire pandemic is based on a faulty PCR test. The CDC last July acknowledged this fault; but for some reason chose to leave this test in use though this month. This means that the numbers used to justify all of these extreme violation of personal human rights have been based on a test that has been KNOWN to be faulty. Further, cases are not deaths. MANY of these cases were asymptomatic. As this test was known to be faulty, it is KNOWN many of these people, in fact, did not have any upper respiratory illness, at all.

Dr. Kary Mullis--the inventor of the PCR--personally stated the test should NEVER be used diagnostically.

The VAERS system has had more reports of injury caused by this SINGLE vaccine than all other vaccines combined, since the VAERS system started. Children given this are experiencing cardiomyopathy at an alarming rate. THERE ARE NO LONG TERM STUDIES as to the effects of this vaccine.

Children had the LOWEST rate of Covid. They had the HIGHEST rate of survival if they did acquire Covid. Per VAERS, more children have ALREADY died due to the vaccine than ever did to Covid.

DO YOUR JOBS. Stand for the Constitution and rights of our citizens, especially those too young to speak for themselves. REQUIRING THIS EXPERIMENTAL GENE THERAPY FOR ANYONE is CRIMINAL.

It is the oath of all health care to do no harm! This mandate for children WILL do harm!
Stop now!

Sincerely,
Mary Sizer
WA resident

Sent from my iPhone

From: Jacob
Sent: 12/29/2021 11:35:12 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine requirements for children

External Email

I am writing to express my lack of support for these requirements. I am not anti vaccine. My wife and I have had the COVID vaccine and my child gets her regular immunizations.

However, I am against giving this vaccine to children. Children are at an extremely low risk from COVID. Indeed, most have no symptoms. The vaccine can protect the staff (although there have been many breakthrough infections), so infecting others and spreading/mutations are not reasons to vaccinate kids.

Not enough is known about the long term affects of this vaccine and there have been severe side effects. For children, the risk is not worth the benefit.

If the state mandates this we will pull our child from public schools.

Thank you.

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 11:43:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Child Experimental mRNA Gene Therapy shots

From: Cor Bader <lambsquartars@icloud.com>
Sent: Wednesday, December 29, 2021 11:35 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Child Experimental mRNA Gene Therapy shots

External Email

Why are you even entertaining the thought of removing consent from parents and mandating experimental shots that have proven to be more harmful than actual covid for children?

Are you concerned about new trails similar to Nuremberg?

-Cor Bader

From: Ms. Hatch
Sent: 12/29/2021 10:21:25 AM
To: DOH WSBOH
Cc:
Subject: My Comments for the Immunizations Technical Advisory Group

External Email

PLEASE, DO NOT even consider these CV shots for children, or for school requirements!!

TOO MANY side effects and deaths so far!!

I have read dozens of scientific articles and had personal stories shared with me of HOW DANGEROUS these experimental toxic injections have been, ARE AND ARE GOING TO BE FOR THESE PURE AND INNOCENT CHILDREN!

BE A LEADER and stand up for the rest of the Country and be the school that takes a position of PROTECTING children.

If you need more research, PLEASE do it BEFORE any decisions are made.

I know I speak for hundreds of my peers and parents.

Thank you for taking the time to read my comments.

Sincerely, a concerned and educated parent.

Lisa Hatch

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 1:08:22 PM
To: DOH WSBOH
Cc:
Subject: FW: Question for the Tech Advisory to consider COVID19 for inclusion in chapter 246-105 WAC

From: The Hannons <dougkari@q.com>
Sent: Wednesday, December 29, 2021 12:56 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Question for the Tech Advisory to consider COVID19 for inclusion in chapter 246-105 WAC

External Email

WAC 246-105-030 specifically lists 11 "vaccine-preventable" diseases. I understand this to mean that the vaccines for these diseases have proven to prevent the disease in the vaccinated. There is a growing number of breakthrough cases (i.e. cases of covid in fully vaccinated people), including 86 cruise ships undergoing investigation by the CDC for covid outbreaks despite the extremely high vaccination rates on board (see news article below). Given that these statistics prove that the covid vaccines do not prevent the disease in the vaccinated, SARS-Cov2 does not fit the criteria for a "vaccine-preventable disease." How can you add COVID 19 to Chapter 246-105 when it does not fit the criteria?

https://www.theepochtimes.com/mkt_morningbrief/cdc-investigates-86-cruise-ships-with-covid-19-outbreaks_4181845.html?utm_source=Morningbrief&utm_medium=email&utm_campaign=mb-2021-12-29&mktids=3021cf6f1a9af9fbb5ab6ba2eecf65ad&est=Dwzq4G2KLLEQ3N2RApZlamAKfVjxdWPJMGrb8ztbGV

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fmkt_investigates-86-cruise-ships-with-covid-19-outbreaks_4181845.html%3Futm_source%3DMorningbrief%26utm_medium%3Demail%26utm_campaign%3Dmb-2021-12-29%26mktids%3D3021cf6f1a9af9fbb5ab6ba2eecf65ad%26est%3DDwzq4G2KLLEQ3N2RApZlamAKfVjxdWPJMGrb8ztbGV>

Thanks,

Kari Hannon

From: Concerned Citizen
Sent: 12/29/2021 11:57:20 AM
To: DOH WSBOH
Cc:
Subject: NO Vaccine mandates for our children

External Email

The vaccines that are currently required by schools have been around for hundreds of years and proven to work. The covid-19 vaccine is very much still an experiment with an mRNA vaccine and our children should not be guinea pigs! This is political and everyone knows it. Covid-19 is no more dangerous than INFLUENZA! Flu shots are recommended but not forced upon us. Please have common sense about this issue and stop listening to political figures who have no medical background!

From: Michelle Katsel
Sent: 12/29/2021 12:07:35 PM
To: DOH WSBOH
Cc:
Subject: Against adding COVID-19 vaccine to school vaccination requirements

External Email

To Whom It May Concern,

It has been brought to my attention that there is a meeting today to discuss adding the COVID-19 vaccine to school vaccination requirements. It bothers me immensely that today's discussion was not made widely known and that there will be no public comment time. This is shady and unacceptable.

I am against adding the COVID-19 vaccine to school vaccination requirements and I urge you to consider ending this discussion being against it as well. My hope is you will really listen and consider what I have to say.

Since the "buzz phrase" around COVID-19 is to "trust the science". The "science this...", the "science that...", etc. Well, what about the science that has proven that our very own human immune systems are quite capable of handling this virus without a vaccine, because it has a 99% survival rate? What about the science that has proven that being vaccinated doesn't prevent you from getting or spreading COVID-19? What about the statistics that show we have a high level of positive COVID cases, while we ironically have the highest number of vaccinated people as daily more people are becoming fully vaccinated or getting their boosters? What about the science that shows the COVID-19 vaccines have more reported vaccine injuries in VAERS than any other vaccine at this stage of its existence? What about the science that shows this virus is moving from a pandemic to an endemic state like the flu? What about the recent guidance from the CDC that shortens the quarantine and isolation periods? Why would they do that? They did that because they know that this virus is not as threatening as mainstream media and politicians are making it out to be.

People should be able to make the decision for themselves, their children, and their own bodies about whether or not to get the COVID-19 vaccine, just like they decide whether or not to get a yearly flu shot. It's really that simple. I will pull my children from public education should you move forward with the COVID-19 vaccine as a school vaccine requirement. I know I am not alone in that either. There are many, many parents who feel the same. Look how public education has already suffered with the way the pandemic has been handled thus far. A decision for this will only hurt it further.

There is so much data and common sense pointing against adding this as a school vaccine requirement. As intelligent people, I implore you to not turn a blind eye to what is so blatantly obvious here.

Thank you for listening to my valid points and concerns.

Respectfully,

Michelle Katsel

From: Testify Online Survey
Sent: 12/29/2021 11:44:05 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

vaccine mandates for students

3.

Your Name:

Katherine E Braucher

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

134 N Elm St

7.

Email:

The_dodson86@hotmail.com

8.

Phone Number (Include Area Code):

5096754965

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

These shots have not been properly tested and we as parents should have the final say! If we don't want our kids to have it then we should be able to at least fill out an exemption form. I pulled my child from public schools just for this reason. I saw the hand writing on the wall. If this shot works, why are you so afraid of those of us who are not vaxed? It works right? Forcing people to get something injected into their body they don't want there is not any different that the sexual abuse I suffered. It was something I did NOT want in my body and it was forced. Not any different. Without long term testing on the side effects (heart problems, blood clots, sudden death to name a few that HAVE happened) these things should not be forced! Everyone is entitled to choose. Freedom of choice! My body my choice remember. We are the parents, we created our children and we should decide what is best for our kids. Not the State! This is NOT Russia, China, North Korea or Nazi Germany. We decide, not the state.

From: Brad
Sent: 12/29/2021 12:28:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comment on vaccines for children

External Email

This will be considered a crime against humanity if you approve it, and you will be held to account for your actions.

Medical studies show children have little to no risk from Covid. The "vaccines" are not legally categorized as such, but experimental drugs. They have roughly 2 months of efficacy, and can also support reinfection.

There are currently numerous meds available to treat covid.

Follow the science, not the politics.

Regards

Brad Weaver, PE
Northwest Energy Consulting
PO BOX 478
Poulsbo, WA 98370
206 910-9783

From: ebtahoe1@sbcglobal.net
Sent: 12/29/2021 12:57:51 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

No mandates on school children!
The virus has a 99.998% survival rate for kids 0-19yrs old without any vaccine.
Mandates are unlawful and unconstitutional. Stop taking personal family decisions away from the families.
No more mandates!
Elizabeth Eisenhauer

From: Family Kovacs
Sent: 12/29/2021 12:21:38 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccination Requirement

External Email

Hello,

I am writing to let you know that I absolutely am opposed to covid vaccination requirements for schools. Everyone I know who has gotten covid this December has been vaccinated for it. This vaccine is not eliminating covid cases at all and therefore the motive for a requirement for an ineffective injection is extremely questionable.

The measles vaccine actually eradicates measles. The covid vaccines do not. Covid mutates like every flu, and the boosters will only be guesses. There are risks that come with any vaccination that should not be imposed arbitrarily on people when the rate of effectiveness is so low.

Please do not push more families out of this state and out of our schools.

Heather Kovacs
Mom of 5.
Maple Valley, WA

Sent from my iPhone

From: Stephanie Benna
Sent: 12/29/2021 10:44:27 AM
To: DOH WSBOH
Cc:
Subject: Meeting to consider COVID-19 for inclusion in chapter 246-105 WAC

External Email

Dear Members of the WA BOH Technical Advisory Group,

Since you are meeting today to explore adding COVID-19 vaccines to school requirements, please allow me, as a parent of a student, to voice my concerns.

Requiring a medical intervention for healthy children to attend school needs to be grounded in proven scientific reasons that this requirement will carry no risk for the healthy child and will have a definite positive outcome for the community that otherwise cannot not be achieved. Available data shows that neither is the case for COVID-19 vaccines. I urge you to not recommend a requirement of this vaccine to attend school.

1. The vaccine does not prevent infection or transmission. It protects from severe illness, hospitalization and death. These risks are extremely low for healthy children and young adults. The 5-17 age group has had a total of 3201 hospitalizations in 2020 and 2021. Some underlying conditions that account for over 65% of these cases: 15.7% Asthma, 35.8% obesity, 14.1% neurological disease.

https://gis.cdc.gov/grasp/covidnet/covid19_5.html

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgis.cdc.gov%2Fgrasp%2Fcovidnet>

2. Vaccine efficacy starts waining after a few months after the second shot. Conclusion of a New England Journal of Medicine article based on data from Israel: These findings indicate that immunity against the delta variant of SARS-CoV-2 waned in all age groups a few months after receipt of the second dose of vaccine.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2114228>

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

This means if vaccination is required at the time of enrollment, efficacy has already waned by the beginning of the school year.

Cornell University decided to close its doors after over 900 fully vaccinated students tested positive. <https://www.cnn.com/2021/12/14/us/cornell-university-covid-cases/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F12%2F>

[university-covid-cases%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2adb12ba85364d30666d08d9cafb3c](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F12%2F)

3. The Pfizer BioNTech vaccine has not received FDA approval for 5-11 year olds group and is still in phase 3 of the trial for all age groups. A requirement of a medical intervention for healthy children with EUA vaccines is immoral.

4. Many children already had and have recovered from COVID and now have natural immunity, at health status which is completely ignored by the state of Washington.

5. Based on point 1 alone, a decision for or against COVID-19 vaccination of children needs to be made by no other than a child's parent/guardian and doctor based on the individual health status of the child.

6. Based on point 1 and 2, vaccination of children will not prevent infection and transmission in schools. Please explain to parents why you consider making a vaccine a requirement? If the goal of preventing transmission and infection can't be reached with this vaccine, what other reasons do you have for considering a vaccine requirement?

7. Increased risk of Myocarditis and Pericarditis in young males. In the 5-11yrs age group, 8 cases have already been confirmed. <https://www.reuters.com/world/us/eight-heart-inflammation-cases-seen-among-young-kids-who-got-covid-19-shot-us-2021-12-16/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fworld%2Fus%2Fus%2Fnews%2Fhealth%2F8-heart-inflammation-cases-seen-among-young-kids-who-got-covid-19-shot-us-2021-12-16%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2adb12ba85364d30666d08d9cafb3cef%7C11d0e2>

8. As my state Board of Health I expect you to provide guidance to the citizens of Washington about how to improve and maintain their health. As such I am asking you, why are there no recommendations that ALL Washingtonians take Vitamin D supplementation when Vitamin D status is linked to higher risk of hospitalization and death from a COVID infection? This is just one small change - inexpensive and without known side effects - that we can make that can produce positive impact in protecting from hospitalization and death.

Findings: Fifty-four studies (49 as fully-printed and 5 as pre-print publications) were included for a total of 1,403,715 individuals. The association between vitamin D status and SARS-CoV2 infection, COVID-19 related hospitalization, COVID-19 related ICU admission, and COVID-19 related mortality was reported in 17, 9, 27, and 35 studies, respectively. Severe deficiency, deficiency and insufficiency of vitamin D were all associated with ICU admission.

<https://www.frontiersin.org/articles/10.3389/fpubh.2021.736665/full>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.frontiersin.org%2Farticles%2F10.3389.fpubh.2021.736665.full&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2adb12ba85364d30666d08d9cafb3cef%7C11d0e2>

Thank you for reading and considering the concerns of parents and citizens of Washington.

I urge you to please be strong and make the only moral decision that exists: no requirement. Every parent/guardian needs to be allowed to make this decision for their child with their health care provider based on the individual health status of the child.

Sincerely,

Stephanie Benna

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcovid-data%2Finvestigations-discovery%2Fhospitalization-death-by-age.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2adb12ba85364d30666d08d9cafb3cef%7C11d0e2>

<https://www.bumc.bu.edu/busm/2020/09/25/adequate-levels-of-vitamin-d-reduces-complications-death-among-covid-19-patients/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bumc.bu.edu%2Fbusm%2F2020%2F09%2F25%2Fadequate-levels-of-vitamin-d-reduces-complications-death-among-covid-19-patients%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2adb12ba85364d30666d08d9cafb3cef%7C11d0e2>

<https://www.aappublications.org/news/2021/06/10/covid-vaccine-myocarditis-rates-061021>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aappublications.org%2Fnews-vaccine-myocarditis-rates-061021&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2adb12ba85364d30666d08d9cafb3cef%7C11d0e>

From: Aleta Gibson
Sent: 12/29/2021 11:15:01 AM
To: DOH WSBOH
Cc:
Subject: Do not mandate vaccines for children!

External Email

To whom it may concern, There is absolutely no evidence to support the vaccination of children for ` Covid 19. In addition, the risks far outweigh any possible benefits. In addition, Covid 19 vaccines do not prevent the spread of the virus so there is absolutely no grounding for this. I as well as thousands of other citizens will encourage people to homeschool their children rather than risk side effects like Myocarditis and heart attacks in children. This is nonsense and is unconstitutional and unethical.

Aleta Gibson

Aleta Gibson

From: Norna Groff
Sent: 12/29/2021 12:32:23 PM
To: DOH WSBOH
Cc:
Subject: adding covid-19 vaccine to list of required immunizations for school

External Email

Please do not add this vaccine to be required. Children do not get as sick and seldom die. The vaccine is only effective for a short time so does not provide lifelong protection so it is not necessary. There is no need to require it when there is no solid evidence that it is necessary. It takes away from the freedom of parents to oversee the health of their own children.

From: Monika Oberholtzer
Sent: 12/29/2021 11:46:29 AM
To: DOH WSBOH
Cc:
Subject: No COVID-19 vaccines for our children!

External Email

To whom it may concern,

Please consider my petition to not add the COVID-19 "vaccine" to our school vaccination requirements. Healthy children and young adults are not at high risk of suffering complications from COVID-19 disease or transmitting it to others, whereas there is a very high risk of serious side effects or death reported from the shots. The long term effects on our children's health is yet unknown. There have been no outbreaks of COVID-19 in our schools, but occasionally single individual students testing positive for the virus with no severe outcomes.

Our children have suffered enough through the pandemic and we will not allow for them now to be subject to a risky medical treatment. These vaccines should remain optional for families who choose to take them, not a requirement to attend school.

Thank you,

Monika Oberholtzer

From: Christina Coffin
Sent: 12/29/2021 10:54:04 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

WSBOH Members

Vaccination of a child should be a parental choice. Use of an experimental treatment(covid "vaccines") that does NOT prevent you from getting a virus should not become a requirement for children to attend school.
Natural immunity is vital. My kids have all been had covid with minimal symptoms.
If this becomes a requirement to attend public schools,
You will see families removing their children from the public school.
And see a further drop in attendance in public school systems. Look at the data, look at countries forcing this vaccine, they are seeing high rates
Of the virus in spite of the vaccine.
It doesn't prevent the virus.

Sincerely,
Christy Keneally

Sent from my iPhone

From: oflorescu
Sent: 12/29/2021 1:01:22 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Board

External Email

I am writing with regards to Washington state BOH Technical Advisory Group exploration of adding COVID-19 vaccines to the school requirements.

It is unethical and abhorrent that the BOH has taken this first step. The evidence is mounting that the C19 vaccines pose a reverse benefit/risk ration for children. The risks massively outweigh the benefits of these experimental gene therapy treatments, especially in children. VAERS has an alarming number of adverse reactions/injuries and even deaths reports that CANNOT be ignored, ESPECIALLY when it has been known for over 3 decades that VAERS captures less than 1% of all vaccine injuries.

The International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates: "Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates."

I urge all board's members to ask themselves this simple, fundamental moral question: would you require your child or grand-child to take an experimental, novel and untested gene therapy, whose long term risks are completely unknown and which have gravely concerning safety signals emerging, and which might injure or even kill them IN ORDER FOR YOU TO HAVE AN UNPROVEN probability of less severe symptoms to a disease that is proven to pose 0 risk to children? What happened to humanity where we are willing to sacrifice the children in order to maintain an illusory sense of safety for the old and sick?

I also urge you to remember that all members of the board will be on record for their votes and how they will affect policy in Washington State!

Octavian Florescu

From: (null) (null)

Sent: 12/29/2021 11:54:59 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Strongly oppose the inclusion of COVID-19 vaccine for chapter 246-105 WAC

External Email

I am writing to let you know that as a parent, I strongly oppose the inclusion of COVID-19 vaccine for chapter 246-105 WAC. Forcing experienmtal medical treatment to human being violates Nuremberg code. Anyone who supports it will be remembered and tried as criminal. Don't make your kids and your kids' kids feel shame for you some day.

From: Testify Online Survey
Sent: 12/29/2021 1:05:31 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Covid vaccine requirement for children rto attend school

3.

Your Name:

Lynn Duncan

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

6617 BELLEVISTA ST NW

7.

Email:

WAwanderer0404@yahoo.com

8.

Phone Number (Include Area Code):

9702310415

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

TAG to look into requiring children to receive Covid shots to attend school

11.

Are you Pro or Con on the proposal?

2. Con

There is NO FDA approved Covid-19 vaccine available in the USA as of this date. The vaccine is only issued an Emergency Use Authorization. Therefore, ALL individuals who are part of any group that decides to require this vaccine can & will be held PERSONALLY responsible for crimes against humanity as per the Nuremberg code. Additionally, it is against the Constitution and Bill of Rights to force any citizen to receive any injection they do not want. PERIOD. The DOH has NO authority to require any vaccination that is not FDA approved, to require vaccines with extremely harmful VAERS data for a disease with almost no affect on children.

From: Linda Ryan
Sent: 12/29/2021 11:53:59 AM
To: DOH WSBOH
Subject: COVID-19 Vaccinations

External Email

Please do not add the requirement for a covid-19 vaccination to the already long laundry list of vaccinations for kids. It's proven SCIENTIFICALLY and MEDICALLY that kids are NOT at high risk of covid. This would be very misguided at best and almost criminal at worst. More and more evidence is coming out of what this mRNA solution is doing to kids, myocarditis, DEATH. Is that what you are wishing onto our kids who have already lost two years of school, are suffering mentally because of school closures, isolation and the constant fear mongering from the government and media? How about the suicide rate among kids skyrocketing because of all of this kind of stuff? Is that what your department/advisory board pushes? The death and illness of our children?

I am respectfully requesting that you DO NOT make this mandatory until full clinical trials have been completed.

Linda Ryan
Bellingha, WA

From: rheana foster
Sent: 12/29/2021 11:12:31 AM
To: DOH WSBOH
Cc:
Subject: No to Vaccine Mandate in school

External Email

Please do not mandate vaccines in schools! This is not the American or Constitutional way. This should be a choice of the parents of the children that attend public schools. Also the choice of those who pay taxes for their kids to attend these schools. Government's role is not to be a parent.

From: sandra gildroy
Sent: 12/29/2021 11:41:46 AM
To: DOH WSBOH,Sandra Gildroy
Cc:
Subject: mandatory vaccination for children

External Email

Injury and death are far more common from the mRNA jab in children than from getting and recovering from covid. See VAERS.

It would be far better to allow children get covid, recover, and have natural immunity that lasts most of their lifetimes. It also makes for herd immunity.

If this is untested injection is mandated, the Washington school board and voting members of the group approving the mandate should be financially and morally responsible for problems caused.

Covid has a near 100% survival rate in children and 98+% in adults. Check the stats of peer-reviewed science.

Stop going by what media is required to report. Media likes to say "science says" but have you ever noticed they are unable to give you any real scientific proof backing their claims? They have none.

Do your own research folks. Make decisions that benefit children, not \$\$\$ for you and your budgets for a nice, moral change.

Sandra Gildroy

From: Katrina Mason
Sent: 12/29/2021 11:36:44 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Health

External Email

Just making sure you all saw this info, especially about the meeting today-

IMPORTANT NOTICE and CALL TO ACTION about VACCINATION MANDATES

The State Board of Health (BOH) is having 2 meetings very soon to consider 2 requirements for Covid vaccination for school children:

1) Adding covid-19 to the list of required childhood vaccinations

Zoom meeting tomorrow Wednesday 12/29/2021 from 1:00 to 2:30pm. Here is the link to register to attend. I will attend and speak up if they allow comment.

https://us02web.zoom.us/webinar/register/WN_TEfcoeisQBqjZDJH4gsPlw

Here is a link to WAC 246-105 below concerning: IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-105>

2) Potential vaccine mandates for students

The WA State Board of Health will be meeting on Wednesday, January 12, 2022 regarding potential vaccine mandates for students. From now until Friday, January 7 at Noon, they are accepting public comment via this link - <https://sboh.wa.gov/Meetings/ProvidePublicComments>

I will be commenting and I encourage you to join me. As many of you as possible.

Sent from Yahoo Mail on Android

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

From: Carrie B
Sent: 12/29/2021 11:41:01 AM
To: DOH WSBOH
Cc:
Subject: Mandated school covid vaccine

External Email

To whom this concerns,

I speak on behalf of just about every parent I know. We absolutely do not agree with mandating covid vaccines to attend public school. Many parents will pull their child out of school if this is mandated. There is no question that these vaccines do not stop the spread of covid. We also know young people are not at risk of severe disease. We also know of the increased risk of myocarditis/pericarditis in young people who've been vaccinated. Additionally, many kids have natural immunity which is much more effective than the vaccines.

I hope you do the right thing, and listen to the majority of parents in Washington State who are asking for no mandated covid vaccines.

Carrie Bacon

From: Julie Urrutia
Sent: 12/29/2021 12:54:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To Whom It May Concern,

Stop all vaccine (JAB OF POISONS) mandates for children of all ages and adults. Stop all illegal planned destruction of lockdowns, testing and masking immediately!

I have personally seen deaths, strokes, transmissions, neurological conditions, myocarditis, GI issues, break out lesions all over the body, inside the mouth and nose, miscarriages, AND more! I have talked with people (too many to count) who have been infected with the virus after the jabs! I have studied hundreds of hours of doctors, lab specialists, nurses and hospital personnel who prove this kill shot was planned and part of the depopulation agenda of the cabal. It is clear that Fauci, Gates, Soros, Pharma, the bloodlines, CCP, blue state leaders, foreign and domestic enemies are in our country to kill, control and take over the America.

The Constitution and Bill of Rights are the law of the land! Not politicians! Stop all illegal mandates and remove everyone in positions of leading who do not uphold and defend the Constitution for WA State and the United States of America!

This is not a I hope you do read this- the only response is We The People are speaking - STOP it now! Blood is on your hands for the lives lost and disabled from this agenda.

In God We Trust
Julie Urrutia

From: Shawnta Mulligan
Sent: 12/29/2021 1:10:23 PM
To: DOH WSBOH
Cc:
Subject: No mandatory school vaccinations, please

External Email

Dear Board of Health members,

I urge you to reject any covid vaccination mandate for school age children.

There are numerous reasons why school-age child vaccinations do not make sense, the chief reason being is that the mortality rate of children to covid is miniscule!

The mental and emotional toll that covid restrictions have had on our children are far more damaging than the virus!

Additionally, our Sumner Bonney Lake School district has lost over 300 enrolled students, relating to millions in lost revenue. Parents in my neighborhood are already considering school alternatives. For many, a vaccination mandate for their kids, would force their decision to leave the school district.

Please, allow parents to make their children's own health decisions.

Thank you,
Shawnta Mulligan

From: Davis, Michelle (SBOH)
Sent: 12/29/2021 12:34:45 PM
To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH)
Cc:
Subject: FW: mRNA

I'm not sure whether the Board's inbox received this comment. If not, please include in the January meeting public comments section. Thanks.

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

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

From: Kevin Penney <k_penney@icloud.com>
Sent: Wednesday, December 29, 2021 10:08 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: mRNA

External Email

There is absolutely no way my children will ever receive a COVID mRNA shot. I will remove my children from public schools or this state if necessary. These shots have massive side effects against a virus that statically zero effect on children!

Sent from my iPhone

Sent from my iPhone

From: Kyle Meyers
Sent: 12/29/2021 12:01:44 PM
To: DOH WSBOH
Cc:
Subject: DO NOT add Covid 19 VAX to 246-105 WAC

External Email

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 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 everyday and impacts kids 0-19 the least, if at all! Follow the data!

Please end this conversation NOW.

Kyle Meyers

Tahoma School District Grandparent

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 12:42:20 PM
To: DOH WSBOH
Cc:
Subject: FW: COVID vaccine school requirement questions

From: Shelby DePas <shdepas@gmail.com>
Sent: Wednesday, December 29, 2021 12:32 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: COVID vaccine school requirement questions

External Email

What would be the ethical and moral argument for adding a EUA vaccine with unknown longterm effects on rapidly developing children?

With our understanding of the vaccines inability to prevent infection and transmission and the knowledge that children are the least at risk population with mortality rates similar to influenza, what would be the ethical argument for adding this to vaccine schedule?

What other vaccines on the current schedule are designed for rapidly mutating coronaviruses?

Is the flu shot on the vaccine schedule and if so what has been it's effectiveness in highly vaccinated schools for preventing child death?

As a nurse practitioner with a school age child I will be listening very closely to what is being discussed today

Thank you,

Shelby DePas

From: Carrie B
Sent: 12/29/2021 11:56:17 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

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

From: Carrie B <bubbancarrie07@gmail.com <mailto:bubbancarrie07@gmail.com> >
Date: Wed, Dec 29, 2021, 11:40 AM
Subject: Mandated school covid vaccine
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >

To whom this concerns,

I speak on behalf of just about every parent I know. We absolutely do not agree with mandating covid vaccines to attend public school. Many parents will pull their child out of school if this is mandated. There is no question that these vaccines do not stop the spread of covid. We also know young people are not at risk of severe disease. We also know of the increased risk of myocarditis/pericarditis in young people who've been vaccinated. Additionally, many kids have natural immunity which is much more effective than the vaccines.

I hope you do the right thing, and listen to the majority of parents in Washington State who are asking for no mandated covid vaccines.

Carrie Bacon

From: Testify Online Survey
Sent: 12/29/2021 12:19:09 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Children Vaccination for Covid-19

3.

Your Name:

Franklin Campbell

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

10474 Forest Ave S.

7.

Email:

fcampbel01@gmail.com

8.

Phone Number (Include Area Code):

3037259397

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

Covid-19 is not preventing people from getting the Virus. The vaccines are significantly less effective than the manufacturers promised. Pfizer wants to hide its vaccine information for 75 years? Why? This is not a Pandemic, this is a bad cold. Stop the insanity of vaccinating children with an unknown vaccine. VAERS data shows 20,000+ deaths. Why are the vaccines still being pushed by Politicians. There is not conclusive evidence that this vaccine works.

From: david.tijerina
Sent: 12/29/2021 11:22:49 AM
To: DOH WSBOH
Cc:
Subject: TAG on Covid-19 vaccine for kids

External Email

Dear TAG,

The evidence is continuing to mount on the risk/reward ratio for children and the covid-19 vaccines and is tilting away from its use. While the FDA approved it's EUA use in kids, it did so with a warning that it should not be used by states to affect policy. I urge you to drop consideration for school mandates on both medical/scientific and ethical grounds. Frankly, I don't understand why it's even under review. What kind of society would put children at greater risk in order to reduce risk to adults? It's unconscionable.

Sincerely,
David Tijerina

Sent with ProtonMail

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

From: luke debiak
Sent: 12/29/2021 11:49:20 AM
To: DOH WSBOH
Cc:
Subject: Vaccination for students

External Email

Good Morning,

It has recently come to my attention that your board is entertaining the idea of requiring vaccination from COVID-19 for students in our schools in Wa.

I would like to know the data and information you are using to drive this decision. This virus is shown to be overwhelmingly beatable and far less contagious than originally feared.

A large amount of citizens in this state have more concern of side effects of vaccination than they have for the virus itself.

I would like to believe the state board of health would place the health and safety of its citizens over political agenda.

The time for fear is over. It is time to wake up and start living life again.

Sincerely,

A concerned parent

From: Testify Online Survey
Sent: 12/29/2021 11:37:01 AM
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:

Covid mandate

3.

Your Name:

Dylan Rowe

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

1. Yes

Dylan Rowe

6.

Address:

766 SW 19th St, Chehalis, WA 98532-4008, USA

7.

Email:

dylanrowe112@gmail.com

8.

Phone Number (Include Area Code):

541 252 5738

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: douglas collins
Sent: 12/28/2021 11:22:21 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group (re Dec 29 meeting)

External Email

Dear TAG

Given current scientific understanding, it would be unconscionable to include covid vaccines on normal childhood schedules.

The UK study released just a few days ago shows that risk from myocarditis is far higher post-vaccine than post-infection for males under the age of 40.

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

In fact, there is substantial evidence that the such post-vaccine myocarditis is highest in males of school age. Given that risks from the natural infection are extremely low in this age group, it is puzzling to see why mandating this would even be considered.

It would be truly reckless to require any vaccine for children that has not been properly and cautiously vetted through standard channels, with years of thoughtful and conscientious testing. People can wish that rushed vaccines would work fine, but that will not make it true.

Please do not require these on the childhood schedule.

Sincerely,
Douglas Collins
Seattle

From: Ann Crosby
Sent: 12/29/2021 12:23:19 PM
To: DOH WSOH
Cc:
Subject: NO COVID-19 vaccination requirement for WA school attendance!!

External Email

Members of the Board of Advisory Technical Advisory Group,
We are completely against adding COVID-19 to school vaccination requirements.

The risk to children of COVID or Delta or Omicron is extremely small. Therefore, they do not need to be vaccinated.

Further, please review the increasing reports of adverse reactions to children from the vaccine. There are serious heart inflammation problems, partial paralysis and even death.

Please note this report from VAERS:

"The vaccine is already proven to be dangerous. On November 12th, the CDC released the latest figures

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-cdc-covid-vaccine-data-injuries-5-year-olds%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce8bb5097933141b71f9c08d9cb08d85c%7C11d0>

from the VAERS (Vaccine Adverse Event Reporting System). To date, children ages 12 to 17 have suffered 22,782 total adverse events, including 1,400 rated as serious, and 29 reported deaths. Among the deaths: a 17-year-old girl from Washington, a 12-year-old girl from South Carolina, a 13-year-old girl from Maryland, and a 17-year-old girl from Texas. 59 cases of life-threatening anaphylaxis were reported in this age group – with 96% attributed to Pfizer's vaccine. 552 cases of myocarditis and pericarditis (heart inflammation) were reported, with all but 10 linked to Pfizer, and 131 cases of blood clotting disorders, with 100% linked to Pfizer."

There is no logical reason to vaccinate children, period. Please stop this ill-considered action you have planned.

Thank you,
The Crosby Family
Leavenworth, WA

From: Sue Ward
Sent: 12/29/2021 12:14:58 PM
To: DOH WSBOH
Cc:
Subject: Today's meeting/ COVID vax children

External Email

Why in the world would this state, our country and DOHs be advising giving these experimental vaccines to children. It remains in emergency authorization now with no long term proof of its effects. Good God! Fully vaccine people are getting Covid-19 virus. A cruise ship of fully vaccinated guests are over taken by this virus. A military ship fully vaccinated- the same thing. STOP and take a breather, look and read what scientists on the other side of this have researched. We don't know what the long term affects are on our human race. What are the scientific facts and VAERS showing regarding how children are affected.

PLEASE RECONSIDER WHAT YOU ARE PROPOSING.

SUSAN WARD□□□□

Sent from my iPhone

From: John O'Gara
Sent: 12/29/2021 11:44:24 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Dec 29 2021

External Email

Hello!

I understand you are having a TAG today regarding requiring vaccinations for Covid-19 for schools in Washington State.

As a father of four students that attend school in this state, I'd like to offer the following thoughts:

- * Vaccinations are available for people ages 5 and up, and are generally available in this state
- * The State has a very high vaccination rate already, exceeding 60% for all age groups that are eligible and have had at least one vaccination shot (apologies if my numbers aren't perfect, finding solid state data can be difficult unfortunately)
- * School administration, teachers, and other employees have been able to receive vaccinations for nearly a year, as they were deemed essential and received a place in line early in 2021
- * Recently, the severity of cases has been dropping- all 4 of my children spent the Christmas break recovering from Covid, and it was similar to a mild to average cold. They have all recovered and are finishing 10 day isolation requirements (now only 5 days required)
- * Nationwide, 1.1 children per 100k are hospitalized for Covid, compared to a normal year where Flu alone hospitalizes 3-5/100k children- Covid is not as severe, even today, with kids
- * Recently, the vaccine has been shown to neither stop nor delay virus transmission- vaccinated people get sick and transmit, sometimes asymptotically potentially due to the vaccine assisting them

Based on these facts and the science- people can get shots if they want them, those who are vaccinated do not stop transmission of the virus, children are generally not affected severely from JUST Covid infection, forcing parents to provide these shots to their children just so they can attend school is not necessary at this point in the pandemic. Many kids in this state have attended school now for 1.5 years and we know that we can manage the situation with Covid and have them attend school, without mandated/WAC required vaccinations.

Please consider this as you discuss this matter.

Thank you,

John O'Gata

John O'Gara

425-210-4643

From: justin flaa
Sent: 12/29/2021 12:31:34 PM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group Send to:
wsboh@sboh.wa.gov

External Email

I am absolutely opposed to mandated COVID vaccinations for students in public schools. Almost every parent I know also feels the same. These vaccinations don't stop transmission. They put young people at increased risk of heart issues and who knows what else long term. There is overwhelming data that young people are not at risk of severe disease/ death from COVID. Many kids already have natural immunity which is better than any vaccine. If this is mandated, all three of my children will be pulled from public school. I am not alone in this— there will be many, many more that do the same. No mandate!

Mandy Flaa

Sent from my iPhone

From: Shelley Gourley
Sent: 12/29/2021 12:40:24 PM
To: DOH WSBOH
Cc:
Subject: School vaccines

External Email

Hello,

I, as a mother of 5 children in WA schools, urge you not to add the covid 19 vaccines to the school vaccination list. Forcing children to put an unapproved, experimental drug into their little bodies when there is no know long term side effects of this drug is very upsetting as a parent. Having to choose between an education and possibly ruining their health is not a decision I take like lightly. I do know the answer for my self, my children and many, many other families though, we will be home schooling.

Please don't do this to our children. The chances of them getting or even spreading covid is so small.

Think of the long term effects this will and could have on the children.

Shelley Barnes

From: Simone Lindstrom
Sent: 12/29/2021 12:31:57 PM
To: DOH WSBOH
Cc:
Subject: No C-19 vax mandate in schools

External Email

Hi, I'm emailing to explain that I would not like there to be a Covid-19 Vax mandate for our kids. With it not being safe (pericarditis, neuro issues), nor needed with kids having almost no issues, its just not needed! This would be a huge blow to you as well, because many more parents are going to continue to withdraw their kids if this gets implemented.

Not needed, please don't make our kids be a guinea pig.
Thank you for reading,
Simone Lindstrom

From: Christina Coffin
Sent: 12/29/2021 11:46:42 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

WSBOH Members

Vaccination of a child should be a parental choice. Use of an experimental treatment(covid "vaccines") that does NOT prevent you from getting a virus should not become a requirement for children to attend school.
Natural immunity is vital. My kids have all been had covid with minimal symptoms.
If this becomes a requirement to attend public schools,
You will see families removing their children from the public school.
And see a further drop in attendance in public school systems. Look at the data, look at countries forcing this vaccine, they are seeing high rates
Of the virus in spite of the vaccine.
It doesn't prevent the virus. It doesn't prevent the spread of the virus or having the virus.

Sincerely,
Christy Keneally

Sent from my iPhone

From: Testify Online Survey
Sent: 12/29/2021 12:25:50 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Vaccines in Schools

3.

Your Name:

Brandon

4.

Do you have a professional title?

1. Yes

Dr.

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Bjm83@criptext.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Vaccine requirements in schools

11.

Are you Pro or Con on the proposal?

2. Con

Requiring a vaccine for children who are least impacted by coronavirus in addition to weakening variants would cause more harm than good. The vaccine is still under EUA as was determined by a court decision in the Northern District of Florida. Comirnaty is not available in the states. The vaccine available is experimental.

From: Jill Collier
Sent: 12/29/2021 12:38:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear WA SBOH members,

I am writing as a concerned Washington parent in opposition to adding any covid 19 vaccine requirements to the childhood schedule. Simply put, this vaccine is brand new to the market with absolutely zero long term data on whether or not it is even necessary let alone may harmful in the long term for children. In no way should we be holding children's education hostage for not participating in a post-market experiment. As a parent, and I know I'm not alone in this, there is nothing that would promote me to subject my child to the unknown outcomes of injecting a brand new technology. Parents are not willing or ready to accept this product.

Children are leaving the schools in droves as the frustration with mandates, online schooling failures, and the declining mental health of our children as we continually isolate them are piling on to parents. For many more this will be a breaking point to pulling their children from school. Please do not add any more pressures onto already struggling school districts.

This addition is by no means in the best interest of children and is draconian in nature.

Thank you for your time,

Jill Collier
Spokane, WA

Sent from my iPhone

From: Julia Albaugh
Sent: 12/29/2021 12:59:25 PM
To: DOH WSOB
Cc:
Subject: Comments

External Email

□Hello

I would like to remain anonymous but I am curious what scientific studies are you showing that has any evidence that children should be vaccinated? Have you considered that 30% of boys that get this vaccination are more likely of getting heart conditions then getting even sick with COVID.

What about the young girls, girls who are too young to know if they will ever want to be a mother. There are zero studies confirming this vaccination doesn't effect birthing mothers or woman who want to have children. This study is not going to be complete until the end of 2022.

Let's also talk about pro choice. Since when do we force our young students to do something like this to their body. But yet we let woman who have sex with a man without birth control to kill an unborn child. Why does a woman get to chose then but not now. The hypocrisy is just embarrassing. This state is supposed to be educating the young but the poor decisions and thought put into our schools and criminal actions you are wanting to impose are questionably evil.

I see what you're doing in schools, as I am an educator and I am worried for our future because of what people and organizations like our state government is doing.

Here are some actual studies that need to be read. Please do some actual research of your own not just watching what CNN or any news media outlet is telling you.

<https://rumble.com/vrgdar-louisiana-nurse-we-have-had-more-children-die-from-the-covid-vaccine-than-o.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvrgdar-louisiana-nurse-we-have-had-more-children-die-from-the-covid-vaccine-than-o.html&data=04%7C01%7CWSboh%40sboh.wa.gov%7C2d939dcfacce4ed37eb008d9cb0dd970%7C11d0e2>

https://thenationaldesk.com/news/health/we-do-exist-some-americans-suffer-life-changing-covid-vaccine-injuries?fbclid=IwAR3WM-zLk8JedCDkPaVIPrVCZ3ly0aFVMgow1AIleftC47x3Ty_XLe5NHFM

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthenationaldesk.com%2Fnews%2Fdo-exist-some-americans-suffer-life-changing-covid-vaccine-injuries%3Ffbclid%3DIwAR3WM-zLk8JedCDkPaVIPrVCZ3ly0aFVMgow1AIleftC47x3Ty_XLe5NHFM&data=04%7C01%7CWSboh%40sboh.wa.g

Sent from my iPhone

From: Jill S
Sent: 12/29/2021 11:49:29 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Why are you trying to mandate more vaccines for our kids to attend school? This Kirsch model

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skirsch.com%2F covid%2FVa>>
estimates that 600 children have already died from COVID vaccines as of September 2021! A recent Lancet study shows that a healthy child has ZERO risk for COVID, suggesting that most of the vaccinated kids are dying unnecessarily from a shot they didn't need to begin with! Some 86% of children suffered an adverse reaction to the Pfizer COVID vaccine in clinical trial, and one in nine children suffered a serious reaction grave enough to leave them unable to perform daily activities.

How can you justify forcing a healthy child to take a vaccine that is dead certain to injure many and kill some while bestowing no benefits?!

How can you consider this ethical? To put a child at risk for the pretext that it might shield an adult? Show me any adult who thinks this is okay, and I'll show you a monster!

J

From: Maria E. Godinez
Sent: 12/29/2021 12:28:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for Immunization Technical Advisory Group

External Email

Hello,

Please consider the following. Focusing attention and using resources to consider adding Covid19 vaccines as a school attendance requirement, is illogical considering that the CDC has indicated that only children with underlying medical conditions are at risk for severe illness and not healthy children. The link below, under the section titled Additional Information on Children and Teens, lists the chronic disease and health conditions that would put children at risk.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#children-underlying-conditions>

If we truly follow the science, then we can see that not all children should have this made a requirement.

Why not focus time and resources on educating and encouraging healthy choices and lifestyles for the public, and especially those at high risk?

Thank you,

Sent from my T-Mobile 4G LTE Device

From: Jayne Keller
Sent: 12/29/2021 11:15:30 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

In opposition to mandatory Covid "vaccines" for children I urge you to follow the science. This is not yet an approved drug and is still in it's experimental stages. Less than two years in it is unconscionable to even consider mandating that children be a part of this experiment.

Remember the DES drug that decades later is still affecting children of mothers who used it?

It is now known that the Covid vaccine neither keeps people from being infected or from transmitting the illness. Children are known to have lesser symptoms if they do become I'll with Covid.

There are more and more therapeutics being developed and ones that are already available known to work. Focus on the availability of these.

Don't risk the health of our children by mandating an unproven outcome.

Thank you for your time.

Jayne Keller
jaynekeller7@yahoo.com
Colbert, WA

Sent from Yahoo Mail on Android

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

From: Joanne Edinberg
Sent: 12/29/2021 12:24:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To Whom It May Concern,

I am absolutely against adding the COVID-19 vaccine to the list of required vaccinations for school attendance. Primarily because this is an experimental vaccine, without any long-term trial data to use to guide this decision. Vaccines (as is true for any medication) have never been a one-size-fits-all solution.

Thank you for your thorough and thoughtful review of this matter.

Joanne Edinberg
Bellevue, WA

Joanneedinberg.com

"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: Kevin Penney
Sent: 12/29/2021 10:07:43 AM
To: DOH WSBOH
Cc:
Subject: COViD

External Email

There is a absolutely no way my children will ever receive a COViD MRNA shot. I will remove my children from public schools or this state if necessary. These shots have massive side effects against a virus that statically zero effect on children!

Sent from my iPhone

From: Robin Brodowsky
Sent: 12/29/2021 12:26:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

No shots for children or anyone else . If you go forth with this . I pray the parents go crazy on you, and rightfully so.

From: Testify Online Survey
Sent: 12/29/2021 12:59:19 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/21

2.

Agenda Item or Issue:

Vaccination for children for school

3.

Your Name:

Anna dietzen

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7815 n lapis lane, Spokane, wa 99208

7.

Email:

Annaelyse@gmail.com

8.

Phone Number (Include Area Code):

4258020018

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 vaccination for school aged children-against!!!!

11.

Are you Pro or Con on the proposal?

2. Con

The science and studies do not show that children are at high risk for Covid and it should not be required for children to attend school. The seasonal flu has shown to be much more dangerous and is optional for families. The Covid vaccine which is still under emergency use only should NOT be required for children. The risks of the adverse effects of the vaccine are much higher than Covid itself. I will pull my kids from state funded education if this passes. The ramifications of thousands of families pulling their children are endless. There is no need for this to be a requirement for children to go to school.

From: Lew Kono
Sent: 12/29/2021 12:13:41 PM
To: DOH WSBOH
Cc:
Subject: School Vax Mandate

External Email

Absolutely not!!!

Lew Kono
iPhone

From: Stevie Fogel
Sent: 12/29/2021 12:40:51 PM
To: DOH WSBOH
Cc:
Subject: No mandate in our schools!

External Email

Research shows children are the least effected by this virus! With the survival rate being higher than 99.999% mandating this "vaccine" is ridiculous, and an extreme over step! More children die from toys yearly than from covid! My child has had covid had barely any symptoms, a runny nose and was fine within a matter of day.

Follow the science is what we have been told to do and the research shows having the vaccine doesn't prevent the spread of covid or getting covid. Please leave our children ALONE! If the shot is mandated I will be pulling my student out of public school and know many parents who will be doing the same.

Concerned Washington parent
--

Stevie

From: Margaret King
Sent: 12/29/2021 12:11:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - Covid Vaccines requirements for schools

External Email

To whom it may concern,

Requiring an experimental vaccine for a virus that is mutating is not good public health. Especially when healthy children are highly unlikely to die from or transmit the virus.

The risk of this vaccine, which does not stop the transmission of the virus, out weighs any supposed benefit to the child. And could lead to severe reactions.

Please vote no on requiring this vaccine

Margaret King
Sent from my iPhone

From: Bo Liu
Sent: 12/29/2021 12:13:03 AM
To: Bo L
Cc:
Subject: Opposition to add Covid-19 to the list of required childhood vaccinations

External Email

Dear Sir/Madam,

I am shocked to learn that the Washington State Department of Health is considering to include Covid-19 in the administrative code requirements for school age daycare and schools, as well as to other public schools.

This covid-19 is at the most an experimental vaccine for emergency use, without any tests on the impacts of long term health, not to mention the existing side effects as we have learned. I, my family and most of my friends are strongly against your proposal. I am sure that you have school-age children/grand-children in your own family, and this harmful plan will surely to have impacts to your own kids.

Here I have collected a few reference articles for your information, regarding the 384 athletes with cardiac arrests and 224 of them have died after taking the Covid-19 vaccine shots as to the time of my writing, the VAERS summary data with extensive list of damages including >20,000 deaths from the Covid-19 vaccines, and the CNN report of >900 cases in the Cornell university from all vaccinated students showing this vaccine is unable to stop the spread of Covid-19 virus.

1. 384 Athlete Cardiac Arrests, Serious Issues, 224 Dead, After COVID Shot - Real Science

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2F covid%2F suffer-cardiac-arrest-die-after-covid-shot%2F%3B&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3c83f6aae6494ce7bd8d08d9caa2e337%7C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2F covid%2F suffer-cardiac-arrest-die-after-covid-shot%2F%3B&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3c83f6aae6494ce7bd8d08d9caa2e337%7C>

384 Athlete Cardiac Arrests, Serious Issues, 224 Dead, After COVID Shot ...

It is not normal for young athletes to suffer cardiac arrest or death while playing sport, but most of these com...

2. COVID Vaccine Data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data%3B&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3c83f6aae6494ce7bd8d08d9caa2e337%7C11d0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data%3B&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3c83f6aae6494ce7bd8d08d9caa2e337%7C11d0>

COVID Vaccine Data

3. Cornell University reports more than 900 Covid-19 cases this week. Many are Omicron variant cases in fully vaccinated students

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedition.cnn.com%2F2021%2F12%2Fcoronavirus%2Fus%2Fcornell-university-covid-cases%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3c83f6aae6494ce7bd8d08d9caa2e33>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedition.cnn.com%2F2021%2F12%2Fcoronavirus%2Fus%2Fcornell-university-covid-cases%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3c83f6aae6494ce7bd8d08d9caa2e33>>

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

Cornell University reports more than 900 Covid-19 cases this week. Many ...

Elizabeth Stuart and Sarah Boxer, CNN

Cornell University reported 903 cases of Covid-19 among students between December 7-13, and a "very high percent...

The listed information has clearly shown that the Covid-19 "vaccines" are not working at all.

With all the listed information, when you vote, make sure that you are on the right side of the history. At the same time, we the voters will remember your role in this critical moment, and we will use our vote as feedback to your role in this public policy.

Sincerely Yours,

Bob Liu, Ph.D
A WA Citizen

From: Heather Grayson
Sent: 12/29/2021 10:40:32 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern:

I understand that TAG is meeting to discuss adding the Covid 19 vaccine to the schedule of vaccines required for school age children.

I am the mother of a 10 year old son and this is extremely alarming to me that there is even a remote consideration of requiring children at extremely low risk of serious illness, be required to participate in what amounts to an experimental therapy. There is currently a greater risk of serious adverse reaction to the mRNA shot than Covid infection for children.

"FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: ". . .but we're never going to learn about how safe this vaccine is unless we start giving it." Source: @6:52:33
https://youtu.be/laaL0_xKmmA" Informed Choice of Washington

I understand that this is just the first step in the process, but there should be no further discussion until the safety and efficacy of the vaccine has been determined.

Should the BoH or any other state agency, decide that this is required for the children of Washington State to attend public school, not only will the children in my family be unenrolled, I will do everything in my power to advocate for school choice so all parents have the ability to unenroll their children and protect them.

Please reconsider any effort to require the vaccination for children to attend public school.

Sincerely,

Heather Grayson

206-574-8548

Sent from my iPhone

From: Valerie Chapman
Sent: 12/29/2021 11:56:02 AM
To: DOH WSOBH
Cc:
Subject: Covid Vaccine for Schools Discussion

External Email

To whom it may concern,

I, and many other parents, are completely against this. I will not make my child take an experimental drug, which is in stage 3 testing as of now. The Covid shots have not proven to stop the spread, or prevent catching Covid. Children have done exceptionally well with Covid. The CDC has shown extremely low numbers of serious issues and/or deaths related to children contracting Covid. Unless a child has serious co-morbidities...that decision still needs to be left with the parents. They are the legal guardians. Doctors need to be consulted prior to taking any medical treatments (especially irreversible treatments). A medical professional who actually knows your medical history and can help you make the right decision for YOU (or your child)...not some school board full of people who are not medical professionals and who are NOT being consulted for your direct care. This is not your decision, nor your place. You will see a dramatic drop in enrollment...and rightfully so.

From: Testify Online Survey
Sent: 12/29/2021 12:12:33 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Vaccines

3.

Your Name:

Torie Wauchope

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Puyallup, Wa

7.

Email:

Agent99spyyy@gmail.com

8.

Phone Number (Include Area Code):

253 202 1560

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am completely against forced vaccination to attend school, work or any business. You are contemplating mandating a vaccine that has not been fda approved and has killed more people than the virus it's supposed to protect them from. If you are seriously having a meeting about whether to do this, maybe we need to remove you from any form of authority.

From: Cynthia Feuerborn
Sent: 12/29/2021 1:04:49 PM
To: DOH WSBOH
Cc:
Subject: No Covid-19 vaccine mandate

External Email

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 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 everyday and impacts kids 0-19 the least, if at all! Follow the data!

Please end this conversation NOW.

Cindy Feuerborn

Tahoma School District Parent

From: susan cole
Sent: 12/29/2021 10:27:57 AM
To: DOH WSBOH
Cc:
Subject: Requesting the agency to adopt a new rule/thank you!



attachments\E7EABA38CBC547D3_IMG_9076.jpg



attachments\E1C12E16BF5B4BC0_IMG_9074.jpg

External Email

Sent from my iPhone

From: Testify Online Survey
Sent: 12/29/2021 10:01:28 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

December 29, 2021 1:00 PM

2.

Agenda Item or Issue:

Covid Vaccinations - consideration of requirement for school attendance

3.

Your Name:

ANN STOUT

4.

Do you have a professional title?

1. Yes

Private School Principal, retired

5.

Are you representing an organization?

1. Yes

Centralia Christian School

6.

Address:

1315 South Tower Centralia, WA 98531

7.

Email:

ANNCSTOUT@GMAIL.COM

8.

Phone Number (Include Area Code):

360-520-9612

9.

Do you have any special expertise relevant to this topic?

1. Yes

Served as head of school during the 2020-2021 school year. Developed and implemented a successful reopening plan. Students were able to attend school in person throughout the year.

10.

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

1. Yes

WAC 246-105 Opposed to adding Covid vaccinations to this WAC while the vaccine is still under emergency use authorization.

11.

Are you Pro or Con on the proposal?

2. Con

See letter emailed to board/TAG on December 28, 2021. Copied and pasted below:
December 28, 2021 Washington State Board of Health – Technical Advisory Group PO
Box 47990 Olympia, WA 98507-7990 wsboh@sboh.wa.gov Dear Technical Advisory
Group Members: I am strongly opposed to adding Covid-19 to the list of state required
immunizations for school entry. Here are my reasons why: • The Covid-19 vaccine
received emergency use authorization only for the 5 to 11-year-old age group. • Due to
the nature of an emergency use authorization for this drug, minimal time was available
to test the drug's efficacy. • Until the FDA can approve the vaccine for children ages 5-11
through its customary approval procedures, the vaccine should NOT be a requirement for
students to attend school. • This also applies for students ages 12 and older • Without
careful protocols and customary well researched FDA procedures, requiring a Covid-19
immunization for school entry could be catastrophic and tragic for school age children.
There is not an immanent need for making this emergency use vaccine mandatory for
school children. Here are the reasons why: • Children have not had significant issues with
Covid-19. • Typically, children's symptoms are mild, and they recover quickly. • There is
no significant mortality (less than 1 %) among children. • For the past two years, parents
and schools have successfully navigated Covid-19 without mandatory immunization. •
The established protocols within schools keep students with fevers, runny noses, etc. at
home. • In addition, social distancing and increased cleaning procedures have proven
successful. • The CDC concludes asymptomatic cases are unlikely to contribute
substantially to the spread of Covid. Those who are not sick cannot make others sick. •
Many things other than Covid pose a far greater risk to the health of children. • Omicron,
the most recent Covid strain, has been found to be far less severe, with symptoms like
the common cold, • An increase in natural immunity amongst all age groups, particularly

in younger populations may prove an effective way to protect us all. As you review criteria regarding vaccine effectiveness, safety, and an acceptable level of side effects, please consider the following issues:

- Daily we learn the vaccines are less and less effective, diminishing after only months.
- New Covid strains present new challenges for the vaccines' efficacy.
- Hundreds of thousands of fully vaccinated individuals continue to contract Covid-19.
- Safety should be a huge concern for you as decision makers.
- Parents too have huge concerns regarding the vaccine's safety.
- There are many unknowns in vaccinating children for Covid-19.
- The emergency use trial was too small and the long term effects on this age group unknown.
- Information on Covid -19 vaccine impacts has been skewed and censored.
- Previous vaccines have adhered to a very high threshold of safety. Had the threshold of safety remained high for these current emergency use vaccines, the reported adverse reactions would have resulted in the Covid-19 vaccine being discontinued months ago.
- The Swine Flu vaccine was withdrawn after 25 deaths were reported.
- Because of the many side effects with this vaccination and with so much information still not known, it would be unwise to require vaccination for students to attend school.
- The FDA recognizes myocarditis is a concern, particularly for young men.
- There are questions regarding the vaccine's impact on fertility, hypertension, and many other health issues.
- Research shows the risk to children contracting Covid-19 is far less than the risk of receiving the immunization.

As you consider Disease Burden in your review, please address the following facts:

- Covid-19 among school aged children, does not have significant morbidity. The chance of death is less than one percent.
- Because of the many break-through cases amongst the vaccinated, vaccination is not a key factor in reducing person to person transmission.
- Remember protocols around health monitoring, extra cleaning and distancing at schools have proven effective in reducing transmission.

As you consider Implementation, please address these facts:

- The Covid-19 vaccine is unacceptable to some in the medical community and the public. These people deserve your consideration.
- Mandating possibly harmful vaccinations for school age children will place a huge burden on parents.
- Parents will be forced to make very difficult and heartbreaking decisions about the health and education of their children.
- Just as adults have been forced out of their jobs for making a personal health decision regarding the vaccine, requiring a Covid-19 vaccination will force kids out of school.
- Consider the myriad and devastating impacts of over a year of online schooling on students.
- Suicide is already the 2nd leading cause of death in those ages 10-18. Base your decision on what is best for children. This must be against forcing parents and students to succumb to the unknown long-term impacts of the current Covid-19 vaccine. Education is a great equalizer and a right for all children. A decision to require a Covid-19 immunization for school entry will be catastrophic, inhumane, and unethical. Base your decision on what is best for our future – our children.

Ann Stout Former Principal, Centralia Christian School Centralia, Washington
98531 anncstout@gmail.com

From: Matt Johnson
Sent: 12/29/2021 1:00:21 PM
To: DOH WSOB
Cc:
Subject: Possible Covid "vaccine" for school aged children

External Email

To whom it may concern:

I urge you to not even think of implementing a covid "vaccine" for our children as a requirement for them to attend any state school.
If implemented, our family and THOUSANDS of other families will promptly remove our children from their specific schools.
I understand each school and district is given money per child that attends. This will have quite an effect as well to each districts' own financial issues.

There is ample evidence that school aged children have barely any risks from Covid, compared to their elder demographic counterparts.

There obviously are cases of children getting covid, but symptoms, if any, are mild and comparable to common colds.

Before this body starts trying to compare a Covid "vaccine" to other vaccines that are currently required to go to school...like the measles...or polio, or chicken pox, etc....let us actually take a look at those a little closer.

How many children who have received those actual vaccines had a breakthrough case of Polio...or a breakthrough case of Measles....or had Chicken Pox a 2nd or 3rd time?

The answer is NONE!! That's because those were actual VACCINES! Vaccines that were tested and retested for years, if not decades and had a profound outcome to saving millions of children's lives who were actually dying of those diseases.

The Covid "Vaccine" is not an actual Vaccine, but rather a shot, like the FLU.

The FLU has actually killed more kids throughout history than pretty much anything, and it's not a REQUIREMENT to get the FLU shot.

Adults, as well as children, can catch the FLU even after they have received a "FLU Shot" because there are different "strains" to the virus.

Covid has different strains as well.....So by getting a Covid "shot", you are actually not protected from getting Covid at all.

Just as the Flu shot is not required, nor should the Covid "shot".

It should be a decision that parents can make on their own, just as they have with the Flu shot.

Again, if this body decides to make this unnecessary "shot" a requirement, this state will lose thousands of students....and for what?

We all know the truth.....keep it a choice. Do not go down this road.

Sincerely,

Fed up parent with the Covid B.S.

<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: Testify Online Survey
Sent: 12/29/2021 12:46:05 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

December 29, 2021

2.

Agenda Item or Issue:

Forced vaccination of public school students.

3.

Your Name:

James Morey

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

jamesmorey316@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

Several years working as a scientist in both a virology (National Biological Services) and epidemiology lab (UW School of Epidemiology).

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 currently available vaccines have NOT been approved by the FDA, except under emergency use. The younger age group has a 99% plus survival rate for all known strains of COVID. There is credible evidence that the vaccines can be dangerous to all age groups. The dangers of giving vaccines to children far outweigh any possible protection these vaccines could confer upon the children. As well, these forced vaccinations violate constitutional rights without due process of law. For these reasons, I am completely opposed to any forced mandates for vaccines, and especially for children.

From: Sharon Gakin
Sent: 12/29/2021 11:25:17 AM
To: DOH WSBOH
Cc:
Subject: comment

External Email

Please do NOT make covid shots a permanent requirement for school vaccinations. We cannot assume covid will last forever; therefore, you should not mandate a useless injection with known side effects.

Please uphold FREEDOM OF CHOICE for parents who need their children in public schools.

Sharon Gakin
Port Orchard WA

From: Megan Schorr
Sent: 12/29/2021 11:54:13 AM
To: DOH WSBOH
Cc:
Subject: NO COVID 19 VACCINE MANDATES FOR SCHOOL AGE KIDS

External Email

To whom it may concern,

I am a concerned parent worried I may have to pull my children from the public school if the state decides to take away our freedoms by mandating a Covid 19 vaccine for school age kids. Please do not force parents to take risks with their children's health in order to protect old and fat people. We know that these vaccinations do not protect against transmission and contraction of Covid 19. We also know that if you are under 40 years old you stand a higher chance of having an adverse effect due to the Covid 19 vaccine, then actually getting Covid 19 itself.

Please let families access their own risk. Covid 19 is not dangerous for kids. Before the WA state Dept of Health removed the metric saying who was dying in Washington based on age, it was very clear that if you are old, then take care. However, if you are under 19 you have nothing to worry about.

Freedom of choice. My body, my choice! NO vaccine mandates for school age kids!

Megan Schorr

"It is impossible to live without failing at something, unless you live so cautiously that you might as well not have lived at all -- in which case, you fail by default." -J.K. Rowling

Megan Schorr
360-588-1117
2009 Skyline Way
Anacortes, WA 98221
www.anacorteskayaktours.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.anacorteskayaktours.com%2F>

"It is impossible to live without failing at something, unless you live so cautiously that you might as well not have lived at all -- in which case, you fail by default." -J.K. Rowling

<<https://docs.google.com/uc?export=download&id=16kT2AuaoDKJk75BMmoMQIzkubicDcPYv&revid=0Bxfv>

From: Cor Bader
Sent: 12/29/2021 11:22:50 AM
To: DOH WSBOH
Cc:
Subject: Child Experimental mRNA Gene Therapy Mandate

External Email

I understand that there is a consideration for moving forward with a public school experimental mRNA gene therapy mandate. Do not move forward with this mandate. The children do not medically need this shot, in fact the vaccine has been proven more deadly than covid itself for children. These shots are not stopping infections.

There is a realistic chance for legal trails coming up similar to Nuremberg.

-Cor Bader

From: sharolharwood
Sent: 12/29/2021 12:26:57 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccine

External Email

You cannot approve a requirement of children in Washington state for the covid-19 vaccine as there is no FDA approved vaccine available. All brands of covid-19 vaccines available to the public are EUA only.

<https://dossier.substack.com/p/bait-and-switch-there-remains-no>

Sent from my Verizon, Samsung Galaxy smartphone

From: Anita Bauman
Sent: 12/29/2021 12:19:10 PM
To: DOH WSBOH
Cc:
Subject: C-19 vaccine

External Email

Washington State BOH Members,

I cannot believe that the thought of adding C-19, an emergency use authorization shot for adults, is even being considered as a mandatory shot for children. This is an outrage. These shots have had very bad side effects for the adults that have taken them. Children are now and have always been in a low-risk group for this very treatable virus. I personally had covid and with a course of ivermectin got over it in a very timely manner.

The complete disregard for the treatments for this virus in order to push an experimental shot on the world, while those pushing it are making millions of dollars, is horrendous.

You must not add this dangerous drug to the list for children.

Do your own research and stop just being a mouthpiece for Bill Gates via Jay Inslee.

Anita L Bauman
4900 NE 38th Ave
Vancouver, WA 98661-2502
abauman52@hotmail.com

From: wendybutzerin@gmail.com
Sent: 12/29/2021 1:05:31 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccine for children

External Email

I am opposed to mandating Covid vaccines for children of all ages. Children are not at high risk for death of serious disease. Yet children are at risk for adverse effects from the vaccine. There is plenty of evidence of adverse reactions for children that are already documented. There are enough problems with myocarditis you add it to the warning label. There are plenty of adverse neurological problems and fertility problems too. These things need to be worked out. And if the Covid Vaccine is mandated will children be continually required to get the latest booster. We are still waiting for the conclusion of test results from the original Covid vaccines.

Thank you,
Wendy Butzerin

Sent from my iPhone

From: jls.livingmydream@comcast.net
Sent: 12/29/2021 12:23:22 PM
To: Jan Steves
Cc:
Subject: CHILDHOOD VACCINATIONS

External Email

PLEASE

DO NOT RUSH INTO ADDING THE COVID-19 VACCINE INTO THE LIST OF REQUIRED
CHILDHOOD VACCINATIONS(WAC 246-105)

From: A Tuttle
Sent: 12/29/2021 11:38:09 AM
To: DOH WSBOH
Cc:
Subject: Do not pass Vaccines for education

External Email

Please do not force covid 19 vaccines on our public school children. This vaccine has not been in people's bodies long enough to know how it could affect our children in the long term. It also does not prevent illness or death as shown via the Washington state breakthrough reports. A public education is supposed to be guaranteed for our children no matter their health choices.

Thank you
Andrea Tuttle

From: Pskowski, Samantha L (SBOH)
Sent: 12/29/2021 11:44:52 AM
To: DOH WSB OH
Cc:
Subject: FW: Health

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Katrina Mason <katrinamason70@yahoo.com>
Sent: Wednesday, December 29, 2021 11:40 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Health

External Email

To Whom it may concern,

Thank you for your leadership during the difficult past two years. I think we can all agree that we are tired of covid-19, that we want it to go away, and we want our children and teens to return to normal living, freedom from ineffective, outdated, overly restrictive covid-19 policies that are more damaging to children than effective at transmission.

The thing that many do not agree on is the best route forward. With that said, I am particularly concerned about the COVID-19 shot clinics at schools. According to VAERS, severe adverse reactions and death rates are alarming for those who receive COVID shots. I am also concerned about the possibility of COVID-19 vaccination mandates. My teens are healthy. They have natural immunity after having COVID during the summer months. They are in a low risk age group. I believe, based on the vast amounts of research I have done over the past several months, that the COVID-19 shots are far riskier to my teens than the covid virus.

I urge you, as our leaders, to leave medical information-seeking and medical treatments up to parents. I believe that the lives of our blessed children should not be put at risk with this experimental shot. Any communications related to covid-19 needs to be well-informed and fair, with emphasis to the community that both unvaccinated and vaccinated people can be infected by and infect others, and that the same rules, rights, and treatment apply to everyone regardless of vaccination status. As compassionate

human beings we must stop pointing the finger of blame at the unvaccinated, and we must stop violating the rights of the individual. We must immediately stop all forms of exclusion and separation between people. As epidemiologist Gunter Kampf states "Social cohesion should not be jeopardized because of an erroneous and narrow view of the epidemiological situation."

As a mother and mental health counselor, I cannot support this experimental mRNA injection for children because I have grave concerns over the known risks, the known harms, and the unproven safety and efficacy. In keeping with the number one rule of medicine, we have a duty to "First, do no harm."

After much research, I conclude, without a doubt, that the Pfizer and Moderna mRNA vaccines have an unacceptably high risk and no benefit. The Johnson and Johnson shot also has a large number of adverse reactions and therefore not acceptable. There is no credible risk-benefit analysis that justifies these Covid-19 shots being publicly available, much less required. To prevent unnecessary childhood death and disability, we must immediately cease promoting, advertising, requiring, or mandating covid-19 shots for teens and kids.

We must protect our children from being experimented on. The evidence is growing and we will look back in history on this as a tragedy. The only question is, how many children must die or be disabled before we cease this tragic experiment?

Please do not mislead parents by promoting mRNA vaccines as safe or effective for children. The truth is that these injections are not FDA approved. They are authorized only under Emergency Use Authorization, for experimental use in humans.

It is reckless and irresponsible to carry out this mass experiment on children. I am appalled at the irresponsibility of the FDA advisor, Dr. Eric Ruben, who admitted at the 10/26 FDA meeting that we don't know if the vaccines are safe, "We're never going to know how safe the vaccine is unless we start giving it, that's just the way it goes."

There are no adequate long-term safety studies of mRNA covid vaccines because the placebo group was "unblinded" and allowed to get the vaccine.

The Pfizer mRNA vaccine causes catastrophic side effects, particularly myocarditis and pericarditis in youth. The CDC's own analysis of "Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS)"

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Facip%2Fmeetings%2Fdownloads%2Fslides-2021-08-30%2F03-COVID-Su-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C1>

showed astonishing increases in the youngest age brackets. Five European countries have halted the Moderna vaccines in youth under 30 due to concerns over cardiac adverse effects

<https://www.lifesitenews.com/news/iceland-the-fifth-european-country-to-halt-moderna-covid-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Ficeland-the-fifth-european-country-to-halt-moderna-covid-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C1>

And the CDC investigation of rates of adverse cardiac effects from both Pfizer and

Moderna vaccines in youth is ongoing

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11d0e6393&context=1>>

Healthy adolescents aged 12-17 who have been given covid vaccines have experienced blood clots, myocarditis, neurologic symptoms and extreme fatigue.

Regarding safety and efficacy, please consider the statement of abstention on the 10/26/2021 FDA advisory meeting by Dr. Michael Kurilla, with full text in the references below. I am alarmed that so many scientists and doctors voiced serious concerns at this meeting over the known risks and unknown long-term effects of these experimental injections, yet the vaccines for children were authorized (not approved) for experimental use anyway.

Our children are meant to live out their fullest potential and we have a duty to protect them from the short and long-term risks of injury from a vaccine for an illness for which they have a 99.99% chance of complete recovery. It is a travesty and fear-mongering to discuss "keeping children safe" from covid-19. If we truly want to embrace safety for our children, we will focus on real childhood safety issues such as the accidents, motor vehicle accidents, cancer, mental health, and suicide.

According to CDC data there have only been a few hundred deaths in the 62 million population of the United States, and the vast majority of these children had underlying morbidities. <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-juj3&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11d0e6393&context=1>>

Therefore, children have a greater than 99.9% chance of surviving a covid-19 illness without harm. Why risk any harm in children when they are at extremely low risk of morbidity or mortality from covid-19 infection? In the vast majority of cases, children have mild or asymptomatic infection, due their immune systems being very different from adults. The infection fatality rate for children with covid-19 illness is calculated at 0.0027%, (<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1.full-text>) <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.08.21260210v1.full-text&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11d0e6393&context=1>>) There is no covid emergency for children, except for the emergency of fear being pushed by Big Pharma and your school by promoting harmful and unnecessary vaccination.

Covid-19 illness is treatable and almost always mild in healthy children. You can learn more about early, at-home treatment protocols here*[Pediatric perspectives on covid-19 illness, treatment, and vaccine decisions](#)

We know so much more in 2021 than we did in 2020 about effective covid-19 policies. Centers for Disease Control Director Rochelle Walensky told CNN on 8/16/2021 that, "Fully vaccinated people who get a COVID-19 breakthrough infection can spread the virus to others even if they are not symptomatic... Our vaccines are working exceptionally well. They continue to work well with delta with regard to severe illness and death, but what they can't do anymore is prevent transmission."

https://www.realclearpolitics.com/video/2021/08/06/cdc_director_vaccines_no_longer_prevent_you_from_

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

Why are we giving risky vaccines to children (who are at no serious risk from covid-19 illness) that do not stop transmission in order to stop transmission? Think about it. How would you explain that to a child? Now that we know that mRNA vaccines do not prevent transmission, the societal reason for sacrificing our children's health completely collapses. Even if asymptomatic transmission rarely occurred, a society that knowingly harms all children in order to protect a minority elderly and frail adults has completely lost its moral compass.

Both vaccinated and unvaccinated persons transmit virus, and vaccination may be causing increased spread of more virulent strains of SARS-CoV2, as described here

<https://brownstone.org/articles/this-is-not-a-pandemic-of-the-unvaccinated/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fthis-is-not-a-pandemic-of-the-unvaccinated%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03a>

The vaccine does not stop infection, transmission, hospitalization, nor death. A recent study from the Harvard Center for Population and Development Studies states it plainly: "Increases in COVID-19 are unrelated to level of vaccination across 68 countries and 2,947 counties in the United States." Researchers found that, "countries with higher percentage of the population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/pdf/10654_2021_Article_808.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC8481107/pdf/10654_2021_Article_808.pdf

I urge you to include natural immunity, which many children already have, in any covid-19 communications by (school or org name) to parents. Parents deserve to know that T-cell testing for existing immunity is a valid option, and that natural immunity is durable, long-lasting against current and future variants. The vaccine is not effective against new variants, which is a major failure. When the evidence shows that naturally acquired immunity is equal to or superior than vaccines, we should not mandate vaccines for anyone, especially for children. Instead, we must respect the right of parents to make decisions for ourselves and our children.

<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%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7>

In closing, stick to your mission, cease any promotion of these injections

I hope that the decision of whether or not to give a child the Experimental Use Authorization covid-19 shot is up to parents, not school districts.

I urge you to protect our children and immediately cease any current or future plans for vaccine requirements, endorsements, or vaccination clinics at schools as completely unethical and unsafe for our children. There are too many unanswered questions to allow the experimental mRNA injections to continue.

Knowingly harming our children constitutes child abuse and is reportable to Child Protective Services, as eloquently described by this California teacher

<https://rumble.com/voamsu-covid-19-vaccine-mandates-for-children-obligate-action.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvoamsu-covid-19-vaccine-mandates-for-children-obligate-action.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7>

Thank you for all you do in your leadership to protect and serve our children.

best regards,

Katrina Mason

Resources line: Please see the resources below that support my or our claims

The risk of covid-19 illness in healthy children is zero to none

<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>

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

Covid-19 vaccines cause more harm than good and should be ceased immediately

<https://www.scivisionpub.com/abstract-display.php?id=1811>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scivisionpub.com%2Fabstracdisplay.php%3Fid%3D1811&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e0>

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

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

<https://boriquagato.substack.com/p/the-vaccinated-superspread-hypothesis>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fboriquagato.substack.com%2Fp%vaccinated-superspread-hypothesis&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7>

<https://rumble.com/voamsu-covid-19-vaccine-mandates-for-children-obligate-action.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvoamsu-covid-19-vaccine-mandates-for-children-obligate-action.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11d>

Failure of vaccine effectiveness

<https://eugyppius.substack.com/p/ukhsa-efficacy-stats-death-watch>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Feugyppius.substack.com%2Fp%2Fukhsa-efficacy-stats-death-watch&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11d>

<https://www.science.org/doi/10.1126/science.abm0620>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.science.org%2Fdoi%2F10.1126/science.abm0620&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11d>

After two years of covid-19 research, we now know that:

*Children are at negligible risk from covid-19 and many children already have durable, sterilizing, natural immunity

*The mRNA vaccine may actually hamper children's innate immunity

*These injections are non-sterilizing, do not prevent transmission, and are estimated to have 4-6 months of waning immunity, paving the way for cumulative risk with twice-yearly boosters for life

*This is an unauthorized, experimental, irreversible medical therapy with unknown long-term safety data for cancer and reproductive harm.

*Covid-19 illness in children is treatable and for adults is treatable with early, at home, safe, effective multi-drug treatment protocols

*Natural immunity from prior SARS-CoV infection is sterilizing, long-lasting, and superior to waning and non-sterilizing vaccine immunity.

*Many Nordic countries have hit the brakes on mRNA injections in youth

Please also consider this information about the risks of harm to children that substantiate the facts above:

*Pediatric perspectives on covid-19 illness, treatment, and vaccine decisions

*Ten Reasons Not to Let Your Child Get a Covid Shot

*What You Should Know About Children's Immunity When Considering the Covid Shot

*An Overview of Natural Immunity and Transmission of Covid-19

*A moving plea from 93 Israeli doctors to not vaccinate children with the mRNA shots

As parents, we do not trust the Pharma giant Pfizer who appears to be motivated by profit, not health

How can the media report accurately on covid-19 vaccines when Pfizer spends twice as much on advertising as on research, according to Forbes in 2019?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.forbes.com%2Fsites%2Fgreen-spending-twice-as-much-on-selling-than-research%2F%3Fsh%3D20fd550c4b37&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=98WUwYDQm6E>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2F2-frontline-doctors-support-the-filing-of-a-preliminary-injunction-to-halt-further-vaccinations-for-all-military-staff-pilots-and-covid-recovered&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp%2Fred-flags-in-the-fdas-risk-benefit&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C11>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fmortality&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03a>

I am troubled that any risk-benefit analysis using VAERS data is incomplete because Dr. John Su at the CDC neglected to include the VAERS URF (under reporting factor) in his myopericarditis adverse effects following covid-19 vaccination reports, and it seems that the actual incidence is much higher than even the unacceptably high current reports

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F03-COVID-Su-508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdcca6ac4458b4684a78e08d9cb03ae0d%7C1>>

One researcher states, "Using the VAERS database and independent rates of anaphylaxis events from a Mass General study, we computed a 41X under-reporting factor for serious adverse events in VAERS, leading to an estimate of over 150,000 excess deaths caused by the vaccine." <https://www.skirsch.com/covid/Deaths.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skirsch.com%2Fcovid%2FDeaths.pdf>>

How many kids have to die before we stop this experiment?

I am deeply troubled by the 14 deaths of teens in the July 16, 2021 CDC Vaccine report and the still- pending incomplete investigations into causal relationships between covid-19 vaccines and deaths. Also, this report describes 663 needing medical care, and 56 hospitalizations after vaccination in the Pfizer study. How many deaths and hospitalizations will occur when millions of children are experimented on?

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7031e1.htm>>
How can we approve vaccines for 5-11 year olds when we have incomplete safety data for teens?

On request to NCATS Information Officer <ncatsinfo@mail.nih.gov>
<<mailto:ncatsinfo@mail.nih.gov>> >

The following was emailed as the complete text of the Please find below the written statement from Dr. Kurilla at the 10/26/2021 FDA Advisory meeting on covid-19 vaccines for ages 5-11: Statement on Abstention

The October 26, 2021, VRBPAC meeting concerned the Emergency Use Authorization (EUA) for Pfizer's mRNA vaccine for children ages 5 through 11 years old, which utilizes the same primary vaccination as the FDA-approved vaccine for adults and the EUA version for the 12 – 17 age group. The basis for my abstention was the specific wording of the question to be voted on and the following considerations:

- The longest follow-up for a subset of the trial subjects was only 3 months (immunogenicity and efficacy was assessed at 2 months post 2nd dose).
- Children already demonstrate asymptomatic COVID infections about 50% of the time (and this increases with younger ages). Since the trial endpoint only evaluated symptomatic disease, it likely overestimated overall 'infection' prevention.
- About 20% of subjects in the trial had evidence (serologic or +PCR test) of past infection, and none of these in either the vaccine or placebo arms experienced reinfection.

- CDC presented data to suggest at least 40% of children ages 5 through 11 years have experienced a prior COVID infection.
- Real world evidence involving adults suggest the 3-week dosing interval is suboptimal in terms of durability and is likely to be similar in children, leading to waning immunity within 4 – 6 months.
- Because the Pfizer vaccine offers protection against serious disease even after antibody titers have waned, there is some other basis for immunity, but at the lower dose in children, there is no expectation that those same immune processes will behave similarly to the higher adult dose.

While there are clearly high-risk groups within the 5 – 11 age group for which this vaccine would significantly reduce serious disease, I do not expect protection from infection to last more than a few months and this may negatively impact public perception of vaccines.

Taken together, I don't see the need for 'emergency use' of this vaccine across the entire age group and would have preferred a more nuanced approach.

Michael Kurilla, M.D., Ph.D., is an expert on infectious diseases and pathology. He has been a member of the Vaccines and Related Biological Products Advisory Committee since August 2018. He currently serves as Director, Division of Clinical Innovation, at NIH's National Center for Advancing Translational Sciences.

Sent from Yahoo Mail on Android

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

From: Protonmail1983
Sent: 12/29/2021 12:34:58 PM
To: DOH WSBOH
Cc:
Subject: Children School Vaccination

External Email

BoH

The Covid-19 "Vaccine" is still operating under EUA from the CDC. There is no approved vaccine for use AVAILABLE in the USA. This means that the Nuremberg code applies; as well as federal and state statutes regarding experimental medications. THEY MAY NOT LEGALLY be required. Anyone doing so becomes personally liable for any harm caused.

The justification for this entire pandemic is based on a faulty PCR test. The CDC last July acknowledged this fault; but for some reason chose to leave this test in use though this month. This means that the numbers used to justify all of these extreme violation of personal human rights have been based on a test that has been KNOWN to be faulty. Further, cases are not deaths. MANY of these cases were asymptomatic. As this test was known to be faulty, it is KNOWN many of these people, in fact, did not have any upper respiratory illness, at all.

Dr. Kary Mullis--the inventor of the PCR--personally stated the test should NEVER be used diagnostically.

The VAERS system has had more reports of injury caused by this SINGLE vaccine than all other vaccines combined, since the VAERS system started. Children given this are experiencing cardiomyopathy at an alarming rate. THERE ARE NO LONG TERM STUDIES as to the effects of this vaccine.

Children had the LOWEST rate of Covid. They had the HIGHEST rate of survival if they did acquire Covid. Per VAERS, more children have ALREADY died due to the vaccine than ever did to Covid.

DO YOUR JOBS. Stand for the Constitution and rights of our citizens, especially those too young to speak for themselves. REQUIRING THIS EXPERIMENTAL GENE THERAPY FOR ANYONE is CRIMINAL.

Sent from ProtonMail mobile

From: Testify Online Survey
Sent: 12/29/2021 12:09:22 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

Vax for kids

3.

Your Name:

Samantha Zistatsis

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

14229 246th pl se

7.

Email:

Sammyz24@comcast.net

8.

Phone Number (Include Area Code):

4253912335

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 C19 vaccination for kids

11.

Are you Pro or Con on the proposal?

2. Con

All testing not done, kids at a very low risk of issues with Sars Cov2, but the vaccinations have an extremely high number of adverse events including death. People in my sphere have died within days of the shot. Another went blind in one eye within 24 hours. Don't sacrifice our kids. Wait to consider this until all safety studies have been completed.

From: ToniJean Green
Sent: 12/29/2021 12:30:59 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

BoH TAG:

The Covid-19 "Vaccine" is still operating under EUA from the CDC. There is no approved vaccine for use AVAILABLE in the USA. This means that the Nuremberg code applies; as well as federal and state statutes regarding experimental medications. THEY MAY NOT LEGALLY be required. Anyone doing so becomes personally liable for any harm caused.

The justification for this entire pandemic is based on a faulty PCR test. The CDC last July acknowledged this fault; but for some reason chose to leave this test in use though this month. This means that the numbers used to justify all of these extreme violation of personal human rights have been based on a test that has been KNOWN to be faulty. Further, cases are not deaths. MANY of these cases were asymptomatic. As this test was known to be faulty, it is KNOWN many of these people, in fact, did not have any upper respiratory illness, at all.

Dr. Kary Mullis--the inventor of the PCR--personally stated the test should NEVER be used diagnostically.

The VAERS system has had more reports of injury caused by this SINGLE vaccine than all other vaccines combined, since the VAERS system started. Children given this are experiencing cardiomyopathy at an alarming rate. THERE ARE NO LONG TERM STUDIES as to the effects of this vaccine.

Children had the LOWEST rate of Covid. They had the HIGHEST rate of survival if they did acquire Covid. Per VAERS, more children have ALREADY died due to the vaccine than ever did to Covid.

DO YOUR JOBS. Stand for the Constitution and rights of our citizens, especially those too young to speak for themselves. REQUIRING THIS EXPERIMENTAL GENE THERAPY FOR ANYONE is CRIMINAL.

From: Erika Merdich
Sent: 12/29/2021 1:10:35 PM
To: DOH WSBOH
Cc:
Subject: 246-105 WAC

External Email

No to Covid vaccine mandate for washington schools.

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 12:09:44 PM
To: DOH WSBOH
Cc:
Subject: FW: Health

From: Katrina Mason <katrinamason70@yahoo.com>
Sent: Wednesday, December 29, 2021 11:37 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Health

External Email

Just making sure you all saw this info, especially about the meeting today-

IMPORTANT NOTICE and CALL TO ACTION about VACCINATION MANDATES

The State Board of Health (BOH) is having 2 meetings very soon to consider 2 requirements for Covid vaccination for school children:

1) Adding covid-19 to the list of required childhood vaccinations

Zoom meeting tomorrow Wednesday 12/29/2021 from 1:00 to 2:30pm. Here is the link to register to attend. I will attend and speak up if they allow comment.

https://us02web.zoom.us/webinar/register/WN_TEfcoeisQBqjZDJH4gsPlw

Here is a link to WAC 246-105 below concerning: IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-105>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2Fwac%2Fdefault.aspx?cite=246-105&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C50e09d119a864cae2ea908d9cb072728%7C11d0>>

2) Potential vaccine mandates for students

The WA State Board of Health will be meeting on Wednesday, January 12, 2022 regarding potential vaccine mandates for students. From now until Friday, January 7 at Noon, they are accepting public comment via this link -

<https://sboh.wa.gov/Meetings/ProvidePublicComments>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FPro>

I will be commenting and I encourage you to join me. As many of you as possible.

Sent from Yahoo Mail on Android

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

From: Skillz
Sent: 12/29/2021 11:33:20 AM
To: DOH WSBOH
Cc:
Subject: Vaccine cv19 requirments

External Email

To whom this my concern,
I am emailing regards to the COVID-19 vaccination requirements and I strongly disagree with any sort of requirements for this still unapproved vaccination that has shown to cause myocarditis and other health concerns and older people and young. myself already know many people that now have issues after receiving this vaccination and I know two people that have died within five days of this vaccination. Also the vaccine companies non-liability for injuries I do hope that you guys consider not making this mandatory for us to be part of the public school system. These mandates that are happening in the United States are unconstitutional and break the Nuremberg code please please do not go through with these mandates for our kids. The outcome will be Catastrophic to the mental health of our kids and physical health. if these mandates go through you will see many parents pulling their kids out even more so than the mask mandates I guarantee you that.

Thank you,
Shannon Nickel
--

Kurt and Shannon Nickel
253-307-7498
253-307-4138

From: John B
Sent: 12/29/2021 12:15:30 PM
To: DOH WSBOH
Cc:
Subject: Do not add covid vaccine

External Email

Hello,
I wish to express my frustration with the covid vaccine requirements that are being rolled out. We still do not have clear DATA on these mRNA devices, and according to Fauci, we won't have clear data for years to come.

How then can you expect parents to be ok with adding a vaccine requirement for children...?

I beg you not to do this, and I speak as a man with 5 kids in the public schools system.

Thanks for reading,

JB

From: Mary Beth Haugen
Sent: 12/29/2021 12:05:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Sent from my iPad

NO covid vaccines required for school enrollment! Parents only have the right to what they want to put into their children! This is America, freedom, not government rule. This proposal sounds like Nazi Germany. Parents of America will not stand for it. Schools will lose funding because parents will pull their kids out.
NO ON REQUIRED COVID VACCINES!

From: susan cole
Sent: 12/29/2021 10:26:51 AM
To: DOH WSBOH
Cc:
Subject: Requesting New Rule be added/thank you



attachments\5CB012C491EB4483_IMG_9076.jpg

attachments\C7792CE4026148F5_IMG_9074.jpg

External Email

Sent from my iPhone

From: Bryan McGlothin
Sent: 12/29/2021 12:44:45 PM
To: DOH WSBOH
Cc:
Subject: Adding COVID-19 vaccines to school □vaccinationrequirements.

External Email

Hello,

Let me start out by saying I am not anti-vax. As I once had a goal of becoming a nurse, I have a vaccine or two that the general population does not have.

As a parent of a high schooler, I am about to listen in on your meeting concerning requiring students to take the Covid vaccine for school admission, I'd like to share some information I just found on the CDC website. Here in Benton county the CDC shows that in the last seven days we've have 216 Cases with 12 new hospitalizations and no deaths. Looking at the 7-Day Percent Change data you can see the cases went up 66.15% from the week prior, but New Hospitalizations went down 20%. This shows the newer cases are not as serious and are requiring fewer hospitalizations. This new variant could be helping to create herd immunity, which science has shown for a hundred years, is an excellent way to overcome a pandemic or epidemic. https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Washington&data-type=Risk&list_select_county=53005

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcdc.gov%2Fdata-tracker%2F%23county-view%3Flist_select_state%3DWashington%26data-type%3DRisk%26list_select_county%3D53005&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C76a34a4a

A Harvard article points out there are issues with young boys, especially, with heart inflammation cases: "As of July 12, 2021, 1,047 reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the outer lining of the heart) had been reported in people under age 30, particularly in male teens and young adults, after vaccination..." This must be taken into consideration when a blanket rule is being considered.

<https://www.health.harvard.edu/diseases-and-conditions/coronavirus-outbreak-and-kids>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health.harvard.edu%2Fdiseases-and-conditions%2Fcoronavirus-outbreak-and-kids&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C76a34a4a338246bb149508d9cb0c0186%7C11d0e21>

And now we know from several countries' studies that the current dominant Covid variant, Omicron, is more viral, but much less deadly. And even the vaccinated are being infected with Omicron. The study Striking Antibody Evasion Manifested by the Omicron Variant of SARS-CoV-2 states "Even serum from persons vaccinated and boosted with mRNA-based 36 vaccines exhibited substantially diminished neutralizing activity against B.1.1.529."

<https://www.biorxiv.org/content/10.1101/2021.12.14.472719v1.full.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.biorxiv.org%2Fcontent%2F1>

In fact, my brother-in-law, who has had both shots and a buster, this week is quarantined after testing positive for Covid. Thankfully, his symptoms are mild as has been reported by most people.

Prevalent Omicron Symptoms: <https://www.nbcnews.com/health/health-news/omicron-symptoms-covid-what-to-know-rcna9469>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nbcnews.com%2Fhealth%2Fnews%2Fomicron-symptoms-covid-what-to-know-rcna9469&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C76a34a4a338246bb149508d9cb0c0186%7C11c>

If our current Covid vaccines were not still experimental, I would have no reservations. But I do feel, considering where we are in this Covid story, that children should not be forced to take a vaccine that has not cleared all normal trials for full authorization. One option would be to take into account natural immunity acquired by those who have been infected.

Thank you,

Bryan McGlothin

From: Testify Online Survey
Sent: 12/29/2021 12:16:48 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12/29/2021

2.

Agenda Item or Issue:

C19 vaccine

3.

Your Name:

Tony Wauchope

4.

Do you have a professional title?

1. Yes

Sargeant

5.

Are you representing an organization?

2. No

6.

Address:

Puyallup Wa

7.

Email:

Tonywauchope@rocketmail.com

8.

Phone Number (Include Area Code):

2532021478

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

What you are discussing is an illegal act in this country. Forcing a non FDA approved medical treatment on anyone is a violation of our human rights. The leadership in this country have lost all common sense!

From: Amanda Jones
Sent: 12/29/2021 12:08:49 PM
To: DOH WSBOH
Cc:
Subject: Fwd: COVID Vaccine Webinar



attachments\3D63480664884B7D_IMG_7614.jpg



attachments\B9514768FDEF480C_IMG_7612.jpg



attachments\2FBDED183FC244B2_IMG_7613.jpg



attachments\59955CA6E28D4A3D_IMG_7617.jpg



attachments\68E6312366824AEC_IMG_7616.jpg



attachments\A42229C08A4B4EC6_IMG_7615.jpg

External Email

Hello, I was wondering if you have seen the latest VAERS information on the COVID vaccines? They are certainly not safe or effective. Please read these articles:

<https://childrenshealthdefense.org/defender/physicians-scientists-kids-should-not-get-covid-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/physicians-scientists-kids-should-not-get-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb38885a4717042d2c7a908d9cb070568%7C11d0e211-4243-4352-8000-000000000000>>

<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fworldcouncilforhealth.org%2Fcampaign/covid-19-vaccine-cease-and-desist%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb38885a4717042d2c7a908d9cb070568%7C11d0e211-4243-4352-8000-000000000000>>

VAERS DATA,

<https://openvaers.com/covid-data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb38885a4717042d2c7a908d9cb070568%7C11d0e211-4243-4352-8000-000000000000>>

From: Jen
Sent: 12/29/2021 11:51:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear members,

My children have both had and recovered from Covid 19. We will not be vaccinating them as we do not believe it is necessary given they have natural immunity. If this shot is added to the school schedule without the option for an exemption our children will no longer attend public school. At some point one must consider natural immunity. Not to mention that the shot does not PREVENT or stop transmission of this virus. Please consider this during your conversation today. I also know my extended family will be removing their children from public school as well if this happens.

Thank you for your time and consideration.

Best,
Jen Pitts

Enjoy any hilarious iPhone auto-corrections in this email.

From: Sarah
Sent: 12/29/2021 1:10:17 PM
To: DOH WSBOH
Cc:
Subject: questions for the BOH TAG committee and statement

External Email

My name is Sarah, I am a mother of children who are in these school districts you are voting to consider covid-19 vaccination requirements for. I also work in the healthcare field. As you know, the issues against voting for these mandatory Covid-19 vaccinations are a personal choice, medical freedom, lack of evidence and clinical data, increasing VAERS adverse reactions, and reports of myocarditis and pericarditis. I call into question the need for these vaccinations in children between the ages of 0-19. This is the lowest and least likely age group to develop mortality related to the Covid-Sars-2. For the last year and a half, the DOH's Covid Data Dashboard has shown that out of all positive covid cases the 0-19 age group made up 18% of all positive Covid cases in Washington State. Out of this 18% of positive Covid cases, 2% of these have resulted in hospitalizations. Out of these 2% hospitalized, 0% of these resulted in death in Washington State between the ages of (0-19). Emphasis on these being percentages provided by the DOH. There is currently a lack of peer-reviewed studies, adequate clinical data, and testing to make a definitive judgment on whether the risks from the Covid-19 vaccinations outweigh the benefit in children aged 0-19.

According to Dr. Paul Offit and the College of Physicians of Philadelphia,

"In the United States vaccine development and testing follow a standard set of steps requiring a minimum of 10-15 years clinical trials before releasing to the public. The first is the Exploratory Stage involving basic laboratory research and often lasts 2-4 years. Next, the pre-clinical stage often lasts 1-2 years and usually involves researchers in the private industry using tissue or cell cultures and animal testing to assess the safety of the vaccine. Next is the IND application in which a sponsor submits all its testing, lab reports, and study to the FDA for clinical protocol approval. Once the IND application has been approved, the vaccine is subject to three phases of testing. Phase I between 20-80 subjects If tested on children they gradually step down the age of the test subjects. They monitor carefully for adverse effect and determine the extent of the immune response. Then comes phase 2 involving hundreds of participants and phase three involving thousands. Certain rare side effects might not surface in the smaller groups of subjects tested in earlier phases. For example, suppose that an adverse event related to a candidate vaccine might occur in 1 of every 10,000 people. To detect a significant difference for a low-frequency event, the trial would have to include 60,000 subjects, half of them in the control, or no vaccine, group. Finally, after a successful phase 3 trial the vaccine developer can apply for a biologics license application to the FDA. Even if this is approved there is post-licensure monitoring of vaccines and many times a phase 4 trial as well as VAERS reporting."

These vaccines have had less than a year of clinical trials. I call into question the monitoring of adverse effects and the lack of sufficient clinical data supporting the safety and effectiveness of these vaccines. I have personally known children under the age of 17 who have died of developed myocarditis from the vaccine. One was Ernesto Ramirez Jr. a 16-year-old male who died after cardiac arrest during a basketball game with his friends. He was a healthy 16-year-old boy with no previous cardiac complications or significant medical history. After a thorough investigation, a cardiac physician released autopsy results explaining the boy's heart was enlarged after the administration of the Covid vaccination. The father, Ernesto Ramirez, would be willing to give you his testimony.

On September 17th, 2021, less than three months ago, the Vaccine advisers to the FDA voted against recommending the agency approve Covid-19 booster doses for children. Dr. Michael Kurilla, an infectious disease specialist at the National Center for Advancing Translational Sciences, said he suspected Pfizer went too far in extrapolating data on older people to a younger population...saying it's unclear that everyone needs to be boosted, other than a subset of the population that clearly would be at high risk for serious disease," also saying, "It is not clear to me that the data we are seeing now is applicable to the general population." Dr. Philip Krause, deputy director of the FDA's Office of Vaccines Research and Review, noted that Pfizer was using data that had not been reviewed by experts. "One of the issues in this is that much of the data that's been presented and being discussed today is not peer-reviewed and has not been reviewed by FDA," Krause said. Kurilla noted that Pfizer's studies relied heavily on measurements of antibodies, without looking at other important aspects of immune response. "It's a little disappointing that there's been very little reporting of the cellular immune responses and an entire focus on the neutralizing antisera," Kurilla said. Immunologists point out that long-lasting protection comes from immune cells called B-cells and T-cells, and Pfizer only presented data on antibody response. "We're being asked to approve this as a three-dose vaccine for people 16 years of age and older, without any clear evidence the third dose for a younger person, when compared to an elderly person, is of value," Offit said. "If it's not of value, then the risks may outweigh the benefits. And we know the 16-29-year-old is at higher risk of myocarditis," he added. "We are lacking data, including strong data on vaccine doses that have been given," said Dr. Hayley Ganz, a professor of pediatrics at Stanford University Medical Center. "We're being asked to approve this as a three-dose vaccine for people 16 years of age and older, without any clear evidence the third dose for a younger person, when compared to an elderly person, is of value," Offit said. "If it's not of value, then the risks may outweigh the benefits. And we know the 16-29-year-old is at higher risk of myocarditis," he added. "I don't think we would feel comfortable giving it to a 16-year-old for all the reasons that everyone raised," said Dr. Eric Rubin, chair of the Department of Immunology and Infectious Diseases at the Harvard T.H. Chan School of Public Health. The FDA's Dr. Doran Fink told the meeting the agency was not sure, either. "We really don't have enough data yet to know what the risk of myocarditis or pericarditis would be following a booster dose," he said. The CDC.gov website warns against myocarditis and pericarditis. "CDC and its partners are actively monitoring reports of myocarditis and pericarditis after COVID-19 vaccination. Active monitoring includes reviewing data and medical records and evaluating the relationship to COVID-19 vaccination.... Seek medical care if you or your child have symptoms of these conditions after COVID-19 vaccination."

Another issue is that the FDA, CDC, WHO, DOH, Fauci, and Biden Administration (as well as any governing agency) cannot say with certainty that these vaccinations protect anyone against the variants we are now seeing. (Omicron and Delta.)

Finally, (because I am running out of time to submit this before the TAG meeting) I say this to you. Medical decisions should be between the individual receiving the medication or vaccine and their parents (if a minor). Especially when these Covid-19 vaccinations are considered experimental vaccination (at best) with less than a year of clinical studies and data available to the public. It is not anyone's responsibility to force individuals to put anything into their bodies using coercion, retaliation, or ultimatums. I am asking you not to take away the personal freedoms of others in a time where many Americans are having their rights stripped away based on ad populum fallacies and a lack of adequate evidence. Return these freedoms back to the parents and make school a place where children feel safe to attend. They do not have to worry about being poked with an endless number of boosters that we already force on them for diseases that have been eradicated for decades. Individuals have the right to choose not to be a part of medical experiments and this is what the Covid-19 vaccinations are. Children have the lowest risk or mortality related to this virus. They are already forced to have lab tests, social distance, wear masks, contact tracing devices (in some schools), among other rules that

seem endless. Let us return to normal and quit allowing fear to control us. The school systems are already seeing a decline in student enrollment. If this passes, this number will continue to decline.

Sincerely,

Sarah G.

From: Martha Derr
Sent: 12/29/2021 11:27:26 AM
To: DOH WSBOH
Cc:
Subject: Today's meeting re:adding to vaccination schedule

External Email

Dear Sirs and Madams,
Thank you for allowing comments on your actions.
Please hold off on requiring children to have the COVID shot. There are still too many unknowns. Children are the least likely to have complications with this virus. That is known. But long-term outcomes are unknowns. Please do not require something that may severely complicate their future health statuses.
Thank you,
Martha Derr

From: Anna Maria
Sent: 12/29/2021 12:14:25 PM
To: DOH WSBOH
Cc:
Subject: Comments from a physician for the Immunizations Technical Advisory Group

External Email

To Whom It May Concern:

I am writing as a family physician educated at our own University of Washington School of Medicine and residency trained at one of the UW's network programs, and as an educator of family medicine resident physicians, to respectfully and adamantly express my expert medical opinion that COVID-19 vaccinations NOT be mandated for our children to attend school in Washington State.

I do not have adequate time today to include evidence-based citations for this informed perspective, but I am more than happy to include these and discuss further if requested. In extreme brevity, the rationale for advising against the implementation of mandated COVID-19 vaccinations for school attendance include:

- insufficient evidence that currently available vaccines significantly reduce transmission, especially in this population
- insufficient evidence that currently available vaccines significantly reduce risk of clinically significant infection in this population
- in addition to the limitations above, there is known waning of what efficacy these products do have for this population over time, and for predominant and increasing variants
- known risk of significant complications from available vaccines, which has caused some advanced nations to halt the use of some products in the pediatric population, and though complication rates may be low, the exposure (vaccination) is guaranteed in this case, in contrast to complication risks associated with potential COVID-19 infection
- rigorous evaluation of comprehensive product safety in this age group to include long-term data, which should be required especially in the setting of questionable benefit to the population in question as noted above, has not yet been completed

To put it mildly, this suggests significant, clear ethical concerns in mandating COVID-19 vaccination in this population with currently available products - which I respectfully, adamantly advise against for reasons included above at minimum.

Thank you so much for your time, consideration, and public service (a profound responsibility) -

Anna Maria Pletz, MD

Sent with ProtonMail

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

Secure Email.

From: silver_kitten13
Sent: 1/3/2022 6:25:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am 10000% AGAINST a vaccine mandate for children!!! I cant believe this is even being considered since this virus is not effecting children enough for it to even be an issue (adults is another story, not that ANYONE should be forced to get a vaccine against their will). PLEASE listen to all of us parents. We are the ones who should have ALL the say on what happens with OUR (not your) children!!

Sent from my Galaxy

From: Katie Kosanke
Sent: 1/4/2022 11:15:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Comment re: Immunization criteria for childcare and School Entry, meeting - January 12, 2022

To Whom it may concern,

How did we even get here? Even considering Covid-19 immunizations for School Entry is insanity.

Very few children are becoming seriously ill, and we all know the 3 shots are not working already - hence those having been "inoculated" and still getting and spreading it. Who knows what the side effects will be, there have been many so far, just in my family. Look at your data. This is not something you will subject MY children to.

My kids, as well as most, have already contracted Covid. We all know this, the evidence is clear with all of the classrooms closing down all the time. Most kids are asymptomatic and have received positive results at the school. It is no more than a mild cold for the majority, most didn't even know they had it. Shouldn't the positive case numbers at the schools and absences confirm, the majority of children have gotten it? It was even admitted recently (by Fauci himself) the data about children is inflated - they just happened to have Covid while being treated for something else.

We all want this to go away, but the vaccine is clearly NOT working with the daily changing recommendations and information. You do not have enough information and research to make a decision on this important issue. I know you want to get on with this, so you can go on those winter vacations you mentioned at your last meeting. There is too much at risk with our children. This is an individual family decision, not yours. If it really worked, had no major side effects (including DEATH) and was the "end-all" - this would be a very different conversation, and you would have my support.

Also re: masking - stop it! It is clearly not helping and is negatively impacting thousands of children's mental health. How many more children do you first want to commit suicide by suppressing their lives? Look at the numbers. My children cannot learn without seeing their teachers faces, they are incredibly behind. They cannot meet new friends with their smiles covered and standing apart on the "dots". Bloody noses on a weekly basis in our household, kids coming home with dirty and bloody masks, yuck. They likely spread more germs and are of no benefit. A sad story of a boy in my son's class who was panicking and hyperventilating and still could not remove the mask. Also, recesses are being called "mask breaks" which will be taken away if they are not good or complete assignments. Four miles to the east of me, children may breathe freely in Idaho and all of the educators I know can confirm Covid has been no problem for children (again look at the numbers of those being severely ill).

Most teachers are done with this nonsense, as so am I. I was patient and didn't say anything for over a year and a half and kept our family mostly confined to our home. We all got Covid (Delta), weren't seriously ill and didn't spread to anyone - now let us get on with our lives.

I will be praying that you will make the right decision and then you can go and enjoy

your winter vacations.

Thank you,

Katie Kosanke
Spokane County, WA

From: Jeff & Miriam Dreewes
Sent: 1/3/2022 7:19:39 PM
To: DOH WSOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

Your scheduled meeting to discuss mandatory Covid vaccinations for school age children causes me great concern. I wonder how it can be legal to require injection of a non-FDA approved medical product into my child's body in order to allow her or him to have a public education. Being in the Mead school district, we pay a large amount of school taxes and we do so gladly, knowing our children can enjoy a wonderful public education. It is the basic right of a child to receive public education and requiring a non-FDA approved product to do so seems counterproductive. I will not have my teenage son vaccinated since there has been real concern of potentially deadly pericarditis in young vaccinated males (even the CDC now includes this on their informational page). For someone with formal medical education and training, such as myself, it is difficult to follow the logic here. Since vaccinated and non-vaccinated individuals appear to both spread the virus, how are we protecting "public safety" by requiring vaccinations? Additionally, the majority of people becoming seriously ill are the elderly or immunocompromised, definitely not our younger population. Those afraid and at higher risk should get the vaccination rather than forcing it upon the young population who has a fairly small risk. How can we protect a woman's right to abort her fetus because "it's her body, her choice", but in the same token force a vaccination into the body of a school aged child? My husband and I both received the COVID vaccine, but we are opposed to having our children vaccinated. Vaccinations should be determined on an individual level and need, not forced or coerced in order to enjoy a basic right. If public offices were to allow people to make their own choices and think for themselves, many adults opposed to the vaccination would be likely to get it. Forcing it upon people offends the American way of life and sense of freedom from government interference into our daily lives and makes many people want to choose the opposite.

Thank you for reading this,
Dr. Miriam D. Dreewes

--

Jeff and Dr. Miriam Dreewes, DVM
Dreewes Veterinary Services P.S.

Hometown Animal Hospital
830 S. Main St.; PO Box 1978
Deer Park, WA 99006
509-276-8387

From: Mindi Bennett
Sent: 12/30/2021 12:36:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comments

External Email

To whom it may concern,
I have heard that a vote is coming up on Jan 12 about requiring children ages 12-17 to be vaccinated in order to attend WA public schools. My family is opposed to the vaccine on the grounds that our children are more likely to be hospitalized for side effects than from Covid. If it is required, we will pull our children out of public school and/or move out of Washington state.
Thank you,
mindi bennett

Sent from my iPhone

From: Dustin Kuuttila
Sent: 1/3/2022 7:59:50 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The government does not need to overextend their reach into the lives of our children. Stop the covid scam. Our children are not pawns in your political agenda. Natural immunity is far more superior than a synthetic vaccine and this is backed by real research.

V/r,

Dustin

From: Dennis Gore
Sent: 12/29/2021 3:49:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Since children are at little risk from COVID, and at higher risk of vaccine injury, please do not require these for children. There have already been numerous reports via VAers of death and injuries of children and by requiring this, you will be putting children at risk.

Sincerely

Suzanne McDaniel

Sent from my iPad

From: Home
Sent: 1/3/2022 7:20:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We are not okay with vaccine mandates for kids! NO!

Sent from my iPhone

From: Julie Kellogg
Sent: 1/3/2022 8:53:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I will never inject an experimental poison into my children because the school system requires it. More children are having adverse effects or death from these awful vaccines than any child actually contracting Covid -19. Science has proven that the Covid Vaccines do not stop the spread of Covid nor do masks. As far as I am concerned each school district is participating in child abuse on a daily basis.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Do what is right and protect our children. No vaccine or mask mandates. STOP the abuse.

Sent from my iPhone

From: Shelley Bakken
Sent: 1/4/2022 7:20:33 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I do not agree with any requirements for children to be injected with experimental vaccines with zero long term data for a virus with zero long term data and whose origins were intentionally obscured during vaccine development. At a time when reports of adverse reactions to these specific vaccines are being suppressed it is unconscionable to require parents to submit their children to tyrannical vaccine mandates to occupy public spaces, such as school and daycares. These vaccines have been proven not to work to prevent transmission nor contraction of Covid. These vaccines are not without risk, up to and including death. So long as there is a concerted effort by this state to under report & cover up adverse reactions & in the absence of long term data, there can be no INFORMED CONSENT. Absolutely no Covid vaccine or immunization requirements for children.

Thank you for your time (though I've lost all faith in unelected bureaucrats as well as elected representation in this God forsaken state.)

Shelly B Bakken

Sent from Yahoo Mail on Android

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

From: MDKGILB
Sent: 1/3/2022 6:19:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - School Mandates

External Email

My response to your covid advisory group - how dare you! Do you NOT look at the VAERS statistic data? Do you NOT recognize the number of people around you with sudden heart problems? Or do you just think it's coincidental timing? Do you not understand that this ridiculous thing referred to as a vaccine is causing what is now being referred to as VAIDS? Do your research before you mindfully make it your life purpose to murder our school children. I am absolutely disgusted with government entities making it their business with our healthcare. Stand up and use your backbone because one thing is for sure - you mandate that death jab for school kids and my child will NOT be experiencing her Senior Year of high school. As long as she is under 18 - my rules. You can kiss her covid \$\$\$\$\$\$ from her school district because she will not be forced in this human experiment you like to call a vaccine. I prefer to call it a death shot - titer test will show those spike proteins accumulating in your veins; you might want to make an appt to verify with your doctor, if you have taken part in this experimental suicide.

I am done with this political warfare. You are not mandating an Emergency Use Authorization "vaccine" on my child. And just to be clear - mandates are NOT law. Do you plan on being held financially liable for any adverse reactions and/or death from this bureaucratic death shot? Because as it currently stands, no one else is being held liable against this death shot.

When vaccine data is being pushed out by 75 years to be released by the FDA (Pfizer) - do you not scratch your head and ask WHY? Did it ever occur to you why any medical research data would take 75 years to be made public, if all is well?

Common Sense is no longer common.

Sincerely,
Danielle Gilb
Spokane, WA.

PS - take your death shot and shove it ☐☐☐☐

From: Jon Vanos
Sent: 1/4/2022 7:24:06 AM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\6F410B9DAA4A4AC4_image001.png

External Email

Unreal

We are even having a conversation about giving kids Vaccinations from COVID which all studies show doesn't prevent the spread of this flu like virus. My kids have had this deadly flu twice now and both times had to take a test to even know they had it. The long-term effects of the 3 major vaccines (if you can call them vaccines as you still get COVID) has yet to be determined. I have experience 2 employees under 28 that have had heart attacks within hours of the first shot. That's enough for me to be concerned about the vaccines knowing what the actual COVID virus caused zero effects on my children at all.

This is a public health choice matter and a line in the sand for my family.

Unreal that this is even up for discussion. All you have to do is look across the board to Idaho to see your draconian mandates are not making it worse or better. People will get sick; the virus will become less deadly and life will go on.

All I can say for sure is this is a line in the sand. You have hurt my business, my life, my social interactions and push us to live half our life out of state. You will not be hurting my children with your one size fits all policies. A vote yes will be a vote for my family to leave the state and my 37 year old business generating 25M a year in tax revenue along with hundreds of local jobs. I will insure this is a new story as well.

Please do what is right for our children

Jon Vanos | President

jvanos@pro-msi.com <mailto:jvanos@pro-msi.com>

Office (509) 483-1305

Cell (509) 998-1817

Confidentiality Notice: The information contained in this correspondence is privileged and/or confidential information intended only for the expressed use of Pro Mechanical Services, Inc. or one of its affiliates. If you are not the intended recipient or feel you have received this correspondence in error, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly forbidden. Please notify the sender by return email immediately and delete this correspondence.

From: Katy Isley
Sent: 12/31/2021 8:41:01 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I 100% oppose a vaccine mandate for children to attend school. There is absolutely no reason to require a vaccine that is not FDA approved for a virus that has a 99.9% survival rate in children. You will see a mass withdrawal from public school if this goes into effect. I am a school nurse and over the course of the pandemic have seen ZERO spread of the virus in the schools. Children are at more risk of having vaccine injuries including myocarditis than they do of complications from contracting covid. I oppose this and hope that you will consider the views of others besides those of you pushing a sick agenda.

Katy

From: Andrew Elizaga
Sent: 12/30/2021 9:27:48 AM
To: DOH WSOB
Cc:
Subject: PUBLIC COMMENT: Proposed required COVID vaccines in school children

External Email

I am writing to comment on the proposal to require vaccination in children against COVID-19 in order to attend public school. I believe that this is a misguided attempt to prevent COVID in a population that is at statistically zero risk of death from COVID and at minimal risk of passing on COVID to adults, yet is also at high risk of adverse events from receiving the COVID vaccines, including debilitating myocarditis and even death.

The clinical trials supporting the use of the COVID vaccines in children and adolescents were woefully inadequate and so limited in size and duration that they could not possibly have detected any long term adverse effects. Indeed, they were not designed to do so, but were only designed to look at the development of humoral immunity.

Please see the following presentation and accompanying PDF by the Canadian COVID Care Alliance for a detailed critique of the limitations of the Pfizer vaccine trials, an analysis of Pfizer's own published data that shows that the Pfizer vaccine actually results in more harm than good:

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C84a244339834449e7a5608d9cbb93655%7C11d>>

<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/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C84a244339834449e7a5608d9cbb93655%7C11d>>

Evidence from the CDC's own Vaccine Adverse Event Reporting System (VAERS) shows that thousands of patients have suffered serious adverse events, permanent injury, and death due to the COVID vaccines. In the vast majority of the over 20,000 reported

deaths, the preceding symptoms began with 48 hours of the injection. The CDC and vaccine manufacturers themselves admit that the COVID vaccines are associated with an increased risk of myocarditis in adolescent males. It is known that myocarditis is not a mild illness but often results in hospitalization, scarring of the heart, and progressive heart failure leading eventually to death within a few years that can only be avoided by heart transplantation.

https://openvaers.com/images/docs/FridayOpenVAERSAlert2021-12-24.pdf?utm_source=newsletter_41&utm_medium=email&utm_campaign=the-openvaers-red-box-report
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fimages%2Fdocs%2FFridayOpenVAERSAlert2021-12-24.pdf%3Futm_source%3Dnewsletter_41%26utm_medium%3Demail%26utm_campaign%3Dthe-openvaers-red-box-report&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C84a244339834449e7a5608d9cbb93655%7C11d0e

16,000 physicians and medical scientists around the world signed a declaration
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/publicly-declaring-that-healthy-children-should-NOT-be-vaccinated-for-COVID-19>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde>
, including Dr. Robert Malone, the inventor of mRNA technology. I urge you to look carefully at the scientific evidence supporting this statement.

<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Flive-stream-event-physicians-alerting-parents&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C84a244339834449e7a5608d9cbb93655%7C11d0e>

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org%2Fhome%2Fsupporting-evidence%2F%23children&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C84a244339834449e7a5608d9cbb93655%7C11d0e>

Requiring vaccination for children will subject an entire generation to unnecessary risks and likely result in an increase in debilitating chronic disease and death. To assume that we know the full risks of these vaccines is scientific arrogance.

Andrew Elizaga MD

https://childrenshealthdefense.org/defender/physicians-scientists-kids-should-not-get-covid-vaccine/?utm_source=salsa&eType=EmailBlastContent&eId=69d96ba8-e3dd-45fe-ae89-24c19d91a9bc

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender%2Fphysicians-scientists-kids-should-not-get-covid-vaccine%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26eId%3D69d96ba8-e3dd-45fe-ae89-24c19d91a9bc&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C84a244339834449e7a5608d9cbb93655%7C>

From: donitaengfer
Sent: 1/4/2022 9:52:08 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To the WSBOH on the topic of the Covid-19 vaccines and making them mandatory for children attending school:

I have pulled my two school-age children from my local school over the mask mandate as I have poured over study after study, listened to doctors and Healthcare providers (some in person I have spoken candidly with) that paper and cloth masks do not work to prevent Covid-19 from spreading and are therefore worthless I refuse to put my kids through that for the "appearance" of safety. There are more risks for my kids to wear these masks than there is any benefit. I say all of that to say, the same is true with these "vaccines" (that if we go by science are not true vaccines, but rather therapeutics). There is little to no benefit to my children getting these shots and there have been numerous documented cases where the shots caused more harm than good. I am not going to risk my children's health by giving them something that is not a benefit so they can falsely make an adult feel "safe". Dr. Fauci himself has said that children are not at significant risk with Covid-19, and from everything I have found the only children to die from/with Covid-19 were children with significant health issues that a common cold could have lead to death. My husband and I had Covid-19 back in July 2021 that we caught from a vaccinated person. None of my four children got even a sniffle during that time. I have since talked to numerous families where their children did show symptoms but they were mild compared to most colds. Influenza is far more dangerous for children and a flu shot is not required, why is that?

If you insist on not following science in this and mandate a potentially dangerous shot for my children I will not be sending them back to public school again.

I implore you to ignore those who would sacrifice our children's health and go with actual science here. These shots are not beneficial and potentially harmful. The decision to have your child given them should be fully the parent's decision. As it should be with any of this.

From: Sarah Franklin
Sent: 1/4/2022 9:29:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I am writing regarding the upcoming meeting to discuss the requirement of the Covid-19 Vaccination for children to go to public school here in Washington State. I am vehemently opposed to this vaccination. First, it is still in Emergency Use Authorization status. The FDA-approved Pfizer vaccine is not available here in the USA and won't be for some time. This drug has not been tested long enough to require children to get this shot. Second, this is a virus that has not affected our children any more than the flu, less even. I am currently using an online public school at this time due to the mask mandate as I will not mask my children. We are now seeing reports of what many of us have known for quite some time now, that masks don't work, especially the cloth kind that most of the children and adults wear. What we are seeing is a decline in learning due to the mask mandate as it has been very detrimental to our children. I am not anti-vax as my children have all the required vaccinations at this time. I am against a drug that is only in use for emergency, one that has not been tested appropriately and for a virus that, at this time with the omicron variant, is nothing more than the flu and even those with the vaccine is getting it.

If you require vaccine mandates for children to return to public school, I will be pulling my children completely out of the public school system (even the online public school) and putting them in a homeschool program.

Please think carefully about making this Covid-19 vaccination a requirement for my children to return to public school.

V/R

Sarah Franklin

From: Charles Johnson
Sent: 1/4/2022 10:54:38 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Greetings.

I am commenting on the possibility of making COVID injections mandatory for children to enter schools and daycare entry. I am vehemently opposed to this edict for multiple reasons. First, COVID 19 is not a deadly virus, especially in children. The survival rate of children with C-19 is very near 100%. Second, none of the injections used in the U.S. for C-19 have been approved for use by the FDA. They are all in Emergency Use Authorization only. Only the product Comerity has been approved by the FDA and it is unavailable at this time. It is illegal to force vaccinate under a EUA. Third, according to the VAERS website there are currently around 1 million reported cases of adverse affects (including deaths) due to the current C-19 injections. Reportedly, the VAERS reporting system only captures 10% or less of adverse affects. This is the United States of America where parents have the freedom to make informed medical decisions for their children. Stop mandating that our children take this dangerous injection that obviously has zero affect on the virus and only serves to injure people.

Charles Johnson
Yelm, WA

Sent from Yahoo Mail on Android

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

From: Heather Stokke
Sent: 1/4/2022 9:15:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

We have witnessed first hand the hype & medical mal practices going on within this \$ making vaccine/testing. We have also witnessed the devastating consequences of not being vaccinated & the harm it can cause. We are vaccinated (parents) & we are not against vaccines in general.

Although, we are against mandating a vaccine with no historical evidence of long term adverse health effects in Children.

Whole heartedly we choose NOT to vaccinate our young children until further evaluation. There is simply not enough historical research in these vaccinations to do so. If we are mandated to vaccinate our children for Covid-19 in order to go to public school in this state you can count on us not supporting any further school district funding.

Sincerely,

Parent of Colbert Elementary & Mountainside Middle School

From: Marti Reeder
Sent: 1/4/2022 7:56:56 AM
To: DOH WSBOH
Subject: Public Comment — mandatory vaccines

External Email

PLEASE do not mandate that children should be vaccinated! Not only are children at extremely low risk for Covid but HEALTHCARE should be kept private. It's a personal choice that should be left to the family, not a public mandate.

MARTI REEDER
206-391-0388

From: Heather Rider
Sent: 1/3/2022 6:36:22 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To the Washington State Board of Health,

First and foremost I hope that you realize the decision you will be making is not to be taken lightly, I hope and pray you really look into everything presented as well as do your own research as well if something doesn't sit well with you. These are our children and next generation who will be effected by this and if you do your research you will find that this virus is nothing to kids, literally only a slight threat if the child is immune compromised already, but normal healthy children do not have any risk from this virus, nor do they spread it to the adults, or elderly giving risk to anyone else! By letting them get it and get over it, it's giving their bodies a chance to fight this for the rest of their life by giving them a good immune system to it giving our future a chance at being able to handle this like a common cold instead of a pandemic...

The so called Covid-19 "vaccines" (which are not a vaccine) on the other hand, have a high rate of injury and a lot of these injuries are life long problems that will plague them for life! As well as the efficiency of the vaccine is garbage! Why take the risk? Why mandate something that isn't a one size fits all and they haven't had time to gather good data. Are you willing to force something that you have no idea the problems it'll cause? Can you sleep at night if a child gets this vaccine because you decided to require it and it kills them, or even worse causes them life long debilitating problems the rest of their life? I know for a fact that it can cause infertility, it can cause heart problems, neurological problems, and has increased the rate of cancer already, but anyone that testifies or speaks about this is silenced. When did it become a bad thing to wait and do trial after trial before just injecting it into people and now our kids!? This makes no sense and I will not give my kids something that can harm them, even if it's to keep them being able to attend school. Let's be real, this isn't about science, with science we've always been able to ask questions, we've always been able to see the pros and cons and make an informed decision, and with this everyone asking questions is belittled, treated awful, and cancelled or silenced....We've already all had covid and survived, still have antibodies and are doing just fine and no one will take that into consideration.... There's something wrong with that don't you think? I will not bat an eye to remove my kids from any and all activities, programs or schools that will enforce this mandate or possible "law/requirement" to attend. It is our job to parent and make the best decision for our family and kids based on what we feel is right, due to our own circumstances, or findings. I personally know so many people that have died from the "Covid-19 vaccine", or have been injured that there is no way I would ever give my kids this "vaccine". I am not against vaccines (my kids are fully vaccinated) but this is different and if you truly look at real data, talk to real doctors (heck why don't you Google Dr. Malone, the creator of MRNA) and see what he has to say about it, or Dr. Ryan Cole who is right across state lines in Idaho who is seeing first hand the issues with this "vaccine" and if you can still tell me without hesitation that this is 100% safe for my kids with absolutely no possible side effects ever from it, then fine, give me your information and research and I'll go over it and make a decision on whether or not I was misinformed and if I find I was then I'll gladly add this to the list of vaccines and keep them in school, but if there is any possibility of them having a problem from something you deem necessary for a virus that isn't a threat to them, there is absolutely no way I will give it to my children no matter the consequences....

Also, I was apart of the first meeting and I wanted to say how I noticed that you made it

clear to make sure and say you wanted a broad range of opinions, but yet the people on your board you chose are all from the west side of the state, no one from Eastern Washington, there are no elected school board officials in this group and I feel like there is no evidence of opposing views at all by who the board is made up of. Why was there no attempt to solicit the voices of different school district communities? Just thoughts I had pop up from the first meeting that we weren't able to speak or comment on.....

Thank you for your time, even though I highly doubt this will be read.

Sincerely,
Heather

From: Debbie Miethe
Sent: 1/3/2022 6:39:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Three of my four children have graduated from Mead School District. My youngest child is an 8th grader this year. We've already pursued private Christian education over mask mandates. If the Covid vaccine were a requirement for Washington Public School and a religious exemption was not offered, my daughter would be removed from public school, no exceptions. The vaccine had not been fully approved, as the drug company's still have immunity from anyone lawsuits. As long as they are not willing to take legal responsibility, I am not willing to inject it in my child's body.

Sent from my iPhone

From: kirk kx2
Sent: 1/4/2022 8:14:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for 01/12/22 mtg

External Email

To Whom it May Concern:

I have served 30 years in the public sector believe the taxpayer is the ultimate decision maker, or should be.

The actions considered by SBOH regarding the Covid-19 vaccination as a requirement for school children should be deeply investigated prior to any action. This is the hill in which many Washingtonians will stand. Personal freedom is outlined in the constitution and is held at high regard for most Americans.

Facts:

* The FDA has requested and been granted a 55 year timeline to release FOIA information about the vaccines. (what are they hiding, why can't we know what is in the vaccines and the damage they cause?)

<https://www.reuters.com/legal/government/wait-what-fda-wants-55-years-process-foia-request-over-vaccine-data-2021-11-18/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Flegal%2Fgovernment%2Fwait-what-fda-wants-55-years-process-foia-request-over-vaccine-data-2021-11-18%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C410b790847444540249708d9cf9d3fd7%7C11d0e>>

* There have been 790,000 adverse reactions to the vaccine in the USA alone which were reported to the VAERS system. However, a recent poll amongst medical care providers indicate that a large percentage have not contributed to the reports as they were unaware of the mechanism to do so. This is higher than any other vaccine that has been tracked. Why are we pushing a vaccine which does not prevent the spread, does not contain the disease and harms more people than any vaccination in history?

<https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=D7BE3C2429BED36F63AF1F758052>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwonder.cdc.gov%2Fcontroller%2Fdatarequest%2FD8;jsessionid=D7BE3C2429BED36F63AF1F758052>>

* 65% of America identify as Christians. The Christian religion follows the tenants of the ten commandments, one of which is "Thou Shall Not Kill". ALL THREE available vaccines utilized the fetal stem cells of dead children in the production and testing of the vaccines. Forcing Christians to obtain a vaccine in such a manner would violate the religious rights of millions in the state.

[https://en.wikipedia.org/wiki/Religion_in_the_United_States#:~:text=The%20United%20States%20has%](https://en.wikipedia.org/wiki/Religion_in_the_United_States#:~:text=The%20United%20States%20has%20a%20diverse%20religious%20landscape,with%20Protestantism%20being%20the%20largest%20denomination.)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fen.wikipedia.org%2Fwiki%2FRelig>

<https://www.nebraskamed.com/COVID/you-asked-we-answered-do-the-covid-19-vaccines-contain-aborted-fetal-cells>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nebraskamed.com%2FCOVID-19-vaccines-contain-aborted-fetal-cells&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C410b790847444540249708d9cf9d3fd7%7C11d0e21>

In conclusion, the requirement of children to receive the vaccine in question to attend a public school, funded by the taxpayer, would be a political and religious overreach and force myself and thousands of others to remove our children from the public system and to launch civil/criminal remedies against the state and the individuals involved in such a decision. The protection of Qualified Immunity, does not pertain to civil rights violations.

Kirk Keyser

Sent from Mail

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

From: Kara Abramowicz
Sent: 1/4/2022 11:02:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comment regarding mandatory vaccines for children

External Email

It is my understanding that a meeting has been arranged for January 12th for your body to discuss implementing mandatory vaccines for kids to participate in school, sports, etc. and I wanted to state that I do not in any way support such efforts. The reasons I do not support requiring kids to receive the Covid-19 vaccine are as follows:

1. According to the CDC and WHO data, children 18 and under have negligible risk from severe illness or death from Covid-19
2. The Covid vaccine is still under Emergency Use Authorization and short and long term effects have not been sufficiently studied and analyzed
3. It is abundantly clear that the Covid-19 vaccines do not prevent the spread or infection of Covid rendering them utterly useless to a cohort who already has negligible risks from the virus
4. There are already evident risks of adverse effects--especially in young males--for myocarditis (and other risks) as documented in various studies and data from VAERS

Thank you for your consideration,
Kara Whelan
Mill Creek

From: Alyssa
Sent: 1/4/2022 10:09:53 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Many progressive first world countries recognize natural immunity post infection. For example, other countries like Italy and England allow previous infection as an option on their covid passes. My children have had covid and recovered and possess antibodies that according to science, are more effective at preventing a secondary infection than any vaccine currently available. The vaccines are still EUA only and there is no long term data available yet. The data that is available shows that my son is at zero risk of death from covid, and at elevated risk from the vaccine (1 in 2,700 for Myocydartis alone). I firmly intend on pulling my children from public school if the covid vaccine becomes mandated for their public education.

Sent from my iPhone

From: Jennifer Killman
Sent: 1/3/2022 5:50:45 PM
To: DOH WSOB
Cc:
Subject: Public Comment

External Email

To the Members of the Board of Health,

Hello, I am a mother of three sons who are publicly educated and a healthcare worker to name a few of the titles I have. I am writing to you today to express my disapproval of another mandate, very specifically on our growing precious children to attend public school. Our state has implemented so many divisive tactics and many of us are tired of it. Even my friends that are in a different corner than I are standing to put an end to the division. We are in a state where face to face communication is demoralized and children are not learning what they should do to the many policy distractions of this virus and lack of parent involvement to assist in schools. There are many states in our union that have not mandated vaccines or masks on the public or the children and they are doing just fine. Recently, I have read that we have had an increase in deaths nationally since the year prior with a population that has over 200million vaccinated. Here are a couple of links I hope you have time to review before January 12th:

<https://mail.google.com/mail/u/0/#inbox/FMfcgzGmtFJRpgSTckFVssCjtgCgRbbX>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmail.google.com%2Fmail%2Fu%2F0%2F#inbox/FMfcgzGmtFJRpgSTckFVssCjtgCgRbbX>

https://www.theepochtimes.com/is-natural-immunity-more-effective-than-the-covid-shot_4188524.html?utm_source=News&utm_campaign=health-2022-01-03-2&utm_medium=email
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fis-natural-immunity-more-effective-than-the-covid-shot_4188524.html%3Futm_source%3DNews%26utm_campaign%3Dhealth-2022-01-03-2%26utm_medium%3Demail&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Cb0805628e5364867523c08

https://www.theepochtimes.com/mkt_morningbrief/dr-peter-mccullough-vaccine-mandates-should-be-repealed_4167066.html?utm_source=Morningbrief&utm_medium=email&utm_campaign=mb-2022-01-02&mktids=0aa5f3e6190e6be99f5caf363c66b119&est=LRpX5amnOoFCzaoVzgOKSsN2wROZkOhTr%2BHHF

In addition, our neighboring state of Idaho and many others in our union have not only given its citizens the option for vaccines and masks but also the local authority to make these decisions. I am urging our Board of Health in Washington to do the same. Please keep vaccines and masks out of schools.

Sincerely,

Jennifer Killman

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: Marty Huff
Sent: 1/4/2022 9:44:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Board

I am writing concerning about making Covid shot a requirement for attending schools. I feel this is wrong due to our own Washington state department of health website states you have a 1.2% change of death if you get Covid. Now we see that people with the vax and booster are still getting COVID-19. This would only divide our state even more if this is considered. 1000's of kids are not vax for what is required now and Still go to our school with no issues.

Thanks Marty Huff

Sent from my iPhone

From: Shersten Rudolph
Sent: 1/3/2022 5:57:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Just like any medicine is proven truly safe and reliable over time, the COVID-19 vaccine is no different. The risk to children getting this virus and becoming very ill is very minimal and not worth the risk of the possible long-term affects of this new vaccine. We do not approve of the governor telling us what to do to our bodies. He should not have the authority to mandate such a requirement. That is our private decision. Children becoming very ill from this virus is a very minimal risk and is not worth the risk of this new vaccine. I will not under any circumstance be getting the vaccine for my children.

Thank you for your time and consideration,
Shersten Rudolph

From: Marie Gage
Sent: 1/4/2022 9:10:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - Immunization criteria for Covid 19 for schools and daycares

External Email

I request the WSBOH members to vote NO on a mandate for children to be required to receive the Covid-19 vaccine to attend child care or school. Children are at extremely LOW RISK for Covid. In fact, twice as many children have died from pneumonia since March 2020 than have died of Covid 19.

The COVID vaccine is for EAU ONLY!!!! It is not properly tested.

It violates our personal liberties promised in the Constitution to mandate injecting our children with an unapproved vaccine that WILL have adverse negative effects on our bodies, that have not even been determined yet!!!

Protect our children. NO vaccine mandate.

Respectfully,
Marie Gage
Marlygage@gmail.com
206-930-6926

From: willow mckinney
Sent: 12/31/2021 8:51:36 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear Board

My name is Willow McKinney and I live in Eastern Washington. I currently have one child left in public school. I also have a college student. I am against mandatory vaccines. All other core vaccines you can have an exemption from why is this any different. I do not believe the science is behind this vaccine. It is not working like other vaccines..meaning if you are vaccinated you should not have to worry if others are not vaccinated..since this is not the case I believe this vaccine doesn't work properly. I am also concerned with the side effects for children adolescent age. I wonder why there is not more antibody testing being done most of our children have already had covid will no ill effects. With any other virus the best immunity comes from actually acquiring the virus and letting your immune system fight it off.

Please make this about the science and not about the money.

Thank you for your time.

Willow

From: Tina Soderlund
Sent: 1/4/2022 10:06:32 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I am writing in response to Covid-19 being a required vaccination for children to attend school or childcare. Children are not at risk for Covid-19 and these "vaccines" are not yet FDA approved, only EUA and has not been properly tested. Twice as many children have died since March 2020 of pneumonia than Covid. I and so many others feel strongly about this and that it should not be added to the list of immunizations.

Thank you,
Tina Soderlund

Sent from my iPhone

From: Tanya Schneider
Sent: 1/3/2022 8:48:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

Children should not be forced to take covid-19 shots. I strongly object to this experimental inoculation and the health implications it may cause. A child's own healthy immune system is the best defense.

I am a band and orchestra specialist teaching 275 students twice weekly. I have only had one student contract Covid-19 this school year and it was mild. Natural immunity is best for children and families in the long run.

Washington needs better health and nutrition education to make their own informed choices. No one should be forced into experimental inoculation. I say NO to Covid-19 shots requirements. People should be able to make a choice about their own health safety.

Tanya Schneider

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Tim Carter
Sent: 1/4/2022 9:28:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly oppose the mandating of COVID vaccinations for school-age children. I believe this is a parental/guardian's decision and should be left in their hands. The State needs to respect a parent or guardian's right to choose what they believe is right for their child.

Respectfully submitted,
Tim Carter

From: Robyn Jones
Sent: 1/4/2022 7:21:32 AM
To: DOH WSBOH
Cc:
Subject: Public Comment re: vaccine requirement

External Email

Good morning,

I would like to submit this comment for consideration during the next meeting. My comment is regarding the Covid vaccine requirement being discussed for schools and daycare. Due to our sincerely held religious beliefs, my children are unable to receive this (and other) vaccinations. This has never been an issue for us in the past and my children have been allowed to attend school and daycare. To deny my child access to their constitutional right of an education based on their freedom to exercise our religion (also a constitutional right) is discriminatory and unethical. I have 15 years background in healthcare and am thankful that those who believe in and partake in vaccines are protected by them. To prosecute and punish a child for their faith in order to protect a person who is already protected goes against everything this country was founded upon.

I implore you to consider the ramifications of implementing a system like this. Dual income families (like ours) would have to remove one member from the workforce resulting in a massive loss of employees, loss of state revenue, loss of funding for schools and loss of residents due to families moving out of state to avoid become homeless. As a member of this community, the numbers of citizens effected by this are far greater than you realize.

Thank you for your consideration.

The Jones Family

Sent from my iPhone

From: B K
Sent: 1/3/2022 5:50:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Re: Vaccine mandate

My son is non verbal and could not communicate if he is experiencing side effects of the vaccine which occur in nearly 100% of people at varying significance up to including death. The death rate for COVID-19 is less than 2% (and less than the flu, currently not mandated). The math says it is disproportionately unethical to put my son through the vaccine. Additionally, COVID-19 is now known to be less severe than previously thought and i would not be a good mother if i injected my son with chemicals because the political left wants thier way. DONT POLITICIZE SCHOOL. IT IS IMMORAL, UNETHICAL, AND DOES NOTHING BUT FURTHER DIVISIVE RHETORIC.

I feel as his mother the risk of him getting the vaccine far outweighs any benefit, and Washington State should not deny my son his basic human right to an education over an unnecessary and irresponsible vaccine that is proving many times over to be ineffective and unnecessary.

From: Kevin and Louise Woods
Sent: 1/3/2022 6:35:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whomever it may concern,
The thought of requiring this drug in order for a child to participate in a basic, fundamental right such as education is reprehensible. I am utterly disgusted that this would even be considered in light of recent facts that it does not prevent an individual from getting Covid, nor does it stop the spread of Covid. The benefit of this drug does not outweigh the potential risks. This is in itself a reason not to give a drug. Whomever is considering forcing Children to take this drug needs to actually take a step back and look at the risks that this drug subjects children to, especially teenage boys and the risk of heart problems, and not limited to that particular problem, and compare it to the benefits. Again, it does not prevent contracting the illness, nor does it stop the spread. I am utterly disgusted with this Josef Mengeleian idea to subject our children to this drug, the consequence being they cannot participate in school, a tax payer funded institution. This is not American. We will NOT comply and put our children at risk.

L Woods.

Sent from my iPhone

From: Leah Christman
Sent: 1/4/2022 4:16:48 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Do not mandate I put anything into my body or that of a family member in order to work or attend school. Period!!! Good grief. Show some backbone and stop bending over to Inslee and his henchmen's dictates. STOP THIS NOW!

Leah Christman
Ride In Peace

From: Gary Fanning
Sent: 1/1/2022 8:43:17 AM
To: DOH WSBOH
Cc:
Subject: Fwd: Proposal of adding requirement of covid vaccine for public schools

External Email

Sent from my iPhone

Begin forwarded message:

From: gary200@ifiber.tv <mailto:gary200@ifiber.tv>
Date: January 1, 2022 at 8:40:54 AM PST
To: wsboh@ssbosh.wa.gov <mailto:wsboh@ssbosh.wa.gov>
Cc: tom@flyingt.us <mailto:tom@flyingt.us> , alex.ybarra@leg.wa.gov
<mailto:alex.ybarra@leg.wa.gov> , judy.warnick@leg.wa.gov
<mailto:judy.warnick@leg.wa.gov> , tom.Dent@leg.wa.gov
<mailto:tom.Dent@leg.wa.gov>
Subject: Proposal of adding requirement of covid vaccine for public schools

Dear Department of Health:

Already over 500,000 students have dropped out of the public school system because of covid protocols which is drastically effecting the budgets of the public school system. The Department of Health, in my opinion, has over and over made decisions NOT based on the total welfare of children considering their overall development, mental health, and ability to face diversity in the future. Despite the science that children are not adversely effected by covid, some of the decision makers have been moving in the direction of forced vaccinations. This, despite the fact that most of Washington is vaccinated and the vaccinated are getting and spreading this virus!!

The first thing that needs to happen is for the governor to declare "the emergency" over and return to a representative form of government instead of a king based one man rule. This is contrary to our constitution.

Secondly, people testing positive for covid need to have a treatment option available of anti viral medication, instead of sending them home to get worse and then be admitted to the hospital. If you get the flu, the doctor prescribes an antiviral, the protocol is not to get worse and then be treated. In addition, this disease has clearly been more of a risk to the obese and inactive people. As the Department of Health, it seems a campaign of healthy eating, exercise, and teaching on a healthy immune

system is in order.

Now the CDC is stating what has been obvious. Cloth masks are ineffective and according to some studies, have loads of germs such as streptococcus, staph, and other. Viruses enter through the eyes and never has a shield been mandated. Cloth masks have also severely hampered the hard of hearing who need to see lips to communicate.

Another reason I see a vax policy for schools to be ridiculous is that there is no limit to the amount of boosters. How many are going to be required? One a year? Two a year? Three a year? That is not a vaccine! It should be called a treatment! And this for what? A miniscule chance that my child could be harmed? What about messing up their natural immune system for life?

What will be the ramifications of medical harm? Who is going to hold liability?

Sincerely,
Gary and Leslie Fanning
BOX 38, Royal City, Wa. 99357

Please don't consider such a bad policy!! Our elected representatives should be making these decisions!

From: Jennifer Evans
Sent: 1/3/2022 7:18:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - NO vaccine mandates for kids

External Email

No! I will no accept COVID mandates for our kids. If you are following the science you know this is wrong.

Craig &Jennifer

Sent from my iPhone

From: joe@themanshops.com
Sent: 1/4/2022 11:16:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We oppose any vaccination mandate and mask requirements by our school district. We are not anti-vaccination in general, but I had an adverse reaction to the Moderna vaccine and not taking a chance with our son to have the same. The decision to vaccinate against this illness is outside of the scope of our public education system. We would feel differently if COVID was deadly to the masses like Ebola or disabling like Polio. It is not, especially with children so the decision to vaccinate should remain a personal decision and not a mandate.

Thank you

Joe Lobb

2716 E Hillcrest Drive

Colbert WA 99005

From: Janet O'Donnell
Sent: 1/4/2022 9:11:41 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear WA Board of Health,

The issue of mandating the experimental COVID vaccination of children is irresponsible practice and a health risk to children. I strongly object to any persons being coerced, mandated or forced to take any experimental medication, whether it is labeled a vaccine, drug, therapeutic, modality, agent, etc. Scientific recommendations as to who should be considered for the experimental COVID-19 vaccines, currently in investigational stages only, are contained within the WHITE PAPER. Federal law, per the FDA, prohibits any persons from being coerced to take the experimental COVID-19 vaccine. You can read the Pfizer and Moderna fact sheets published by the FDA that states the vaccine is "unapproved", is suggested for those over the ages of 18 years old, and is issued under "emergency use".

In addition, the Brownstone Institute has compiled 140 research studies finding that COVID immunity from prior infection "is equal to or more robust and superior to existing vaccine," yet the federal government is heavily invested in the narrative that natural immunity is unreliable and the vaccines are the only true protection against COVID. Studies have found that vaccine-induced COVID protection wanes around six months (or potentially sooner). In October 2021, the FDA announced it was expanding emergency-use authorization for booster shots six months after the Pfizer and Moderna vaccines, and two months after the Johnson & Johnson vaccine. By contrast, a recent Yale study projected that natural immunity would last three times longer at 17 months.

SAFETY CONCERNS in using the experimental COVID-19 vaccination–

1. Children are NOT at risk: An experimental vaccine is not safer than a low IFR. (Infection Fatality Ratio or IFR). The IFR for COVID-19 varies dramatically by age, from a low of 0.003% for Americans under age 19 to as high as 5.4% for those 70 years of age and above. That is an 1800x risk difference based upon age! It is quite clear that young people are at a statistically insignificant risk of death from COVID-19. Nearly 80% of all coronavirus-related deaths in the US through November 28, 2020 have occurred in adults 65 years of age and older and only 6% of the deaths had COVID-19 as the only cause mentioned. On average, there were 2.6 additional conditions or causes per death. Meaning, if anyone should get a vaccine, it is those who are older and/or have significant health risks!
2. Brand new experimental technology – mRNA factors. Almost no normal person, MUCH LESS A CHILD, would volunteer to be the first to receive an experimental drug unless they were very sick and there were no alternatives. With COVID-19 the vast majority of people do not get very sick, and there are many alternative treatments
3. Failure of previous coronavirus vaccinations- scientist have tried for decades but still have not successfully created one
4. No independent animal studies – NONE!! Historically, if there were no animal studies, and any deaths and/or complications from a vaccinee, the vaccine was pulled from market. AND.. it certainly was not pushed on to CHILDREN!!
5. There ARE known complications with the experimental vaccines –

<https://www.cnn.com/2020/12/10/australia/australia-vaccine-hiv-intl-hnk/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2020%2F12%2>

vaccine-hiv-intl-

hnk%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf9e2dd89415646b22b5d08d9cfa50635

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335060/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC3335060/>

<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-data-preclinical-studies-mrna>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pfizer.com%2Fnews%2Fpress-release%2Fpress-release-detail%2Fpfizer-and-biontech-announce-data-preclinical-studies-mrna>

&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf9e2dd89415646b22b5d08d9cfa50635%7C11d0e21726

<https://academic.oup.com/jid/article/222/12/1946/5891764>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Fjid%2Farticle%2F222%2F12%2F1946%2F5891764>

<https://www.nature.com/articles/d41586-020-02706-6>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fd41586-020-02706-6>

6&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf9e2dd89415646b22b5d08d9cfa50635%7C11d0e21726

6. There are unknown complications with the experimental vaccines – we do not know the effects long term, or on the elderly or young, or those who are pregnant or want to be pregnant.

7. Pharmaceutical immunity to liability – This should say something in itself! It must be pointed out that this is an experimental vaccine!!! Having an experimental status has important legal implications. These agents are being distributed under an EUA (emergency use authorization) which determines how future harm to patients will be compensated. Currently, no one is taking responsibility. The FDA has listed the experimental COVID-19 vaccines as “investigative”

8. There is no proof the experimental vaccinations stop the transmission of the virus. The research is clear, they do not know and have no evidence these vaccines prevent transmissions.

9. Unknown Mortality or Hospital Admission Benefit - Currently the pharmaceutical companies believe that their first COVID-19 vaccines are 95% effective. Pharmaceutical companies typically believe their vaccinations are more effective than they actually are. For example, CDC data show that the influenza vaccine was 38% effective in 2017-18, 20% in 2018-19, and 39% in 2019-20 even though its efficacy was expected to be much higher when it was first introduced in 1938. Even if the COVID-19 experimental vaccine is really 95% effective in the real world, the survival rate of those contracting the disease is already so much higher than that. If you are less than 70 years old you have a 99.5% chance of survival, if you are less than 50 years old you have a 99.98% chance of survival, and if you are less than 20 years old, you have a 99.997% chance of survival. Notably, the vaccine trials had too few positive cases to assess with statistical significance any benefit in secondary outcomes such as decreased mortality or hospitalization.

For God has not given us the spirit of fear; but of power, and of love, and of a sound mind.

2 Timothy 1:7

From: Gina Kiske
Sent: 1/4/2022 11:04:01 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear WSBOH Members,

As a mother of 3 young children, I would like to express my opposition to requiring the Covid vaccine for school/daycare at this time.

I received the vaccine myself as an informed, consenting adult, but have many concerns about administering an EUA vaccine to my children who are incapable of making that decision for themselves and their future selves. Chief among my concerns are that Covid is still a very low risk for children's health and the vaccine will not prevent spread, as we are currently witnessing.

Thank you for your time and I encourage you to NOT require Covid vaccination for school/daycare until further data is available.

Sincerely,
Gina Kiske

Sent from my iPhone

From: Scott Taylor
Sent: 1/2/2022 6:55:26 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

I am writing to you to oppose covid 19 vaccine mandates for children in order to go to school.

The science shows that the virus is mild in children, little more than a cold. Without the vaccine, the kids will develop herd immunity in a very short time, and then the virus will be no factor at all.

There are also indications that the so-called vaccines are actually more dangerous than getting the virus. Increased cases of heart problems are being reported. This should not happen.

Furthermore, the available vaccines are not the FDA approved Comirnaty vaccine. Comirnaty is not yet available. Therefore, all that is available is the EUA only approved vaccines. Experimental vaccines should not be given to children. Making it mandatory in order to attend school creates a coercion situation, which is a violation of human rights, as well as the Nuremberg Code. There will be in due time consequences to government officials who have forced experimental drugs on people via coercion.

Sincerely,
Scott D Taylor
Elma, Washington

From: Melinda Scott
Sent: 12/29/2021 3:50:49 PM
To: DOH WSBOH
Cc:
Subject: Public comment

External Email

NO for adding Covid- 19 regulations in section/law/chapter.
NO for adding Covid- 19 shots for students.

From: Elisabeth Leman
Sent: 1/4/2022 6:37:52 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

In regards to the discussion regarding a mandatory Covid vaccine, I will begin by stating our kids have already received theirs and are nearing the time frame of getting boosted, which they will. Clearly, I'm in favor of the vaccine.

That being said, I still believe there needs to be some sort of exemption requirement for children, specifically for valid science-based medical reasons. Our state has always allowed for exemptions and have given the parents the right to determine the medical course of action for their children. I don't believe those rights should be superceded by the government. Though I believe getting the vaccine is the wisest course of action, the divide a requirement such as this would cause, especially on the eastern side of the state, bears far greater consequences. Legislating morality is a slippery slope. I feel like enough time has passed that those who are going to get the vaccine have already done so, and the rest are going to be belligerent. Our state needs some peace, and that never comes by forcing others to bend their will.

Elisabeth Leman

From: Melissa Looman
Sent: 1/4/2022 9:04:06 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I Melissa Foster disagree for kids 5 and older to get the vaccine for school. This is taking away our freedom and OUR CHILDRENS FREEDOM.

Sent from my Galaxy

From: Don Hayward
Sent: 12/29/2021 9:20:44 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Good evening, I have two children that attend elementary school. One is eight, the other is ten. If the vaccine is mandated to attend school, my children will be removed and home schooled.

Sent from my iPhone

From: Denise Thoreson
Sent: 1/4/2022 8:31:37 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My comment is to address the potential for the BOH to consider COVID shots for children and a prerequisite for attending public school. This is absurd, and not necessary.

The risks associated with these shots are fairly substantial in children, more so than the virus itself. ANY person who receives the vaccines should be done so with COMPLETE knowledge and consent with their family physician as deemed necessary by their own personal health history. Government, including those that entities that dictate school policies, should have zero authority over the sovereignty of ones body, or to override the wishes of parents to these minor children .

It has become quite clear over the past two years, that COVID is a virus that has been politicized, predominately by the Democrat party to sway public policy. Schools included. PUT THE BEST INTEREST OF CHILDREN FIRST AND VOTE NO!

Sincerely,

DENISE THORESON

C: 425-471-2068
E: denise@epichomesinc.com

From: sarah littrell
Sent: 1/4/2022 8:28:09 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Health Board of Washington State,

We are at a crossroads with our world as we know it. There is so much contradicting information out there and we are already so divided. Please stop the forced care of covid. Nothing we've done so far has changed the spread of covid and that includes vaccinations. Can we please protect our children by letting parents continue to have the choice in how to handle the care of their children. I can't believe that I am even having to plead that in our "free" nation.

Children are not at risk for Covid-19 and that these "vaccines" are not yet FDA approved, only EUA and has not been properly tested. Twice as many children have died since March 2020 of pneumonia than Covid.

Where there is a risk there should always be a choice. We all have every tool we need to make the best decisions for our lives. Please don't put the blood of these children on your hands.

Thank you for your time and consideration,
Sarah Hansen

From: Abbie Wagar
Sent: 1/4/2022 8:41:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

I am emailing in today to oppose that Covid-19 vaccine be added to kids school immunization list. This vaccine is still experimental and has not been tested on animals or even enough children. There has been numerous horrible life altering and even death in these vaccines with children. The FDA lied when saying that this vaccine was fully approved as that one is not even available in the United States. This has been nothing but fear spreading lies since the beginning. Natural immunity is the only thing that will keep kids safe. Most children do not even get serious complications from this virus. If this vaccine were to get added I do request that EVERY entity and school respect all THREE exemptions to families. Vaccines are a personal health choice. Please think about ALL kids when making this decision. There has not been enough time or legal testing of this shot. It is not even a true vaccine to be honest. You will loose over half of all children in publics schools if you add this. Most of us have already left the public government school system because they have lost all respect for parents and children's health freedoms. I hope you consider what you are doing if you do not say NO. There is NO reason to push for this right now. Re-evaluate this before next school year. I pray that you stop letting the fear take your mind.

Thank You
Abbie Wagar

From: Meghan Carpenito
Sent: 1/4/2022 8:08:49 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

I'm a concerned, well educated parent that is very much opposed to covid shots being placed on the immunization schedule for children. Children have almost zero risk for severe covid. The vaccine risks are substantially higher than the virus itself. The data does not lie. Vaccination does not prevent infection or transmission. Why should we risk the side effects of the vaccine for our children when there is almost zero benefit for themselves or others. I am so vehemently opposed to this vaccine that if it becomes a requirement for school we will be pulling our children out of the system and homeschooling from now on. We will also NEVER support public school levies, etc going forward if this goes through.

Thank you for your time,
Meghan Carpenito

search-partners-

seattle&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb6684357e0da4788d48908d9cfa17f3d%7C11d0e2

From: Lalaneya Gayman
Sent: 1/4/2022 10:43:03 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,
I absolutely OPPOSE this. First of all, the parents NOT the government makes decisions for their child. Secondly, not every child can take vaccinations. Thirdly, the MRNA component is new to vaccinations. Meaning, we are essentially lab rats for long-term effects with this. The vaccination companies are NOT held liable for any effects caused by this and they have withheld information from the public until 70+ years from now about anything related to it. This is a SEVERE overreach of government...and incredibly Anti-American, for I alone, have my God given rights, especially WHAT I CHOOSE to go into my or my children's bodies. If it's all for health...than what next? Are you going to tackle a bigger issue with obesity? Mandatory gyms and diet checks? WAY more people in this country die from obesity, which by the way is a huge contributor to COVID-19 deaths. I firmly and loudly DO NOT CONSENT TO THIS INSANITY.

Lalaneya Gayman

Sent from my iPhone

From: Olivia Marquiss
Sent: 1/1/2022 12:43:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I as a mother think this is very wrong that you want to put the covid vaccine on record for the kids to be able to attend school. This wrong in so many ways . Pushing this on people is not going to be good . Remember you work for us . If it was not for kids being in school you would not have a pay check . You are basically harming our kids to fit what ever is going on . I would love to get a response back and not some automatic email sent back to me .

Thanks
Olivia

From: Kirsten Deobald
Sent: 1/3/2022 6:10:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

All three of my children and my husband and I are fully vaccinated and we're almost boosted. My husband and I are already boosted. And my children are headed that direction. However, I will stand with my church and fight that our Constitution of the United States of America be withheld. To force our citizens who do not want a vaccine, to be forced to receive a vaccine violates our highest court. Be real. Our forefathers would highly disagree with this administrations over reach into the private rights of our citizens. We have a senior at Mead but we will leave if necessary but we will not go quietly.
The Deobalds

Sent from my iPhone

From: Robert Johnson
Sent: 1/3/2022 6:52:09 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To Whom It May Concern,

I am a teacher and parent of a high school student. I am writing to express my concern about mandating students to be vaccinated for Covid-19. Our entire family had Covid-19 and recovered. I am disappointed that there has been no discussion about people with natural immunity. There should be an accommodation that reflects the many studies that clearly show natural immunity is as good or better than the Covid-19 vaccines. In the beginning of the pandemic, we were told that vaccinated individuals wouldn't be able to get or give Covid. Now many fully vaccinated people are getting infections and we are being asked to get more vaccine. This vaccine is very new and the long term effects are unknown. Our children are the most likely to have a mild infection should they contract Covid. Given these facts, it seems irresponsible to require parents to vaccinate and booster their children. Parents should be free to choose what they feel is reasonable to protect their child. Our schools already require social distancing, masks and frequent hand washing. These protocols have been shown to be effective. I taught during the time when students went completely remote. It was challenging for teachers, parents and students. Many students fell behind. It is not an ideal learning environment. If a vaccine mandate is approved, we would choose to keep our child home to finish the year remotely. This would be an agonizing choice, but we feel our child's health is too important to gamble with. We know many other parents who feel the same way. I implore the board to focus on the medical science and not public hysteria or political pressures. Please help keep our children in school where they learn best. No vaccine mandate for students.

Respectfully,
The Johnson Family

Sent from my iPad

From: B H
Sent: 12/29/2021 2:14:46 PM
To: DOH WSOH
Cc:
Subject: Public Comment

External Email

To whom it may concern:

I am writing in regards to the Covid vaccine and a potential of making it mandatory for our school children. I strongly oppose making this mandatory for kids and I would pull my kids from public school should this happen. My coworkers in healthcare despite having the Covid vaccines and even boosters are still getting Covid. I understood that people have died and can die due to acquiring Covid although I know there are so many more that have had Covid than the numbers that are recorded. There was beliefs that the vaccine could prevent you from getting Covid or transmitting covid. These have both been proven wrong. It would be doubtful it would even be approved with numbers of breakthrough cases and proven transmission of covid from the vaccinated. This happened to my own family when my childcare got fully vaccinated and 3 weeks later got covid, was sicker with covid than when I had it early on. She then passed it onto my young elementary age child, which he only had a mild congestion that you could only hear in his voice for one evening otherwise no other symptoms. This was his second round of covid, almost a year after the first. I, unvaccinated, not the others in my family came up positive or had any symptoms.

This is an over reach of medical freedom of something that is being proven wrong despite the media trying to maintain a narrative of the covid vaccines work. Their narrative is falling apart in personal lives. Everyone knows of someone who had had breakthrough covid, horrendous side effects from the vaccine, etc...

Please shut this down immediately, it is not effective, nor is it necessary. If a parent wants this for their child they have a right to make this decision just as a parent who does not want this for their child has a right for their child to not get any covid vaccine. Thank you,
Becky Hewlett

Sent from my iPhone

From: Mike Workman
Sent: 12/29/2021 4:52:13 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

If you Mandate Covid Shots for our kids there will be no more schools and your office will be shut down.

It is time for new leadership in Olympia.

Sent from my iPhone

From: Tara Childs
Sent: 1/4/2022 5:07:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please allow shot to be tested before mandating. The shot is not working. My daughter got terrible Covid after shot. Coworkers did, too. Please allow people our constitutional freedoms. Why is their not representation on board from central and Eastern Washington? Dr. Wei Lin, is an internal medicine doctor. Please think about inviting him. It is not okay for a decision In Washington to have a closed-minded group.
Sent from my iPhone

From: Carrie Warner
Sent: 1/3/2022 10:09:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Sent from my iPhone

From: Austin Brangwin
Sent: 1/4/2022 9:07:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Say no to any vaccine mandate!

Sent from my iPhone

From: Susie Holladay
Sent: 1/4/2022 7:57:28 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

It is imperative to the parents and children of WA state public schools that you do not make the Covid vaccinations required for school enrollment. There are far too many differing opinions to force this vaccination on every child. There needs to be vaccine exemption, and parental choice, as there have been with other vaccines. Covid poses almost zero threat to school age children themselves, as well as there being no proof that children pose a threat to others by not getting the vaccine. I fear that by requiring the vaccine, which has unknown risks to youth, will do 2 things: 1) cause unnecessary harm and heart complications to many children, and 2) put many families in a hard situation where they will then have to choose to unenroll their kids in order to maintain medical freedom. That is not a situation many families can opt for and they should not be backed into that corner unnecessarily.

Please allow choice in school for vaccines, and for masks for that matter. Our children NEED their faces shown.

Thank you for listening,
Susie Holladay

Sent from Yahoo Mail on Android

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

From: Stephanie Stobie
Sent: 1/4/2022 9:53:51 AM
To: DOH WSOB
Cc:
Subject: Public Comment

External Email

Greetings – I am writing you to STRONGLY consider holding off on the vaccine mandate with young children. My husband and I both have had our shots. I even got mine while I was pregnant as we see the value it brings. However, there is not enough data on the side effects with young children under 12, that I ask that you wait until there is! Forcing a vaccine out of fear is foolish and unnecessary. I am a mother of a 6 year old boy and I am not comfortable with the myocarditis side affect that is getting reported in adolescent boys. Myocarditis has happened with other members of my family, and we are not willing to risk my sons long-term health when there is not enough data on this specific side effect in boys. While reports are coming in that boys are recovering, there has not been enough time or data on the long term implications of this for us to feel comfortable with it yet. I will not risk his health over his lifetime.

Here is that discussion on the CDC's website

<https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm705152a1.htm>>

Right now, while inconvenient, we are managing in elementary schools just fine. The school is proactive in their measures to keep kids safe and in schools. Masks and social distancing is working.

My son loves his school and his teacher. He was in a private school (10 kiddos) last year for kindergarten where he was not thriving. He developed an anxiety disorder/nervous tic from his teacher, and was getting bullied by a student (while the school did nothing to help). We ended up pulling him out of that school before the year was up for his mental health and well being. This year, we are in the public school district and he LOVES his teacher and the school!! He started out behind given how last year went, but he has QUICKLY caught up with the help, structure and support of the schools administration. The staff at Brentwood Elementary loves on him and has created a very safe environment, even amongst all the covid protocols. It's working the way it is. PLEASE do not force us into a situation where we have to change his schools again because we are out of options.

I know I am one of many parents that have an opinion on this. But please hear my plea as a mom not to force this!

Thanks,

Stephanie

Sent from Mail

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

From: stephanie olmstead
Sent: 12/30/2021 3:20:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The Covid-19 "Vaccine" is still operating under EUA from the CDC. There is no approved vaccine for use AVAILABLE in the USA. This means that the Nuremberg code applies; as well as federal and state statutes regarding experimental medications. THEY MAY NOT LEGALLY be required. Anyone doing so becomes personally liable for any harm caused.

The justification for this entire pandemic is based on a faulty PCR test. The CDC last July acknowledged this fault; but for some reason chose to leave this test in use though this month. This means that the numbers used to justify all of these extreme violation of personal human rights have been based on a test that has been KNOWN to be faulty. Further, cases are not deaths. MANY of these cases were asymptomatic. As this test was known to be faulty, it is KNOWN many of these people, in fact, did not have any upper respiratory illness, at all.

Dr. Kary Mullis--the inventor of the PCR--personally stated the test should NEVER be used diagnostically.

The VAERS system has had more reports of injury caused by this SINGLE vaccine than all other vaccines combined, since the VAERS system started. Children given this are experiencing cardiomyopathy at an alarming rate. THERE ARE NO LONG TERM STUDIES as to the effects of this vaccine.

Children had the LOWEST rate of Covid. They had the HIGHEST rate of survival if they did acquire Covid. Per VAERS, more children have ALREADY died due to the vaccine than ever did to Covid.

DO YOUR JOBS. Stand for the Constitution and rights of our citizens, especially those too young to speak for themselves. REQUIRING THIS EXPERIMENTAL GENE THERAPY FOR ANYONE is CRIMINAL.

Stephanie Olmstead
425-306-6271

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: Summer Lobb
Sent: 1/3/2022 7:53:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I disagree with this covid vaccine requirement at our schools & I will be pulling my child out of the Mead School District if this goes through!!

Summer Lobb

Sent from my iPhone

From: nhostetler44@gmail.com
Sent: 1/2/2022 9:58:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

WA State Board of Health,

This letter is to express my concerns over COVID-19 vaccine mandates for students in Washington State. This letter is intended for public comment for the meeting on January 12, 2022 discussing vaccine mandates.

I have two elementary aged children that attend public school in Eastern Washington. It is not appropriate to mandate the COVID 19 vaccine for children for a disease that is not dangerous to them. The vaccine itself has very little long term data on the effects of children and is still under emergency use.

We have had COVID-19 infections in our household, we quarantined appropriately from those outside our household. During this time our children did not exhibit any symptoms/signs of the disease. In speaking with numerous parents of school aged children this scenario proved to be true for them as well.

My husband and I are also fully vaccinated against COVID-19 however our two healthy daughters will not be receiving this vaccine until long term data can prove it is safe or needed against disease.

If the COVID 19 vaccine is mandated to attend public school I will be forced to remove my children from public instruction and find an alternate method/school to educate them. This is the hill I die on.

Additionally, virtual school is not a viable option. My children suffered greatly during the 2020-2021 school year in numerous ways.

Nicola Hostetler
5101 N Yale Ct
Spokane Valley, Wa. 99206
509-590-6952

From: Dawn Larson
Sent: 1/4/2022 9:39:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear WSBOH members,

Please do not make Covid vaccination a requirement for children to attend school. Unlike all the other vaccines required for children, covid is not a deadly childhood disease. The data is clear that covid is not a threat to children. My children were barely affected when they had covid and they now have natural immunity. The vaccine has not had the benefit of long term testing for children to know if there are any adverse long term effects. Also, as is clear from surging cases across the globe, the vaccine won't prevent them from getting covid, so what's the point?

Sincerely,
Dawn Larson

Sent from Yahoo Mail on Android

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

From: Tarah Downs
Sent: 1/4/2022 8:32:23 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I'm writing to you because the idea that you would mandate COVID vaccinations for entry to public education is unethical, immoral and down right dangerous.

First, the past two years of data indicates that COVID is not a threat for children, nor does it typically cause hospitalization or death in healthy children. Children are 6 times more likely to die from drowning than from COVID.

Next, the vaccines have no long term data on side effects. 6 months to a year is not long term data. Many parents will weigh the risks of diseases versus vaccination and make a decision that is best for their family. You have no right to deter that.

Finally, if the past few weeks have shown anything, it's that this "vaccine" is nothing more than a prophylactic, limiting severe illness and death in those at highest risk. It does not stop transmission, thus it's essentially a flu vaccine which you've never mandated probably for the same reasons I just mentioned, IT DOESN'T STOP DISEASE TRANSMISSION.

I implore you to pull your heads out of the big pharma cloud and look around. You know that mandating this vaccine will do to parents across this state. It's removing our right to choose what is best for our kids. That is my decision, based on the FACTS present to me.

Parents will remove their children from the system and find other solutions. We will not stand down.

~Tarah Kimbrough
360.789.2246

From: Catherine Cooper
Sent: 12/29/2021 2:59:56 PM
To: DOH WSBOH
Cc:
Subject: Public Comment -Covid shots for school children

External Email

I wish to comment on the proposal to force any form of the failing covid "vaccination" on school children in Washington State.

You seek to inflict destruction and medical damage on children for which you have zero authority.

Have you forgotten your duty to serve the people of Washington?

We the people say "no" to your plans.

There is no medical evidence that children need this vaccine. So few children are affected by "covid" which has a 99% recovery rate.

However, if you review the VAERS (vaccine adverse events reporting system) data run by the CDC, you will see serious harm to children from this poisonous death shot.

I call upon the power of the one true living God, Christ Jesus, to cause all your evil plans fall into ruin.

I pray you turn from your wickedness, return to a servant heart, and vote wisely!

C. Cooper

Sent from Yahoo Mail on Android

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

From: Rebecca Holmberg
Sent: 1/4/2022 8:10:22 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

As a parent and a person who has a masters in healthcare informatics I am always interested in the data of any situation. However, given the current knowledge and my research, it does not make sense to require Covid shots for children for entry to school at this time.

Please do not put this into place.

From: David Foster
Sent: 1/4/2022 8:56:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

It has been brought to my attention that The Washington board of health is having a meeting to decide whether we should have a mandate for children To get the covid 19 vaccine. I myself being a parent And knowing that children are at extremely low risk for exposure to covid 19 and getting it and knowing that the vaccines are on an emergency use authority or EUA by the FDA. With all this information at my hands I Amy hands I am against this mandate 100% do not agree with it. If we are not mandating a flu vaccine for children and people to go to work and go to school then we should not be doing that with a covid vaccine that is on EUA ONLY BY THE FDA.

From: Cynthia Paul
Sent: 12/30/2021 2:18:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am appalled by a group in Washington state that would even consider mandatory COVID vaccine for children to attend school! This is egregious and an assault on personal liberties and values to many thousands of families and their children of Washington state. I will remove my children from public school in Washington and move them to homeschooling or private education. Don't mess with our kids any more than you already have. Enough is enough!
Cindy Paul

Sent from my iPhone

From: Paige Martinez
Sent: 1/3/2022 5:48:22 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

We received an email from the mead school district asking us to provide feedback regarding this vaccine mandate for children. Our family does not believe in mandating this vaccination for anyone, that should be a freedom of choice. We choose to be unvaccinated and will not support this mandated vaccine for our children in school.

Marc & Paige Martinez
--

Paige Martinez

From: Jeremy Anderson
Sent: 1/4/2022 9:22:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I do NOT support any vaccine mandates. Do not mandate vaccines for children!

Sent from my iPhone

From: Diane Powers
Sent: 1/4/2022 8:19:00 AM
To: DOH WSBOH
Subject: Public Comment



attachments\5254C174F8C24F4A_image001.jpg



attachments\1BCF7EC6C2DE452B_image002.jpg

External Email

We absolutely NOT require children to get the Covid shot!! Children are at extremely low risk for Covid. Vaccines are sill only EUA!!

PLEASE PLEASE PLEASE SAY NO TO STATE MANDATED COVID-19 SHOTS FOR CHILDREN.

Sincerely,

Diane

805 164th St SE, Ste 206

Mill Creek, WA 98012

(p) 425.332.6220 (f) 425-332.6221

From: Shaun McInerney
Sent: 1/4/2022 8:57:06 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

I appreciate this opportunity to write and let my voice be heard about something I hold very true and serious with my family. I have two kids in the Mead school district and a third that will hopefully be attending. My family has already had and overcome Covid 19 Virus. For my kids it was very very minor. All three had one afternoon where they didn't feel good and the next day they all were symptomless and feeling good. It was a little bit more work for us parents to fight it off but we came through and are doing good. No hospitals, no urgent care needed. Just prayer and vitamins. We as a family stand firm in our natural immune systems gifted by God and will continue to stay with God and vitamins. I cannot and will not take something for myself NOR give something to my kids that has not had years of clinical trials and testing to prove it is safe with no side effects. It is proven children have over a 99% survival rate. It makes no sense to give our children something man made that has side effects when our kids have such strong immune systems. My wife and I will not give our kids this "vaccine." We will file for religious exemption and even pull our kids out of public school if needed.

Thank you for taking your time to read our concerns. I would like to remind you God sees all and knows all. He will not let attacks on His children go without His judgment. May we all seek truth and discernment for the days ahead. I am praying for you all.

From: Becky Tolf
Sent: 1/4/2022 9:36:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To Whom It May Concern,

I am very concerned about requiring the Covid-19 shots for children and adding this "vaccine" to the required vaccinations for school aged children. This "vaccine" is absolutely too new to be required for children. There are absolutely NO long term studies done on these vaccines and they are still only approved under EUA. This alone makes it so you cannot and should not require or mandate these "vaccines" for children or adults. Further, children do not have a high risk of dying from COVID-19. They just don't! So why would you push an untested vaccine, that has known side effects of causing heart problems on children who have a very small chance of actually dying from the illness?? This is not right. If parents want to make an informed decision and get their child vaccinated for covid-19 then that is one thing, but it is not right for you to require or mandate that children have this vaccine. I hope that you will look at all the studies that are being done, adverse reactions that are happening because of the vaccine, and realize that it is not your place to require or mandate this vaccine for anyone but especially for children.

Thank you for your time and honest consideration!

A concerned mother of 4 daughters,

Becky Tolf

From: Dan Stromberger
Sent: 1/3/2022 6:12:57 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Without a doubt, if you try to mandate that crap to be put into my two boys, I will pull them out of Mead school district and home school them myself. Leave the kids alone!

Dan Stromberger

From: Stefanee Hale
Sent: 1/4/2022 10:00:01 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Our children are to be protected from harm by us on every way possible. The government has or SHOULD HAVE NO RIGHT to dictate how we should protect our children.

Any true medical professional knows that one treatment for every person NEVER works. You can provide information on medical treatments and that information is used for individuals to make informed decisions.

In this instance you are recommending a medical treatment that has yet to be proven effective. It has yet to be proven safe and you want to give it to children... what kind of stupid are you? BEFORE you make any sort of recommendation on chemicals to inject into children, let's look at the history of ANY other vaccine. YEARS, it took years to create and TEST to make sure these were relatively safe, and that still does not mean that they are safe for everyone. If even half of the statements about reactions or side effects are true regarding the Covid 19 vaccines, they should have stopped giving them! FOR PUBLIC HEALTH AND SAFETY!!

Currently, you are asking everyone to vaccinate for their safety and others. WRONG, vaccination only protects the recipient and only the recipient! With this vaccine, it DOES NOT stop you from getting it. It DOES NOT stop you from spreading it. So please tell me the reason to get it... it is not to stop the spread. The statistics for children is virtually less than 1%. Since when do we do things for the minority?..public health is to protect the majority and clearly there is NO need.

QUIT, making health care political! Forcing people to do things out of fear and dictators is not right, nor is it in anyone's best interest.

Viruses are not easily containable or stopped. Masks DO NOT WORK! Vaccines Don't work, if they did we would have eradicated the flu years ago. All you do is create more variants.

DO NOT FORCE THIS VACCINE ON OUR CHILDREN OR SOCIETY!

From: Ryan Miller
Sent: 1/3/2022 9:34:50 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please consider the facts. 1 in every 100 people who have contracted Covid have had what's to be considered a bad illness. 2 in every 100 people who have gotten at least one vaccine for Covid have had what's to be considered an adverse effect. Math doesn't lie. Our children deserve better than what this proposal has in store for them. What happened to America. All religion, all races the melting pot of opportunity. Asking or mandating someone to do anything that's not a Ten Commandment type subject is un-American and un-human. We should be able to make our own choices in our lives and our children's life until they are considered to be adults. There's no reason for any child to have this vaccination. It will do more harm than good. Hopefully this finds you well. Peace and understanding always win. Not threats and propaganda. History can teach us many things. As long as we are looking.

Ryan Thomas Miller

From: lukejgardnerllc@gmail.com
Sent: 12/29/2021 9:06:28 PM
To: DOH WSBOH
Cc:
Subject: Public comment.

External Email

I would advise each and every public servant (that's you all) to read the constitution of USA, then read the constitution of Washington. - short reads, you will be paid by the people while you read, consider it fundamental research.... Really, I'm fine with paying you to read the things you have sworn an oath to.

Let that sink in, you have sworn an oath to something you probably haven't even read. Really let that sink in....

If your decisions don't reflect the oaths you have sworn, - that Genie cannot be put back in the bottle.

I believe if this ship doesn't right soon we all will have a full on mutiny on our hands here in Washington that none of us want to deal with.

Please choose wisely.

Sent from my iPhone

From: Tiffany Bond
Sent: 1/3/2022 6:01:17 PM
To: DOH WSB OH
Cc:
Subject: Public Comment

External Email

To Whom it May Concern:

I've left a comment online as well.
But I'll repeat: this bill will not end well. Parents, the majority of parents, will not comply.

I've already pulled one of my kids, and enrolled her in a homeschool not connected to mead schools, and will do the same for my others.
Want to see a real crisis? Try telling all the teachers that they don't have jobs because there isn't enough student enrollment.
No students: no teachers: no school boards: no jobs.

Please: tell Dimslee and the idiots on the committee that are going to vote on this: to go pound sand. We will not comply. This violates sooooo many constitutional rights that it's almost like we are living in the Twilight Zone.

Please do the right thing!

Sincerely,
Tiffany Bond
Mead parent/past employee

From: Julie Kellogg
Sent: 12/29/2021 11:27:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I strongly oppose vaccine requirements for children. Or any vaccine mandate. This is child abuse. When will eastern Washington be represented? When will the voice of reason be represented? Why do these individuals hold all the power for my child's health and freedoms? Let the real people vote.

Julie Kellogg

Sent from my iPhone

From: flodinchels@yahoo.com
Sent: 1/4/2022 8:22:36 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

I am a proud Washingtonian and a veteran's wife. Im here to tell you that if you mandate my child be vaccinated i will not only pull her out of our school districts but I will also gladly pay the cost each month to send her to a school in idaho. How dare you push something on our kids that hasnt been tested for years like the other mandated shots have!!

Chelsey Flodin

Sent from Yahoo Mail on Android

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

From: Sacha L Roberts
Sent: 1/4/2022 7:50:20 AM
To: DOH WSBOH
Cc:
Subject: Public Comment-No school covid-mandate

External Email

To whom it may concern ,

Good morning , I would like to write you today with my public comment with a deep concern about the COVID-19 government school mandate for WA state that you , the BOH is discussing January 2022 .
I will vote to reject the mandate.

School needs to be accessible to children regardless if they have had the COVID shot. The shot is not necessary because children are at an extremely low risk for COVID and the vaccines are STILL only in their EUA.

The shot is the equivalent of an annual flu shot ; which should be still our right to choose.

It goes against us the parents rights to choose the best options for medical care for our family . I implore you to look at this as an American who believes in freedoms of choice.

Kind Regards

Sacha Roberts

Snohomish , WA

(425)350-6972

Sent from my iPhone

From: Jen Bilbrey
Sent: 1/3/2022 7:59:20 PM
To: DOH WSOH
Cc:
Subject: Public Comment

External Email

I'm completely appalled that our school system is even considering mandating a Covid 19 vaccine!!! Children specifically have over a 99% survival rate from contracting Covid, yet the vaccine itself is causing myocarditis, seizures, and paralysis.

Requiring a vaccine that DOES NOT PREVENT DISEASE but is causing life threatening side effects is completely reckless. As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

So with that being said I will not allow my child to be apart of any experiment or trial and will not be putting his life at risk to attend school. If the board so feels that mandating an unnecessary vaccine for children to attend school then my child will be pulled from public learning.

Sent from my iPhone

From: Hiede Smith
Sent: 1/4/2022 10:04:58 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Good morning,

I request the WSBOH members to vote NO on a mandate for children to be required to receive the Covid-19 vaccine to attend child care or school. Children are at extremely LOW RISK for Covid. In fact, twice as many children have died from pneumonia since March 2020 than have died of Covid 19.

The COVID vaccine is for EAU ONLY!!!! It is not properly tested.

It violates our personal liberties promised in the Constitution to mandate injecting our children with an unapproved vaccine that WILL have adverse negative effects on our bodies, that have not even been determined yet!!!

Protect our children. NO vaccine mandate.

Hiede Weakley
flakaseyfan@yahoo.com
(619)913-6669
Bremerton WA

Sent from Yahoo Mail on Android

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

From: frank shelter
Sent: 1/3/2022 6:05:54 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,

My daughter attends Evergreen elementary school. Both of my children have been through untold hardships through the course of this pandemic. The sad truth is that none of their hardships have anything to do with Covid itself. They both were infected at the end of 2020 and recovered in about half a day. Since then, everything in their world has been uncertain.

Statistically speaking, the average healthy child has no reason to worry about Covid. In fact, the risk of negative side effects from Covid is greater than the risk of receiving the vaccine. For this reason, my children will not be receiving the vaccine, regardless of mandates. My wife and I are vaccinated; we are not against the vaccine. However, we will not support mandatory vaccinations that hold higher chances of negatively impacting children than the disease itself.

My input regarding making vaccines mandatory can be summed up in the words provided within Your own link, which I will include below. This is a decision for parents to make with their doctors.

Please feel free to contact me with any questions or concerns.

"It's important for families to discuss their children's immunization status with their health care providers to ensure children are protected against transmissible diseases like COVID-19."

From: Emily Hansen
Sent: 1/4/2022 10:04:46 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

In regards to Public Health and the experimental "Covid-19 vaccine" "mandated" for anyone, but especially children.

Please tell me what percentage of children die from Covid?
Why would a child need to participate in a medical experiments and "vaccinated" for something that their survival rate is near 100%?
Sounds a bit nefarious.

The Government just admitted in a court case last week in Florida that there is NO FDA approval for any of the "covid-19 vaccines." Also it seems that the CDC has already stated that people who get the inoculation still can get and transmit covid.

So, it would seem there is no reason whatsoever to force, threaten, or coerce anyone to take the experimental "Covid-19 vaccinations."

Stop the charade.

Yours Truly,

Emily M. Hansen,
Wrongfully fired elementary music teacher
I blame you

From: Trish Huddleston
Sent: 12/29/2021 12:57:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\183D984570644412_VID_20211228_133919_795.mp4

External Email

Our kids don't need this covid shot! Adults don't even need it with a less than 1% mortality rate. Pushing this shot and lying about the risks are crimes against humanity and you will all be held accountable eventually. It's absolutely disgusting hearing the FDA stating the shot must be given to children in order to find out if its dangerous, what the hell is wrong with you people? How much are you being paid to sell out your fellow Americans & chikdren??

We will not allow you to experiment on our children! Stop being cowards and tell the truth! Do NOT allow this deadly experimenting to go on any longer!

We know the government is not to be trusted, and neither are you beauracratic agencies. You have lied and brutalized us too many times already, and I've attached just 1 reminder-

From: Jen Bassetti
Sent: 1/4/2022 7:54:17 AM
To: DOH WSBOH
Subject: Public Comment

External Email

I currently work with a national law firm that specializes in vaccine lawsuits. Unauthorized, non-FDA approved experimental vaccines that are released into use promising miracle cures like stabilizing diabetes, managing Crones, and a thousand other ailments. Vaccines that have not gone through the proper 5-year human testing to prove they are safe. And before they are pulled from the market they cause a death, a 7-year old to need an organ transplant, and life-altering, permanent injuries.

The COVID vaccine is for EAU ONLY!!!! It is not properly tested.

It violates our personal liberties promised in the Constitution to mandate injecting our children with an unapproved vaccine that WILL have adverse negative effects on our bodies, that have not even been determined yet!!!

Protect our children. NO vaccine mandate.

Jen Bassetti, Litigation Paralegal
Paralegal Litigation Services, LLC

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

(425) 359-9533

From: Tanya M
Sent: 1/3/2022 5:51:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I feel like everyone should have a choice if they want the vaccine. This should not be a mandatory thing. This was always a free country and peoples rights should not be taken away. They should not be forced into something just to keep their job.

Sent from my iPhone

From: Ivan Huld
Sent: 1/4/2022 8:37:03 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not approve mandatory Covid vaccinations for children.
First, the vaccination has proven to not prevent the disease.
Second, the vast majority of children do not get anything other than minor symptoms.
Third, there are no Long term studies on how this vaccine will affect children.
Fourth, the enrollment in public schools will drop significantly. Many parents will not subject their children to this vaccine.

Respectfully, Ivan Huld

From: Barbara Gilbert
Sent: 12/29/2021 4:06:45 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Forcing vaccines on k-12 education

External Email

I strongly disagree with any attempt to force any form of vaccination on school age children.. Including college age students.

Not only is it a violation of civil rights, the current COVID-19 vaccinations are all emergency use authorization. Any FDA approved vaccine for COVID-19 does not even exist within the borders of the United States. You are forcing people to take a vaccine that is still emergency use authorization. This is a bait and switch on the part of Pfizer and many other drug companies. People think they are getting the FDA approved vaccine when they walk down to Walgreens but they are not. This is not a conspiracy theory. Refer to this or if you don't believe me go down to your local Rite Aid or Walgreens and ask to see the insert for the vaccine. It does not exist it is not the FDA approved vaccine.

<https://dossier.substack.com/p/bait-and-switch-there-remains-no>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdossier.substack.com%2Fp%2Fbait-and-switch-there-remains-no&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C833a8f618f31436760c908d9cb282801%7C11d0e2172>>

Barbara

Sent from my iPad

From: Wendy Trout
Sent: 1/4/2022 7:41:48 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern-

Mandating experimental medical practices on U.S. citizens is unlawful, unconstitutional and breaks the Nuremberg Code. Mandates are not law. Laws can only be created by congress. No president, governor or health department official can create a law.

This so called "vaccine" is not anything like the true and tested vaccines of the past that have been used to protect us from harmful diseases. This "shot" is MRNA therapy NOT a vaccine. This alters the very DNA and immune system of humans. It has been experimented on animals which have died.

To force anyone to take this experimental shot for ANY reason is abhorrent. To experiment on children is absolute child abuse.

Please do not go down this path...
Freedom over force-

Wendy Trout

Sent from my iPhone

From: Darcy Jorgensen
Sent: 1/4/2022 9:59:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Our children should NOT BE REQUIRED to get the experimental C19 jabs to go to school!
This is pure evil! Stop this now!

Darcy Jorgensen

Sent from my iPhone

From: Peg Stevens
Sent: 1/4/2022 11:18:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly oppose requiring Covid vaccinations for school age children. This is under an EUA and children are at very low risk.

Thank you,
Peg Stevens

From: Ceana Barron
Sent: 1/4/2022 9:38:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My child already attends public school with an exemption for all childhood immunizations any new shots added as a requirement I will either seek out exemption, and if denied I will homeschool my child but we absolutely in no way will be getting an immunization .
Thank you
Sent from my iPad

From: dnjlewis64@comcast.net
Sent: 1/4/2022 8:53:52 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Do not make vaccinations for children mandatory for day care and school. This is unlawful and criminal. Goes against Nuremberg Code.
Julie Lewis

Sent from my iPad

From: Sylvia Moestl Vasilik
Sent: 1/4/2022 9:17:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Covid shots should absolutely NOT be mandatory for kids. Kids are at an extremely low risk for covid, and the vaccines still only have emergency use authorization.

From: Testify Online Survey
Sent: 1/3/2022 10:03:54 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th 2032

2.

Agenda Item or Issue:

Covid vaccine added to childhood immunizations for school

3.

Your Name:

Rebecca hyde

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

15319 n Chesapeake rd mead wa 99021

7.

Email:

Beckyhendy89@gmail.com

8.

Phone Number (Include Area Code):

20851518999

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a nurse. I have had Covid myself

10.

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

1. Yes

Adding Covid "vaccination" to childhood/school vaccines list

11.

Are you Pro or Con on the proposal?

2. Con

This is ridiculous. The flu shot is not mandated nor should it be. The same way the Covid "vaccine" should NOT be mandated. This "pandemic" has a high survival rate especially in non compromised children. It is insane to propose to give Children an experimental "vaccine" with zero years of evidence base practice to go along with it. Our children are not lab rats. The amount of children who will be withheld from school settings by the parents who refuse this jab is detrimental to the districts and sad for the children. As a parent who outright refuses this and has spoken with other parents in making a decision for our children I know I do not stand alone. If the " vaccines" are working and being accepted at a high rate why is this still spreading? Masks work too right? As all the student and staff have been wearing them and it continues to spread. It's time to let this run it's course and be done with it. It is not time to bully people into getting this "miracle vaccine" and all 72 boosters that go along with it. If this was a true pandemic we would be able to count numerous neighbors down the block whom are dying left and right. Instead we are being social media fear influenced into thinking its worse than it is. The omicron is the newest scare tactic. A mild "flu like" version. The flu hasn't existed for nearly 2 years now, wonder why?? I respectfully ask you do not force parents into choosing between their child's children education in public schools over this jab. Religiously it does not sit well with our family along with many others. I pray if this is to come to be a mandated childhood immunization that medical, religious and philosophical exemptions are also taken into consideration. Thank you.

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:50:09 AM
To: DOH WSB OH
Cc:
Subject: FW: Stop

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

From: Evelyn Hoefakker <kennev@icloud.com>
Sent: Monday, January 3, 2022 9:26 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally

Sent from my iPhone

From: Testify Online Survey
Sent: 1/3/2022 8:55:03 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:

Covid vaccine mandste

3.

Your Name:

Connie Fuchs

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

Will not vaccinate my child for Covid as already contacted it. I am STRONGLY against the mandate. Will home school if needed.

From: Testify Online Survey
Sent: 1/4/2022 9:27:51 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Mandatory covid shots for children

3.

Your Name:

Sherry Christensen

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

Retired

6.

Address:

14900 72nd Ave W

7.

Email:

sherry.christensen@gmail.com

8.

Phone Number (Include Area Code):

4258369107

9.

Do you have any special expertise relevant to this topic?

1. Yes

Educator; mother; grandmother; citizen

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

Covid for children is a non-issue (less than 0% morbidity); taking an experimental 'vaccine' is dangerous and unnecessary.

From: Rubie Choi
Sent: 1/3/2022 6:50:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

"Rushed science is poor science." The rush of these vaccines is by-in-large proven of limited benefit to our children especially in light of the effects the virus has on them. I cannot in good conscious, as being stewards of my child's health, participate in rushed science for the very temporary and limited benefit of a vaccine in which no long term data exists. Furthermore, as it is becoming clearer, Covid-19 is mutating in to a much less virulent illness, rendering whatever benefit may be obtained from a vaccine (especially for children) even less beneficial.

In light of this, if there are any vaccine mandated requirements for my children to participate in their local public school, OR if they are relegated to masks/testing/distancing because they are not, we will no longer have our children enrolled and will have our educational needs met elsewhere.

We have been patient, compliant, willing to work with the limitations this virus has caused and the mandates ordered down from the state and local level, but will not participate in the forced vaccination or segregation of our children if the SBOH decides to not listen to the people of Washington and respect our autonomy.

From: Emina Hatler
Sent: 1/1/2022 9:54:01 PM
To: DOH WSBOH
Cc:
Subject: Say No To COVID School Requirements

External Email

To Whom It May Concern,

It would be fair to say mandating such a vaccine, that is not even FDA approved in children, should not be at the governments discretion. What we the parents, whose tax dollars help fund the school systems, choose to inject our children with is our decision. If you actually look at the data, it has been proven time and time again that not only do masks not work, but neither do the vaccines. How is something "proven" to be so safe and effective, yet the number of cases continue to skyrocket in your heavily vaccinated areas? How is it Seattle/King county has seen an increase in number of cases yet again, but you have to show proof of vaccination to even do anything? This is complete overreach by departments that quite frankly at this point don't have the publics best interest in mind. It is about money and always has been. As the State Board of Health, why are you not advocating for healthier lifestyle choices to include but not limited to proper diet, exercise, and vitamin consumption? Did you know that according to an article published by the National Library of Medicine that people with a vitamin D deficiency (>30 ng/ml) were twice as likely to contract COVID-19? Surely you know, especially in places like the good Pacific Northwest where vitamin D is scarce due to the lack of sunshine throughout the year. One would think that you would be letting people know of something so readily available and inexpensive to help mitigate contracting such a illness. Do not even consider making this part of the school requirement regime until ALL the data and trials have been released. But wait, they're trying to hide that for the next 50 years. Why would that be if this vaccine is so safe and effective? Why are the vaccine manufactures inserts in the boxes containing the vaccine vials blank? The Supreme Court has shot down this current administration's mandates left and right, and to think parents are not going to fight for their children would be foolish of you.

-Emina Hatler

From: Shay Foster

Sent: 1/4/2022 4:01:18 PM

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

Cc:

Subject: Reject Covid Vaccine Requirement for School Aged Kids

External Email

To All Whom This Concerns:

I am writing to urge you to reject the notion of requiring school aged kids to have the Covid vaccine. Please consider the facts below.

* 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.

Please remember that children are not a one size fits all, or even most. We do not require children to receive a flu vaccine to attend school, why would we require a Covid vaccine. The Covid virus has a 99% survival rate in children, the vaccine is not necessary and if required is an overstep of power.

Thank you for your time.

Shay Foster

From: Robyn Miller
Sent: 12/30/2021 10:10:05 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear members of this committee,
I am writing you today to demand that you do not vote, agree too or pass a new requirement that may kill our children, potentially leave them without the opportunity to have their own children in the future and that we do not have all of the true data on and couldn't possibly within such a short period of time.
The experiential Covid-19 vaccines are just that, an experiment. We do not have any long-term data on them and all of their information will not be available for many years to come. It doesn't take a virologist or doctor of any sort to know that these shots are completely unnecessary for children and in fact, likely harmful for anyone under the age of 30.
Have you not visited and researched the government backed VAERS website for adverse reporting of these shots?
Thousands of reactions, thousands of deaths and yet the bureaucrats of this country are still peddling them off like they are the greatest invention of our world.
Do the right thing and say no to implementing a requirement for our children to be shot by an experimental, non-approved, low researched gene therapy.
This is not a request. This is a demand.

Respectfully,
Robyn Miller
Mother of 3

From: Adam Wood
Sent: 1/3/2022 7:21:25 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Absolutely no mandatory vaccine mandate!!

It is unconstitutional! Goes against a lot of peoples religious beliefs and it hasent been proven safe or effective!! Vaccinated people are catching and spreading it just as much of not more than unvaccinated people! I STRONGLY oppose this and if you make it mandatory I will more than likely pull my child from mead school district, vote against any future funding for mean school district and remove my wife from the PTO. A vaccine that is not trusted or proven should be up to the parent or guardian to decide for there own child!!!! Once again I strongly oppose!!!!

Do not do this!!!!

Adam wood
awood2345@hotmail.com
5094324594

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 8:10:56 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Mandatory covid vaccines for Children

3.

Your Name:

Marguerite Stephenson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Oceanorcas72@gmail.com

8.

Phone Number (Include Area Code):

509-768-9228

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 am speaking up against making covid vaccine mandatory for kids.

11.

Are you Pro or Con on the proposal?

2. Con

I listen to science and I watched a 3 hour news interview of Dr.Malone who is a esteemed doctor and Scientist and am watching this man be deccredited with lies by media outlets such as the Atlantic. I believe his qualifications as a renowned virologist who patented MRNA tech. He is very credible and the facts when vetted the facts of what he has accomplished. He does not recommend a vaccine for children until it is throughly studied. I absolutely agree and therefore will be advocating against his mandatory vaccine for children who are our future. I also do not believe the criteria has been met to move forward. I am also dismayed that Eastern WA has not been represented. If you haven't listened to it, you should. He is very credible and anyone who tries to move this man should not be sitting in a decision making capacity. <https://fml.lol/joe-rogan-podcast-episode/>

From: Matt Chapman
Sent: 1/3/2022 7:54:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Mandating an experimental shot for children (or anyone for that matter) is reckless, unconstitutional, against any and all scientific facts presented showing that our children have nearly zero risk from this virus, against the Nuremberg code and should result in termination of any and all duties for our government officials, teachers, school administrators, doctors and whoever else is trying their best to advocate for this shot. You should be ashamed of yourselves for promoting this entire idea and educate yourselves from the actual doctors who are being censored while trying to relay how unbelievably immoral it is to give this unapproved, unknown consequence, money-driven substance.

Matt Chapman

From: Testify Online Survey
Sent: 1/4/2022 7:49:06 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th 2022

2.

Agenda Item or Issue:

Children Covid Immunization (shot) for school entry

3.

Your Name:

Chantel Bastin

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3545 Delphi Rd SW, Olympia, WA, 98512

7.

Email:

Bastin.Muralist@gmail.com

8.

Phone Number (Include Area Code):

360.878.0438

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a mom

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am proposing a vote of no is determined by the board to make the Covid Shot be mandatory for children to attend day cares or school. There is a 99.9% survival rate and that will soon be 100% as the virus weakens. Children are not being effected by this virus and their health should not be sacrificed for the older population. There is no where near enough data to know the long term effects on all children. Please take the lack of data as an absolute no for requiring children to get this shot.

From: Lang, Caitlin M (SBOH)
Sent: 1/4/2022 6:20:04 AM
To: DOH WSBOH
Cc:
Subject: FW: Stop

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

From: Evelyn Hoefakker <kennev@icloud.com>
Sent: Monday, January 3, 2022 11:25 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 8:00:01 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12 JAN 22

2.

Agenda Item or Issue:

Covid for kids

3.

Your Name:

Jeneen Breshears

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

16712 127th Ave E Puyallup WA 98374

7.

Email:

castyourcares2018@gmail.com

8.

Phone Number (Include Area Code):

5806787527

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Mandatory COVID vaccine for children

11.

Are you Pro or Con on the proposal?

2. Con

There is no evidence to show that this is necessary. Parents don't want it. There could be irreparable harm being done to children in the future. We do NOT support mandatory CoronaVirus vaccines for ANYONE but especially not children.

From: Testify Online Survey
Sent: 1/4/2022 10:03:03 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

COVID19 shots for children

3.

Your Name:

BEVERLY Ann CARLSON

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

Fidelity National Home Warranty

6.

Address:

8717A 1st Place NE, Lake Stevens

7.

Email:

carlson_beverly@hotmail.com

8.

Phone Number (Include Area Code):

425-330-3628

9.

Do you have any special expertise relevant to this topic?

1. Yes

I studied to be a medical coder and understand pathology and body systems and diagnosis of illness and disease

10.

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

1. Yes

COVID 19 shots being required for children for attending school

11.

Are you Pro or Con on the proposal?

2. Con

I have 4 grandchildren, 3 school age. The COVID Shots have not been tested and are only EUA which means cannot be coerced or mandated (required) Peer review studies on safety have not been completed. Children cannot provide legal consent as the dangers have not been fully studied. Too many cases of young myocarditis already and fertility issues and neurological issues are possible. Violates the Nuremberg code and could make schools liable for injuries due to it being EUA only. Risk of vaccine FAR OUTWEIGHS danger of contracting COVID. Your board needs to do more research as this will cause more damage than good if implemented.

From: Amy Turley
Sent: 12/30/2021 3:44:07 PM
To: DOH WSBOH
Cc:
Subject: School Vaccine Requirements



attachments\48267043B81F49EB_image001.png

External Email

I am writing to ask you not to mandate covid-19 vaccines as school requirements.

I am in medicine, any time we give a medication we weight the risks and benefits. Covid -19 is 99.9% survival able in children 18 and under. We currently do NOT know the long term side effects. We do, however, know that there is a concerning amount cardiac problems, particularly in young men.

It is completely unreasonable to impose this on children. Science is being ignored and politicized. This is dangerous and ignorant.

This will be the last straw. We will leave WA if you impose this dangerous, ignorant, immoral, unethical mandate on children.

This is in fact, NOT a sterilizing vaccine. How many chances do we take with childrens health. This is NOT FDA approved completely yet. Do Not mandate this in WA State.

Amy Turley EMT-P

EMS Territory Manager - WA, N ID, MT

253.820.5490 cell

aturley@zoll.com <mailto:aturley@zoll.com>

www.zoll.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.zoll.com%2F&data=04%7C01>>

For Tech Support please call 800.348.9011

An Asahi Kasei Group Company

This email message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized use or disclosure is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

From: Heidi
Sent: 1/3/2022 8:32:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My opinion is to not to mandate the covid vaccine. If it stopped people from getting covid and transmitting covid I Amy think other wise but at this point we need to keep with the 'I hate to say it ' PPE and social distancing which is what is proving to be the most effective.

Sincerely,
Heidi Kerr

Sent from my iPhone

From: MICHAEL DOYLE
Sent: 1/3/2022 11:59:50 AM
To: DOH WSBOH
Subject: School required vaccine schedule

External Email

To whom it may concern,

I am writing to you as a concerned mother of school-aged children. I want to be clear that I am writing to express my opinion against the idea of possibly adding a covid vaccine requirement for school. White River School District has done an amazing job at collecting data on our students in regards to their rate of infection and transmitting of covid to their classmates, teammates, and adult staff. The evidence is clear- our children are not the risk/liability when it comes to this virus. To mandate this vaccine for school attendance is absurd. First of all, it is still in experimental stages and it has been proven highly ineffective with nasty side effects and unknown long term consequences. So many vaccinated are still contracting the virus and spreading it. My biggest point of contention though has to do with natural immunity. So many studies prove that natural immunity is more effective than a manufactured vaccine could ever be YET, it is not even looked at as a counter to a vaccine. For all the other required school vaccines, blood titers were an option to prove immunity in lieu of getting unnecessary vaccines. Why is this not an option for covid??? Also, you don't mandate flu vaccines for our school children. How could you possibly mandate a vaccine requirement for this virus? It is constantly changing with new variants, constant changes with how many of which vaccines are needed to reach some level of immunity (which I again, is no where near the protection offered from natural immunity). Do you realize how many families are willing to pull their kids out of school over this possible mandate? Does that not say something to you...Vaccines are available for those that want it, please don't try to force it on our kids.

Sincerely,
Janell Doyle

From: Jacquie McInerney
Sent: 1/4/2022 7:54:27 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

As far as vaccinating my children that is ENTIRELY up to me as a parent. AT NO POINT will I EVER allow anyone that "Mandate" or try and force me to vaccinate my child/children. How dare any person in any sort of government try and tell people, force people or "mandate" what we do to ourselves or our children. The mandate is bogus and absolutely ridiculous for any one person to try and dictate what people are doing. Let's not forget we have rights as people of this country and state. We need to remember our rights and freedoms and fight for them, for ourselves and our children.

Jacquie
509.599.9575

From: Sharon Olsen
Sent: 1/3/2022 8:28:14 PM
To: DOH WSBOH
Cc:
Subject: Student requirement for Covid Shot - please say NO

External Email

Hello -

I am a public school teacher and am asking you not to implement a requirement for students to have the Covid shots before attending school.

I have personal and professional reasons:

Personal reasons - myself, and members of my immediate family have had health repercussions to the shots that have been ongoing for months. Some of these repercussions have put my family members in the emergency room, and caused many additional doctor visits. People that we know of who did not initially have a reaction have started having reactions 8 months later, that have put them in the emergency room. Many of these reactions involve heart symptoms.

My professional reasons:

1. None of the shots have actually been fully approved by the FDA. The shot that has been approved for children has been approved as an "emergency authorized use." Requiring all children to have something that is not fully approved is reckless, especially considering that we do not know the true long term effects of these shots.
2. Children have had heart problems with this emergency use shot already.
- 3.

There are medicines available or shortly available for those who test positive, AND there are other vaccines in the works that are working to tackle the variants, not just the original.

4. In my particular school, yes, there have been cases of Covid. However, with most students not having the shot, the number of cases is minimal - perhaps 20 at most for the entire year so far. That's a high estimate; the real number is most likely closer to 12. The precautions we are taking are working, and the need is not there at this time.

The students are the future leaders of our state. We need to make sure we act in wisdom, and not rush into something. Please wait to require a vaccine until we have an actual fully approved vaccine from the FDA, and preferably one that can cover multiple variants.

Thank you for your time and consideration,

Sincerely,

Sharon Olsen
Issaquah WA

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: Haag, Hannah R (SBOH)
Sent: 1/4/2022 7:55:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Stop

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

From: Evelyn Hoefakker <kennev@icloud.com>
Sent: Monday, January 3, 2022 9:25 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 10:09:18 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Vaccine requirements for Covid

3.

Your Name:

Chris Rhompson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Po box 14442, Tumwater, WA 98511

7.

Email:

Chris.anthony1971@yahoo.com

8.

Phone Number (Include Area Code):

360-790-3702

9.

Do you have any special expertise relevant to this topic?

1. Yes

I can think for myself.

10.

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

1. Yes

Covid vaccine mandates/requirements

11.

Are you Pro or Con on the proposal?

2. Con

The misinformation about Covid and the push for vaccine mandates for a vaccine that doesn't work are a major concern to my family. Children are not particularly susceptible to getting Covid and the risk of serious health problems or death from Covid are minimal. Most people would be better off focusing on their overall health rather than relying on a vaccine that doesn't work. I'm not anti vax. My 2 daughters have the longtime required vaccinations. Those vaccines actually prevent them from getting the corresponding illness. Those vaccines have also been used for decades. If the school requires/mandates the vaccine for students I will find an alternative to public school or go so far as to move to a place that leaves medical choices to the individual.

From: Terra Peterson
Sent: 12/30/2021 11:13:15 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

This vaccine is not safe, most of us already know that, except the unwoke. If you want to wager your jobs and schools on mandating this unconstitutional death shot, go ahead and see how quickly the schools lose their kids. I already pulled one kid, I will pull my highschooler just as fast. No schools in washington??? Great idea folks ☐☐☐☐☐☐☐☐☐☐. sheep! Lets all be stupid, great idea.

Sent from Yahoo Mail for iPhone

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

From: Ryan
Sent: 12/30/2021 11:55:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

"Following orders" to mandate experimental injections for children is against international law, as established in the Nuremberg Codes in 1947, and must not be allowed.

Ryan Houser
Veradale, WA

From: Testify Online Survey
Sent: 1/3/2022 10:30:56 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Vaccine mandate in school

3.

Your Name:

Abby marcy

4.

Do you have a professional title?

1. Yes

5.

Are you representing an organization?

1. Yes

Meadow Ridge elementary Mead, wa (spokane)

6.

Address:

15018 n Fairview drive mead wa 99021

7.

Email:

Abbymarcy04@gmail.com

8.

Phone Number (Include Area Code):

5094966638

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

Please allow this decision to require the covid vaccine up to the individual school districts.

From: Testify Online Survey
Sent: 1/4/2022 7:24:59 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Decision on Covid vaccine requirement for children to attend school

3.

Your Name:

Kerry Swier

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2714 Northlake Avenue Longview, Washington

7.

Email:

kdswier@gmail.com

8.

Phone Number (Include Area Code):

360-442-0816

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

Children should not be required to be Covid vaccinated to attend school or anything else. These injections currently have no long-term data on side effects. At this point the vaccine injury risk outweighs the risks children run of actually contracting Covid. It is well verified that children with no health issues that would make Covid an issue for them are at a miniscule risk of adverse events from contracting Covid. Also, since the inoculations don't prevent one from spreading the virus, it should be an individual's choice on whether or not to risk getting the vaccine. I am a very healthy woman who was coerced into getting the vaccine in order to keep my job as a community college instructor. My doctor was not recommending it. I am now suffering from myocarditis due to the mRNA vaccine. I would have been better off without it and so will the overwhelming majority of children.

From: Testify Online Survey
Sent: 1/4/2022 7:43:44 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/12/22

2.

Agenda Item or Issue:

Covid Wchool Mandates

3.

Your Name:

R.Powlus

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Rjpowlus@hotmail.com

8.

Phone Number (Include Area Code):

2062440762

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a parent. So my expertise is my own child.

10.

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

1. Yes

Covid School Mandates

11.

Are you Pro or Con on the proposal?

2. Con

Something that is new, that is known to have myocarditis and periocaesitus and top docs have spoken out against this inoculation and specially for young men. Should not be mandated. Parent choice is key. Offer exemptions. People will pull their kids should you mandate.

From: Sarah D
Sent: 1/3/2022 8:15:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Our children should not be used as experimental subjects. If the vaccine worked it would be preventing the spread of COVID, but instead the vaccinated and boosted are spreading it most rapidly in counties with the strictest mandates. Now is not the time to push an experimental vaccine on our children. You will have blood on your hands if you choose to force this.

Sarah Dudder

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 11:12:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Say NO to vaccine mandates

From: Shauna Myron <shauna.myron@gmail.com>
Sent: Tuesday, January 4, 2022 11:03 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Say NO to vaccine mandates

External Email

Hello, I'm writing to you today in order to express my deep concern for our children.

Forcing a vaccine mandate on children is wrong. I encourage you to listen to Dr. Robert Malone and Dr. Peter McCullough, two very reputable doctors, who are preaching truth about covid, the risks, and treatment options in the midst of the government fear propaganda madness.

Podcasts of note:

https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCEyT?si=d2MPIEcaRvSwfIV1UYMFiw&utm_source=link

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F3SCsueX2bZdbEzRtKOCEyT&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd430b84ec4cb4c08820c08d9cfb62a7a%7C11d0e>

https://open.spotify.com/episode/0aZte37vtFTkYT7b0b04Qz?si=KeOWPGI8Ta6Xto5alFeYKw&utm_source=link

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F0aZte37vtFTkYT7b0b04Qz&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cd430b84ec4cb4c08820c08d9cfb62a7a%7C11d0e>

Washington state is chasing away good tax paying citizens due to the policies here. This will add even more to the list of reasons our family will leave the state.

Please know that my family, and many others we know, do not support a vaccine mandate in our children, or adults for that matter. We have a right to privacy regarding medical status and we should have a right to decide what goes into our body, and our children's bodies. Another thing to think about...if a vaccine mandate comes into law, our tax dollars should not go to support the school system which my children will not be able to participate in. This is discrimination and it's disgusting and we are fed up!

Wake up, Washington!!!!

Respectfully,

Shauna Myron

From: Testify Online Survey
Sent: 1/4/2022 9:01:17 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Vaccine for school children

3.

Your Name:

Jennifer kaslow

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

36309 Se St. Andrews lane snoqualmie

7.

Email:

Jennifer_kaslow@msn.com

8.

Phone Number (Include Area Code):

425-260-8850

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

This emergency use of covid vaccine that has NOT stopped transmission of covid especially as we now see a spike in cases. Our children are not at risk of sever illness.

Our family had covid and recovered without medicine or vaccine. You will harm more children then not with this experimental thereputic.

11.

Are you Pro or Con on the proposal?

2. Con

If this does not stop spread it should not be mandated.

From: Connie Fuchs
Sent: 1/3/2022 8:57:58 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Will not be for Mandated shots for Covid. Already contracted it and have better immunity than those who got the shot. The shot does not protect you from getting Covid so stop the mandates. This is pure stupidity,

Sent from my iPhone

From: Madonna Renville
Sent: 12/29/2021 2:08:18 PM
To: DOH WSBOH
Cc:
Subject: student mandatory vaccination

External Email

As a grand-parent i feel parents should have complete say-so regarding covid vaccination of their children. Many will decide to homeschool and the isolation will be a real mental health concern for many children.

From: Testify Online Survey
Sent: 1/4/2022 8:30:25 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Immunization criteria for child care and school entry

3.

Your Name:

Cassandra King

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4309 127th PI SE everett, WA 98208

7.

Email:

Cassiewharton@hotmail.com

8.

Phone Number (Include Area Code):

(360)421-7354

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 vaccines required for school entry.

11.

Are you Pro or Con on the proposal?

2. Con

It is clear that the vaccine does not keep one from getting or spreading Covid-19. The mandates from other businesses around the state have not stopped the spread. For example, the city of Seattle has had a greater case count now that everyone is mandated to be vaccinated, than prior to them firing all of the unvaccinated employees. This will not keep our children more safe as a result. The amount of adverse reactions and deaths are far higher in children, than if they were to actually get Covid. They have a 7xs higher chance of death from the vaccine than if they were to get Covid. The numbers are clearly stated on the vaers website, and even from Anthony fauci himself. This is clearly a political agenda, and is not looking out for the best interest of our children. The public school district has already lost thousands of students due to the horrible way that they have handled Covid, and they should be prepared to loose even more if this is implemented. Imagine the financial strain that would cause for the state, doesn't it all come down to money in the end? This is an abomination on our children.

From: Geoffrey Bennett
Sent: 1/3/2022 5:52:05 PM
To: DOH WSBOH
Cc:
Subject: Regarding vaccines

External Email

Please become informed on the VAERS reporting that has shown adverse reactions to the vaccine. Children are not statistically at risk from Covid. Rate of serious reaction is lower than the traditional flu. If you seek to require vaccines to attend school I will be joining with other parents to file a lawsuit against that state.

Regards,

Geoffrey Bennett

From: Testify Online Survey
Sent: 1/3/2022 7:59:30 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Vaccine Mandate

3.

Your Name:

Taylor Broughton

4.

Do you have a professional title?

1. Yes

PA-C

5.

Are you representing an organization?

2. No

6.

Address:

208 W Rolland Ave Spokane, WA 99218

7.

Email:

brot9@byu.net

8.

Phone Number (Include Area Code):

8012100299

9.

Do you have any special expertise relevant to this topic?

1. Yes

I work in Spokane county as a physician assistant diagnosing and treating patients with COVID-19

10.

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

1. Yes

To require COVID-19 vaccinations for K-12 students in order to participate in in-school attendance.

11.

Are you Pro or Con on the proposal?

2. Con

In my opinion, children are not at risk of significant illness or a significant vector for spreading the disease. Mandating a vaccine will not serve to significantly protect them or reduce disease. On the contrary, I feel mandating a vaccine will prevent many children from attending in person. Virtual education options are inferior and mandating even a few children is sacrificing their education.

From: Nanaho Burkhart
Sent: 12/29/2021 1:56:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly refuse to have a mandated shot (Covid-19)for the children in the school system in Washington state.
The Safety of this shot has not yet been established.
This shot is not preventing anyone from getting Covid-19 even though you had the shot of Covid-19.

Nanaho Burkhart

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 10:56:36 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01-12-2022

2.

Agenda Item or Issue:

Action Item 11: Rule Making Petition - Immunization

3.

Your Name:

Aimee Herb

4.

Do you have a professional title?

1. Yes

M.S, C.N.

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

aimeeherb@gmail.com

8.

Phone Number (Include Area Code):

206-214-7966

9.

Do you have any special expertise relevant to this topic?

2. No

Not necessarily but I do follow this topic closely.

10.

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

2. No

I am not testifying but providing my comments below.

11.

Are you Pro or Con on the proposal?

2. Con

I oppose mandating the Covid-19 vaccine for children entering early childhood care, preschool through high school. I do not feel that we need to be vaccinating healthy children in order to spare those who are immune compromised or elderly adults from getting Covid-19. I do feel however that these people should be vaccinated and remain vaccinated in order to get mild cases if they do get Covid. The World Health Organization does NOT recommend children be vaccinated. In fact, the contrary. If you read their website the recommendation for who should be vaccinated it's adults aged 18 and up. Here is the link to view: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice> We have an FDA advisory panel that is also aware of the rates of pericarditis and myocarditis due to the Covid-19 vaccine and has called for further studies on this to be done now through the year 2024. Myocarditis and pericarditis are affecting the worlds population of people to include children of growing age and at rates of approximately 1 in 2700 for ages 15-17 and 1 in 1900 for ages 18-24. These are the rates that the CDC is not making readily available for the US population to see but are being seen throughout the UK and in the most recent Kaiser Permanente study done here in the US. Research shows that children who are not immune compromised may suffer more side effects from the Covid-19 vaccine than are at risk of suffering side effects from getting sick with Covid and gaining natural immunity. The JCVI and Public Health England have chosen NOT to vaccinate children under the age of 18 unless they are immune compromised or residing with someone who is due to the risks of and negative side effects of this mRNA vaccination. This should be saying something to us here in the U.S. but unfortunately our countries politics in regards to this vaccine over rule the science behind it and our children suffer the consequences.

From: Brandon Ghorley
Sent: 1/3/2022 2:44:24 PM
To: DOH WSBOH
Cc:
Subject: School Vaccine Mandates...

External Email

Greetings,

I realize that you are likely receiving a great deal of communications from parents offering input regarding potential school Covid vaccine mandates in Washington state. I am the parent of a 7th and 8th grader in Puyallup, and would like to add to whatever input has already been submitted.

Put plainly: I hope that you will not mandate Covid vaccines as a condition for school attendance.

My primary concerns are 1). unlike previous vaccines, we have yet to spend years gathering data on the affects of this vaccine on children -- particularly those who have already acquired the antibodies by way of infection. And 2). we do have the data to suggest that this vaccine is non-sterilizing. If children will likely become infected either way, what is the benefit of introducing any risk (even a small one) by way of vaccine?

(As a sidenote, I would strongly advocate administering antibody tests to all students and teachers. The data gathered in our local communities would be invaluable in understanding the current scope of Covid spread).

I would be happy to provide links to data upon request. Many thanks for your consideration.

Regards,

Brandon Ghorley

From: Garrett Aguillard
Sent: 12/29/2021 2:30:11 PM
To: DOH WSBOH
Cc:
Subject: School Vaccine Mandate

External Email

Hello,

Thank you for considering my concerns with the idea of exploring a school vaccine mandate.

Forcing any sort of substance on a child can be dangerous and life threatening. Whether it's a peanut, a drug or an experimental injection. Each substance can have a different and sometimes a detrimental effect on certain children. The authority to determine what is good or necessary for a child is ultimately the parents responsibility. The child's personal doctor may be qualified to make such recommendations, but not the state, the school system or anyone in between.

Implementing a school vaccine mandate is a huge violation and oversteps a majority boundary of authority that belongs solely to the parent or legal guardian of the child. This mandate is unacceptable and should be thrown out immediately.

Thank you,
Garrett Aguillard

From: Brice Canfield
Sent: 1/4/2022 8:16:44 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 express my deep concern for the wellbeing of our children as it relates to the concept of mandating Covid-19 vaccines. Children are at an extremely low risk for any serious illness from this virus, and the vaccines have not been in use long enough to know all of the risks. Even so, VAERS data show that the risks well outweigh any benefit from this vaccine for young children. To require this vaccine for children would be irresponsible and detrimental to their wellbeing.

Regards,
Brice Canfield, mother of two young children
142 Point Fosdick Circle NW
Gig Harbor, WA 98335

From: Testify Online Survey
Sent: 1/4/2022 7:40:10 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12th 2022

2.

Agenda Item or Issue:

Requiring students take the C-19 vaccine

3.

Your Name:

Patricia Holmes

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

PO Box 683 Port Orchard WA 98366

7.

Email:

Patricia322@wavecable.com

8.

Phone Number (Include Area Code):

360-871-1685

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

Deciding to include the C-19 vaccine as a requirement for school attendance

11.

Are you Pro or Con on the proposal?

2. Con

As a parent, I think it prudent to wait for much more research before requiring a shot. I'm supportive of long tested vaccines for children, my own children are fully vaccinated and enrolled in public school. Adding this requirement while these shots are still experimental is "the hill" for me. I would pull my children from public school before I would have them get a shot for which we have so little long term research.

From: Testify Online Survey
Sent: 1/4/2022 8:07:53 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

WSBOH 01/12/2022

2.

Agenda Item or Issue:

Immunization Criteria for Child Care and School Entry

3.

Your Name:

Stephanie Donohoe

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2134 Echo Hills Dr

7.

Email:

Stephaniedonohoe@outlook.com

8.

Phone Number (Include Area Code):

7178557330

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

Required vaccination for students/childcare, specifically COVID vaccination.

11.

Are you Pro or Con on the proposal?

2. Con

There is a lack of long term research on the effects of this new mRNA technology on children. With their cells rapidly dividing for growth, my concern is there is a large risk if something were to go wrong. Children have been mostly low risk thus far, so the risk of severe COVID is low but the risk is unknown for vaccination without long term research. Also, our family has a history of autoimmune diseases and thyroid disease. I know with at least Moderna people with these issues were excluded from original testing pools.

From: Randy Grove
Sent: 1/3/2022 1:09:36 PM
To: DOH WSBOH
Cc:
Subject: schedule of requirements for school

External Email

As a retired educator (7+ years) and a former Environmental Health Specialist (15+ years), I find that requiring anything concerning Covid-19 for students to be a waste of time, money, and resources. The vaccines are not doing what they were intended to do. Masks are counter-productive for students. We need to get back to "normal" teaching of the basics: reading, writing, mathematics, science, history and electives. It is fine to check a student's temperature when there is concern. Keep educating students to learn and reason, not the latest fad or political nonsense.

Thank you,
Randy B Grove

From: Cheryl Rogers
Sent: 1/4/2022 8:46:22 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I urge you to ABSOLUTELY NOT force covid shots on our children.
Thank you for taking and considering my comment.
Sincerely,
Cheryl Rogers
Sent from my Verizon, Samsung Galaxy smartphone

From: Testify Online Survey
Sent: 1/4/2022 8:09:55 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/12/2022

2.

Agenda Item or Issue:

Covid vaccinations for K-12

3.

Your Name:

Philomena McGowan

4.

Do you have a professional title?

1. Yes

Philomena McGowan MT(ascp) and MS in Biology

5.

Are you representing an organization?

2. No

6.

Address:

11124 N Morrill Drive

7.

Email:

philomenab@yahoo.com

8.

Phone Number (Include Area Code):

5092901008

9.

Do you have any special expertise relevant to this topic?

1. Yes

I worked in virology department for 10 years working with actual clinical specimens and I taught students virology.

10.

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

1. Yes

Mandatory covid 19 vaccinations for school age children

11.

Are you Pro or Con on the proposal?

2. Con

This vaccine is manufactured in a new way that has no long term studies on effects. Also this vaccine is not similar to any other vaccine that is available. There also seem to be a number of short term negative reactions in a larger number of kids, especially 12-17 males. This virus has a 99.99% survival rate in people under 40. You should also be accepting natural immunity as an alternative, this is an acceptable test for many other vaccines, until now. School age kids whose parents want to vaccinate them have already done so, and now you trying to force this on a population that in most school age children is no more severe than a bad cold. There is a large amount of literature out there to dissuade mandating this vaccine, at this stage.

From: Testify Online Survey
Sent: 1/4/2022 9:52:23 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Vaccination Requirements Learning Centers

3.

Your Name:

Dr. Chelsey Richardson

4.

Do you have a professional title?

1. Yes

Doctor of Nursing Practice

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)558-0224

9.

Do you have any special expertise relevant to this topic?

1. Yes

Family Practitioner, wellness and preventative medicine

10.

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

1. Yes

Making Covid vaccination a requirement for school entry

11.

Are you Pro or Con on the proposal?

2. Con

I strongly oppose requiring covid vaccination for any child under any circumstances. 1) The risk of covid morbidity and mortality is extremely low for children in general, the vaccine has no significant measurable benefit to the average child who is not immune compromised. 2) The gene therapy vaccine is still under emergency use authorization and does not have large, long term studies to prove long term safety, nor would be able to prove long term safety for several years. 3) The argument to vaccinate children for "public health" to protect others is void; covid has escaped vaccine induced antibodies as it continues to mutate. 4) The rates of adverse events to those who have already had covid and then go on to receive the vaccine are 3-4 fold higher, than for those who have not have covid 19; do you have an effective way to screen for prior disease to prevent these unnecessary adverse events from occurring? 5) Adverse reactions such as blood clots, myocarditis, sudden cardiac death, neurological inflammation, autoimmunity among many others are occurring and should not be taken lightly, we know VAERS which is a voluntary reporting system, is very seriously underreported, how can you be remotely confident in the rates of adverse events. Lastly, as Public Health Officials, you have the duty and you will be held accountable to uphold the Hippocratic Oath and "First Do No Harm". Please oppose mandatory covid vaccinations for children which are experimental, unnecessary for most and potentially very harmful.

From: Bonni Martin
Sent: 1/3/2022 10:22:12 AM
To: DOH WSBOH
Cc:
Subject: school shot requirement

External Email

In regards to the school's schedule of shots...

There are still so many unknowns about this strain of covid, and not to mention the scare tactics and political involvement.

The vaccine is untested and to give several boosters of this experimental concoction to our children, our future, is reckless.

I do believe we as a population need to create our natural immunities and that is the best way to protect our weaker populis.

The bat is out of its cage and as Americans, whose founding fathers lived in tyranny and wrote the constitution so we have a voice, we have the freedom of choice and we must not lose our freedoms.

Bonni

From: Testify Online Survey
Sent: 1/3/2022 10:00:12 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th, 2022

2.

Agenda Item or Issue:

Technical Advisory Group to consider the COVID-19 vaccine for inclusion

3.

Your Name:

Danielle Lawson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2614 W Hawthorne Rd Spokane, WA 99208

7.

Email:

farmerdani@hotmail.com

8.

Phone Number (Include Area Code):

2532256114

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

concerning required student vaccinations

11.

Are you Pro or Con on the proposal?

2. Con

I am against requiring student COVID vaccinations. I am Isaac's mother. I do not want any politician or school district to tell me what to do to my child's body. It is my right to make decisions regarding my son's health. The job of the school is to educate my son, not to manage him medically. That is between me as a parent and our doctor. The job of the government is to protect my rights as a parent - to have the freedom to choose what is best for my son. Where will this stop? We must retain our rights for the freedom to choose what we we feel is best for our children. Only we, as parents, know what that is - nobody else.

From: Testify Online Survey
Sent: 1/4/2022 10:56:26 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Mandating Vaccines for School Children

3.

Your Name:

Ryan Cary

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2820 W Ezra Lane Spokane, WA. 99208

7.

Email:

rcary74@gmail.com

8.

Phone Number (Include Area Code):

509-890-8084

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

Early on the CDC found that the virus was not fatal to our younger population. If a student were to contract Covid they will develop their own anti bodies which are better in the fight against virus. CDC does not have enough historical data on the long term effects of this vaccine. Many people are concerned about this as it relates to their children. They should not be forced by our government to put something in their childs body if they are not comfortable with it. This is coming from someone who is vaccinated, I am older and carefully weighed my options and made the decision for myself. Our government should not be mandating this it is categorically wrong. And a government overreach.

From: Testify Online Survey
Sent: 1/4/2022 8:20:19 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/07/2022

2.

Agenda Item or Issue:

COVID-19 vaccine for inclusion in chapter 246-105 WAC

3.

Your Name:

William Heissenbuttel

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

13108 E Piper Rd., Spokane, WA 99217

7.

Email:

bill@heissenbuttel.com

8.

Phone Number (Include Area Code):

509-220-3980

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

Data shows that children and young adults 0-19 are not at risk of dying or of detrimental hospitalization from COVID. In Spokane county where my children attend school, there are 83,000 children who fall under the 0-19 age range and in a year of collected data, 4 children have been recorded as having died *with* COVID (Spokane County doesn't differentiate between dying *with* COVID versus dying "due to" COVID - covid.srhd.org/topics/spokane-county-case-data). That is statically zero. Spokane County doesn't release any other info concerning associated co-morbidities or BMI numbers for the deaths which could have been contributing factors. I will not risk my children's lives with an experimental and largely untested (especially long term) "vaccine" and have it added to a requirement for them to attend school. Many traditional vaccines, such as MMR, have decades of data to back up their effectiveness and minimal risk to its recipients. The various mRNA therapies offered by Moderna, Pfizer and J&J are based on a medical technology only 4 years old and these specific formulations have been in existence only 18 months. That is insufficient time to test the safety, especially long term, to our most vulnerable part of the population. With a documented increase in heart conditions in young male adults due to the Moderna and Pfizer "vaccines" and blood clotting issues in young women with the Janssen (J&J) "vaccine", it is irresponsible of WA state to require a medicine that has a high potential of harming the patient, more-so than the malady it's supposed to protect against. There should not be a school attendance requirement for the COVID "vaccine".

From: Joanie Coe
Sent: 12/30/2021 9:14:09 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

The covid vaccines are not needed for our healthy children in schools. The kids have amazing immune systems which god gave them. My family refuses to take any of the covid vaccines. As a respiratory therapist in the pediatric setting I have personally seen that the kids are not being affected by the virus. The kids do not need this vaccine. In fact they don't need the mask either. Let these kids be kids. They need to encounter normal everyday germs to continue to build their immune systems. The mask don't stop covid from spreading. The airborne particles of covid are too small that the mask can't stop it. Quit mandating things that aren't helpful. The vaccines are only hurting people and their immune systems. My family WILL NOT COMPLY to this BS!

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 11:05:25 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 7 2022

2.

Agenda Item or Issue:

Immunization Criteria

3.

Your Name:

Sandra Anderson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1919 Road 80, Pasco, Wa

7.

Email:

Andersons6@msn.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

Covid shots should absolutely NOT be a requirement for our children, they are experimental and too risky!

From: Testify Online Survey
Sent: 1/4/2022 8:08:08 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Rulemaking Petition - Chapter 246-105 Tom Pendergrass, Board Vice Chair WAC,
Immunization Criteria, Child Care Samantha Pskowski, Board Staff and School Entry

3.

Your Name:

Jackie Purvis

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

17206 NE 33rd court Ridgefield, WA 98642

7.

Email:

Jpurvis@mac.com

8.

Phone Number (Include Area Code):

360-576-7446

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I urge you not to make the Covid 19 vaccination mandatory for school children. Children are at low risk from Covid infection and this vaccine is too new to know long term effects it may have on children. I will pull my child from school and start homeschooling if this is made mandatory.

From: Testify Online Survey
Sent: 1/4/2022 9:31:19 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Wednesday, January 12th

2.

Agenda Item or Issue:

Immunization Criteria for Child Care and School Entry

3.

Your Name:

Whitney Pauley

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

13724 457th Ave SE, North Bend, WA 98045

7.

Email:

whitney.pauley@hotmail.com

8.

Phone Number (Include Area Code):

206-406-8430

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?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Children are extremely low risk and vaccines are still emergency use authorization.

From: Testify Online Survey
Sent: 1/4/2022 10:05:09 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:

Chikd vaccine mandates

3.

Your Name:

Kay Brown

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

6638 Columbine Court Southeast

7.

Email:

Klynne325@gmail.com

8.

Phone Number (Include Area Code):

3608884789

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a mother, and know that this would be, and has already been detrimental to my children.

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

Absolutely against thus mandate.

From: Testify Online Survey
Sent: 1/4/2022 9:50:12 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Vaccine Mandates for School Age Children

3.

Your Name:

Wendy Powell

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3202 E Dupree Ln Valleyford, WA 99036

7.

Email:

wendy@auroraherbs.com

8.

Phone Number (Include Area Code):

509-998-1036

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 am against compulsory vaccination of children.

11.

Are you Pro or Con on the proposal?

2. Con

I am appalled that a vaccination mandate would be considered that can cause more harm than good. I want to PROTECT the CHILDREN. It is so obvious that not all of the nine criteria can be met by any of the new "vaccines." For instance, criteria #4 - does the vaccine do harm? Yes, the VAERS report lists over 19,000 deaths from the vaccines as well as hundreds of thousands of adverse events. And most importantly, criteria #5 - does it prevent disease? NO, it is now known that Covid19 occurs in people who have been fully vaccinated, and even those who have had boosters.

From: Colby Steffenhagen
Sent: 1/3/2022 8:47:17 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Board Members,

With great respect, I fervently oppose mandates for vaccines at any level. Federal and State Government need to respect our civil liberties!
I'm personally in favor of those wishing to be vaccinated (as myself and family are) but that MUST be the individuals choice, NOT dictated by Federal /State Government.

Respectfully,
Colby

-Colby
Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 9:44:38 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/21

2.

Agenda Item or Issue:

Immunization Criteria for Child Care and School Entry

3.

Your Name:

Jessica Thompson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2179 Colonial Way

7.

Email:

jessicabork79@gmail.com

8.

Phone Number (Include Area Code):

503-504-8323

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 to be mandated to children.

11.

Are you Pro or Con on the proposal?

2. Con

Children are at a significantly low risk of contacting Covid and absolutely 0 HEALTHY children have died from Covid that didn't already have co-morbidities. This "vaccine" is also still only a EUA (Emergency Use Authorization) vaccine, therefore making it illegal to force anyone to take it. This has nothing to do with public health and everything to do with money. You are putting our children's lives at risk to line your pockets with gold, and you will be accountable to God when the time comes. Please do not mandate this in schools and do what is right! You will all be at the judgement seat of God one day and will have to account for this wickedness!

From: Testify Online Survey
Sent: 1/3/2022 8:36:00 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Adding the Covid-19 vaccine to list of required childhood vaccines.

3.

Your Name:

Rebecca Senescall

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

99208

7.

Email:

Mitchell.rebecca87@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

My husband and I come to you in complete opposition of a Covid-19 vaccine mandate on school and children. As tax payers our children have the right to a public education. We should not be in fear of losing that over a medical decision that we are not confident is safe for our children. This is a family decision and parents deserve the right to chose if we will submit our children to an experiment or not. We, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age. Requiring an mRNA injection that does not stop the spread or prevent infection is not the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for vaccine preventable diseases. This vaccine is neither effective in stopping the spread or preventing illness and should not be added to the list of required vaccines. Children are not at high risk of death from Covid-19., they have a 99% chance of survival. They are also not causing community spread. The latest variant presents as cold symptoms or nothing at all. People who have been vaccinated are getting it in higher numbers than those with natural immunity. Children, males in particular, are at a far greater risk of an adverse reaction to the vaccine than serious complications from covid. It is not right or constitutional to threaten to withhold an education from a child if the parents do not comply to your opinion of what is best for our children. There is enough data and research to indicate these vaccines are unnecessary and unsafe for children. We will not allow our children to be a science experiment to make adults feel safe. Our children will NOT receive the experimental vaccine under any circumstances. We will go to the ends of the earth to protect them. This deserves to be a family choice, they are our children, not yours. We will immediately pull our children from the public school system.

From: E-mail Alert.
Sent: 12/30/2021 8:48:07 AM
To: DOH WSBOH
Cc:
Subject: Shots for kids

External Email

Please do NOT require Covid shots for children!! This should be a decision for their parents and not a requirement.

Thank you for your time and consideration.

Nick and Diana Ehrman

Sent from my iPhone

From: Herendeen, Lindsay (SBOH)
Sent: 1/3/2022 9:33:12 PM
To: DOH WSBOH
Cc:
Subject: FW: Stop

Lindsay Herendeen, MPH, MCRP (she/her)
Health Policy Analyst
Washington State Board of Health
lindsay.herendeen@sboh.wa.gov
360-628-6823
Website, Facebook, Twitter

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

From: Evelyn Hoefakker <kennev@icloud.com>
Sent: Monday, January 3, 2022 9:26 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 7:44:10 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

covid 19 vaccine inclusion

3.

Your Name:

Brandy VanOchten

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

216 E Cooper Lane Colbert WA 99005

7.

Email:

bvanochten@vptitle.net

8.

Phone Number (Include Area Code):

7278585024

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 requirement for kids to attend school

11.

Are you Pro or Con on the proposal?

2. Con

The vaccine does not prevent you from getting covid. Why are we going to inject our children with experimental drugs that is proven not to keep them from getting covid. There is no long term data to show how this will affect them down the road. This is not a measles or mumps vaccination that has been around for decades that has shown to work and we know the long term affects. Let the kids build their immunity naturally.

From: Testify Online Survey
Sent: 1/4/2022 11:09:51 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12

2.

Agenda Item or Issue:

Covid shots for children

3.

Your Name:

Keila McGahuey

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1127 27th street nw puyallup wa

7.

Email:

Keila.savage@icloud.com

8.

Phone Number (Include Area Code):

2532277188

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a mother.

10.

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

1. Yes

Covid shot requirement a for children

11.

Are you Pro or Con on the proposal?

2. Con

Children are not lab rats. Private school or moving out of state will be the solution for most parents.

From: Testify Online Survey
Sent: 1/4/2022 8:43:45 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:

1933 e marshall ave

7.

Email:

Chrishanna874@gmail.com

8.

Phone Number (Include Area Code):

5098084489

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I don't think this is right on so many levels, there is no research on what this will do to anyone in the upcoming years plus why is there such a push for this

From: Testify Online Survey
Sent: 1/4/2022 9:26:28 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

Including vaccine in chapter 246-105 WAC.

3.

Your Name:

Charles Kinsey

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

PO Box 1056, mead, wa 99021

7.

Email:

thekinseysathome@gmail.com

8.

Phone Number (Include Area Code):

2086911438

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

Through research and basic medical understanding, we are not sure about how this vaccine may impact our children. I am in favor of vaccines that have been proven, and tested for years. We have not tested nor validated the results of this vaccine against children or pregnant women. Much is yet unknown about the COVID virus as well as the vaccine. Additionally, forcing people, families or individuals to adhere to choice based medical practices, is a violation of the freedoms of the citizens of this great nation.

From: Evelyn Hoefakker
Sent: 1/3/2022 9:24:09 PM
To: DOH WSBOH
Cc:
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible
Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally informed woman

Sent from my iPhone

From: Amber
Sent: 1/3/2022 10:14:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I, along with many other concerned Parents across this State have I grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

There is also a major difference between experimental "emergency" vaccinations with no one taking responsibility for vaccine related injuries and the long standing vaccines that have withstood appropriate and legal measures of safety and legal responsibility.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Amber Schumacher
Concerned Mead Parent

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 8:16:56 PM
To: DOH WSBOH
Cc:
Subject: FW: Questions for the Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

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

From: M1MaV1ct0r <sophia.h.wilson@gmail.com>
Sent: Wednesday, December 29, 2021 1:18 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Questions for the Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

External Email

Dear Ms. Kahler,

Why is this meeting not being recorded?

Why is the public not allowed to comment or ask questions?

Why is this critically important meeting being held with almost no notice during the week between Christmas and New Year, when most people are busy with family and would more likely miss this?

Why is there no opposing argument (representing a majority view of your constituency) regarding this INCREDIBLY personal, sensitive issue?

Why is natural immunity not being considered for this issue (where research has demonstrated for decades, and in the past 22 months of SARS-CO-V2, that natural immunity is robust and long-lasting)?

Why are we considering mandating an experimental gene therapy, a dreadfully LEAKY vaccine (definitely counter to science), when the FDA "approved" version (Comirnaty) is not yet available? How can you (attempt) to force the experimental version on the public (OUR CHILDREN), in what is proving to be an unconstitutional bait-and-switch?

Best,

Sophia Wilson

From: heidi
Sent: 1/3/2022 7:49:19 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Tax money is specifically set aside to educate children living in Washington. If the state determines they will discriminate against children who are not vaccinated, the money originally allocated to these children should be released in the form of educational vouchers granted to them for the use at private schools who are willing to educate all children regardless of vaccination status. Children are entitled to K-12 education, if the state will not meet this obligation plenty of private institutions are happy to fill in but the state must carry the bill. I am disappointed that Washington State Public Schools are so willing to ban thousands of children from the education they are entitled to.

Sincerely,
Heidi Farley

Sent from my iPhone

From: Karisa McSpadden
Sent: 1/1/2022 6:12:55 PM
To: DOH WSBOH
Cc:
Subject: Required Covid19 Vaccine

External Email

Washington State Board of Health:

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Karisa McSpadden
Spokane, Wa 99223

From: crystalynn varozza
Sent: 12/29/2021 9:54:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

If the vaccine mandate is voted in for children, you will lose 4 children from my home. They will be pulled from public school and moved or homeschooled. I hope you consider the toll this will take on public's school funding.
-Crystalynn Varozza

From: Shantel Brown
Sent: 1/4/2022 8:51:21 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Children should not have to get the vaccine. No one should be told what to do to their body. We should all have the choice to choose. Children are not high risk and the vaccine is still under Emergency Use. We need to keep the ability to choose for ourselves and our families well being.

From: Testify Online Survey
Sent: 1/4/2022 8:53:17 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01/12/2022

2.

Agenda Item or Issue:

11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry —Possible Action

3.

Your Name:

Riannon James

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

17122 2nd St NE, Snohomish, WA 98290

7.

Email:

drtrjames@gmail.com

8.

Phone Number (Include Area Code):

559-230-9824

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Adding EUA Covid-19 Vaccines to the required schedule of vaccinations for children to enter public schools.

11.

Are you Pro or Con on the proposal?

2. Con

How can we require children to take a vaccination that hasnt gone through testing in its entirety and poses a greater risk with side effects than getting actual covid? Will the WA state board of health be accepting liability for any vaccine injuries due to mandating a EUA vaccine that has not properly and completely studied the short and long term risks to children with this specific vaccination. What about children who have a genetic pre disposition to developing autoimmune disorders from one or more of their parents? Those individuals may be at an increased risk of awakening an autoimmune disorder through vaccination with an mRNA vaccine. While there is no evidence currently that this is possible, there also is no evidence that it isnt, and that gives parents reason for pause and concern. Leave medical decisions in the hands of parents who know their childrens whole medical history and have their best interest at heart.

From: Robbie Gehre
Sent: 12/31/2021 11:57:08 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

If you force vaccines on our kids, it's very simple.....we will move our businesses out of Washington, it's that simple. How's inslee going to keep giving free money to the homeless when all the actual workers leave the state? Can we make it mandatory that teachers aren't fat anymore?....because that is a greater threat as an example to our children that it's okay to be obese.

Robbie Gehre
NMLS-313633
206-909-7622
CALIBER HOME LOANS
WWW.THEGEHRETEAM.COM

We care about our customers' personal information. Please contact the appropriate parties to verify any emails requesting personal/financial information or requesting funds to be wired, prior to taking any action.

This electronic transmission and any documents or other writings sent with it constitute confidential information, which is intended only for the named recipient. If you are not the intended recipient, please reply to the sender that you have received the message in error and delete it. Any disclosure, copying, distribution or the taking of any action concerning the contents of this communication or any attachment(s) by anyone other than the intended recipient is strictly prohibited. Caliber Home Loans, Inc. 1525 S. Belt Line Road, Coppel, TX 75019. Equal Housing Lender. NMLS # 15622

From: Testify Online Survey
Sent: 1/4/2022 7:52:34 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Criteria for immunization for children

3.

Your Name:

Christine Heric

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1439 S Buchanan Pl Kennewick WA 99338

7.

Email:

Christinemheric@gmail.com

8.

Phone Number (Include Area Code):

425-420-5982

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

COVID 19 has not posed any significant risk to children. The vaccine is still under an emergency authorization and has not yet had enough time to prove out of there will be long term side effect's. This devision should not be made until much more information and research is completed.

From: Leah Christman
Sent: 1/1/2022 7:38:25 AM
To: DOH WSBOH
Cc:
Subject: STOP THE MANDATES FOR THE JAB

External Email

This is to tell you to stop mandating what we as Washington State citizens put in our bodies and those of our children. Stop now! Grow a backbone and tell the powers that be "hell no"! Stand up for what is right and quit being boneless, cowardly, evil, and stupid.

NO MANDATES. PERIOD.
Leah Christman
Ride In Peace

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

13 year old boy, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1633205>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1633205>

15 year old boy, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1668800>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1668800>

16 year old boy, 6 days after Pfizer injection

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1702154>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1702154>

17 year old boy, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1737907>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1737907>

15 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1845034>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1845034>

13 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1862946>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1862946>

12 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865979>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865979>

4. Robert Malone's brief explanation of why we should oppose Covid vaccinations of children.

Before your child is injected, watch Dr. Robert Malone's statement on child COVID vaccinations

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C66376bbb13ab46a9f06408d9cd3ef234%7C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C66376bbb13ab46a9f06408d9cd3ef234%7C>

Before your child is injected, watch Dr. Robert Malone's statement on ch...

Physicians and Medical Scientists

Full Text of Malone Statement My name is Robert Malone, and I am speaking to you as a parent, grandparent, physi...

Thank you!

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 5:50:19 AM
To: DOH WSBOH
Cc:
Subject: FW: Stop

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

From: Evelyn Hoefakker <kennev@icloud.com>
Sent: Monday, January 3, 2022 9:26 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally

Sent from my iPhone

From: Davis, Michelle (SBOH)
Sent: 1/4/2022 8:11:51 AM
To: DOH WSBOH
Cc:
Subject: FW: Stop

Please add to public comments

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

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

From: Evelyn Hoefakker <kennev@icloud.com>
Sent: Monday, January 3, 2022 9:24 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally

Sent from my iPhone

From: Testify Online Survey
Sent: 1/3/2022 8:52:23 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

COVID-19 vaccine for inclusion in chapter 246-105 WAC

3.

Your Name:

Mitch Rickman

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

806 E. Saint Thomas Moore Way

7.

Email:

mitchrickman@gmail.com

8.

Phone Number (Include Area Code):

5096885125

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

COVID-19 vaccine for inclusion in chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

I don't believe forcing vaccination for covid makes sense for some of the individuals best able to cope with the virus. The covid19 vaccines also do not guarantee the individual will not contract the virus so adding it as a requirement will limit access to education, strain families and still provide no guarantees that the disease will not spread through schools.

From: Testify Online Survey
Sent: 1/4/2022 8:31:37 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th

2.

Agenda Item or Issue:

Immunization criteria for child car and School entry

3.

Your Name:

Amanda

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

adbuxton2010@comcast.net

8.

Phone Number (Include Area Code):

2065508914

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I believe kids should not be required to enter school on the matter of vaccination status. Vaccines are not FDA approved at the moment only EUA approved. Even being EUA approved their has not been a lot of proper testing for my liking.

From: Testify Online Survey
Sent: 1/4/2022 11:05:37 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12 2022

2.

Agenda Item or Issue:

Covid vaccine requirement for School aged children

3.

Your Name:

Shawn Neal

4.

Do you have a professional title?

1. Yes

PharmD

5.

Are you representing an organization?

2. No

6.

Address:

16008 n McKinnon lane

7.

Email:

shawnnear69@hotmail.com

8.

Phone Number (Include Area Code):

5098688565

9.

Do you have any special expertise relevant to this topic?

1. Yes

Certified Vaccinator and Pharmacist

10.

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

1. Yes

To better qualify the recommendation that Covid vaccine be required for ALL school aged children(5-16). All vaccines recommended for admissions currently are FDA approved. The vaccine exemption can be applied for children in school with options for admission and not subject to "mandatory" use with current FDA approved vaccines. The Covid vaccine is still under EAU (Emergency Use Authorization) and not FDA approved yet for school aged children 5- 16 but is recommended in the interim. The CDC and ACIP only recommends providing vaccine to SOME immunocompromised children- not all children. Recommending a vaccine under EAU to be mandatory is creating unrest in parents and children. The optional vaccination status is allowed for all proven and established FDA vaccines, this should also be applied to Covid or other vaccines that are optional, like Influenza, and should remain optional until proven necessary approved by CDC, ACIP or FDA. This movement to mandate is not following historical approval process or regulation that use actual time and patient volume data to support decision. I believe this is premature in action at this time.

11.

Are you Pro or Con on the proposal?

2. Con

Against mandatory Covid vaccine for school aged(5-16) children under EAU. I am pro vaccine in general and I am vaccinated, however with a child I believe the decision should be allowed for the parent and child to opt out knowing risks and benefits of vaccine and risk of disease. All vaccines are subject to unknown long term side affects in the initial implementation period(usually 5-7 years). Until time has elapsed and long term data in children is obtained and FDA approval is given, it should be left to the parent to decide.

From: Evelyn Hoefakker
Sent: 1/3/2022 9:25:22 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Stop

External Email

To whom it may concern

Leave the children alone. Do not inject that poison into children. Horrible
Please ask God for forgive for even thinking to do or mandate this.

American citizen- Evelyn-a mom, grandma, and a US constitutionally

Sent from my iPhone

From: Shauna Myron
Sent: 1/4/2022 11:03:50 AM
To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Davis, Michelle (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH)
Cc:
Subject: Say NO to vaccine mandates

External Email

Hello, I'm writing to you today in order to express my deep concern for our children.

Forcing a vaccine mandate on children is wrong. I encourage you to listen to Dr. Robert Malone and Dr. Peter McCullough, two very reputable doctors, who are preaching truth about covid, the risks, and treatment options in the midst of the government fear propaganda madness.

Podcasts of note:

https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCEyT?si=d2MPIEcaRvSwfIV1UYMFiw&utm_source=link

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F3SCsueX2bZdbEzRtKOCEyT&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cae42583361cc446fa07108d9cfb4e909%7C11d0e2172>>

https://open.spotify.com/episode/0aZte37vtFTkYT7b0b04Qz?si=KeOWPGL8Ta6Xto5alFeYKw&utm_source=link

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F0aZte37vtFTkYT7b0b04Qz&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cae42583361cc446fa07108d9cfb4e909%7C11d0e2172>>

Washington state is chasing away good tax paying citizens due to the policies here. This will add even more to the list of reasons our family will leave the state.

Please know that my family, and many others we know, do not support a vaccine mandate in our children, or adults for that matter. We have a right to privacy regarding medical status and we should have a right to decide what goes into our body, and our children's bodies. Another thing to think about...if a vaccine mandate comes into law, our tax dollars should not go to support the school system which my children will not be able to participate in. This is discrimination and it's disgusting and we are fed up!

Wake up, Washington!!!!

Respectfully,
Shauna Myron

From: Testify Online Survey
Sent: 1/4/2022 8:15:13 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

COVID-19 vaccine mandate

3.

Your Name:

Luke Shiras

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

9910 n excell dr. Spokane, WA 99218

7.

Email:

lukeshiras@gmail.com

8.

Phone Number (Include Area Code):

6199935244

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

In theory, requiring immunization for serious infections is a noble effort, however, I must object to requiring the Covid-19 vaccine for students. First and foremost, it does not stop transmission, it only lessens the severity of the symptoms. There is also serious concern about the side effects of the vaccines which include blood clots and heart issues. Since children are at low risk of catching or even spreading Covid-19, this requirement seems unnecessary and will cause many families who oppose it a lot of needless grief. Please, do not add the Covid-19 vaccine as a requirement for students.

From: Testify Online Survey
Sent: 1/4/2022 9:06:31 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Wednesday -1-12-22

2.

Agenda Item or Issue:

Covid shot mandatory for child care and school admission

3.

Your Name:

Elizabeth cooper

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

22605 20th Ave se Bothell WA 98021

7.

Email:

Tntmom9194@comcast.net

8.

Phone Number (Include Area Code):

425-686-0646

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

Children are not at risk of covid-19. These "vaccines" are not FDA approved, only EUA and have not been properly tested. Covid shots should absolutely NOT be a requirement for children.

2. VAERS data

<https://openvaers.com/covid-data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C485307be8ca843849ac708d9cd8ea733%7C11d0>

3. Death reports

16 year old girl, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1854668>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1854668>

16 year old girl, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865389>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865389>

5 year old girl, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1890705>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1890705>

16 year old boy, 8 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1576798>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1576798>

13 year old boy, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1633205>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1633205>

15 year old boy, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1668800>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1668800>

16 year old boy, 6 days after Pfizer injection

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1702154>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1702154>

17 year old boy, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1737907>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1737907>

15 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1845034>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1845034>

13 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1862946>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

12 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865979>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

4. Robert Malone's brief explanation of why we should oppose Covid vaccinations of children.

Before your child is injected, watch Dr. Robert Malone's statement on child COVID vaccinations

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C485307be8ca843849ac708d9cd8ea733%7C1>

Before your child is injected, watch Dr. Robert Malone's statement on ch...

Physicians and Medical Scientists

Full Text of Malone Statement My name is Robert Malone, and I am speaking to you as a parent, grandparent, physi...

Thank you!

From: Testify Online Survey
Sent: 1/4/2022 8:29:07 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1-12-22

2.

Agenda Item or Issue:

Covid vaccine

3.

Your Name:

Amanda

4.

Do you have a professional title?

1. Yes

OTR/L

5.

Are you representing an organization?

2. No

6.

Address:

15 w elcliff Ave. Spokane wa 99218

7.

Email:

Amtrethewey@gmail.com

8.

Phone Number (Include Area Code):

360-910-1521

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

Requiring Covid vaccine for kids

11.

Are you Pro or Con on the proposal?

2. Con

My kids have natural immunity and have had covid already. I will not be getting them vaccinated for this reason as they have natural immunity. This should be taken into consideration and antibody test should be a replacement for the vaccine. Think about all the other vaccines that are not required with natural immunity. This is so wrong. It should not be up to school districts to make medical decisions for my children! You are not doctors or scientists. We have no idea of long term effects of this vaccine and won't for a long time.

From: northwestdesigns
Sent: 1/3/2022 7:19:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

WE DO NOT WANT A MANDATORY MANDATE FOR THE VACCINE!!!

Sent from my iPhone

From: Testify Online Survey
Sent: 1/3/2022 10:24:20 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12, 2022

2.

Agenda Item or Issue:

Potential covid vaccine requirement in schools

3.

Your Name:

Megan Shover

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

10108 N Lindeke Ct., Spokane, WA 99208

7.

Email:

Sayhitous@comcast.net

8.

Phone Number (Include Area Code):

509.939.9629

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have been managing my companies COVID response and protocol since beginning of pandemic

10.

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

1. Yes

Adding Covid vaccine to the WAC required school immunizations

11.

Are you Pro or Con on the proposal?

2. Con

Don't gamble with long or short term side effects on our children by giving them a "vaccine" that has been proven thousands of times over that it is not in fact a vaccine at all. It "may" reduce symptoms for some but our children are at an extremely low risk for experiencing hospitalization or death from covid. I continue to be disappointed by conversations on a vaccine requirement as a sweeping measure that give no consideration for natural antibodies or other measures to reduce spread of covid.

From: Testify Online Survey
Sent: 1/4/2022 7:56:53 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Immunization, Child Care and School Admission

3.

Your Name:

Gayla Vaillancourt

4.

Do you have a professional title?

1. Yes

Sr Business Manager

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

gaylav@live.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

I know what is best for MY child

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Children should not be mandated to take this experimental vaccine when the science indicates they are not the ones spreading it or getting it.

From: Dave Gramann
Sent: 12/29/2021 1:21:26 PM
To: DOH WSBOH
Cc:
Subject: School vaccination mandate



attachments\F20D71B0016144A7_image001.png

External Email

To whom it may concern,

I am a Washington State resident with two children in the Kent School District. I am opposed to a COVID-19 vaccination mandate.

Dave Gramann | AMENTO GROUP

Cell 206.402.2928

Direct 206.957.4728

Experts in Building Solutions®

710 2nd Avenue Suite 400 Seattle, WA 98104

amentogroup.com

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

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famentogroup.com%2F_webspi%2Fgramann.vcf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4b1c2df3a424d28351408d9cb10bf31%7C1

From: Testify Online Survey
Sent: 1/4/2022 9:01:43 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

jan 12, 2022

2.

Agenda Item or Issue:

covid 19 vac requirement for schols

3.

Your Name:

Randy Palmer

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

24906 180th ave se Kent WA 98042

7.

Email:

vandall85@yahoo.com

8.

Phone Number (Include Area Code):

425-864-1206

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

Covid Vaccine should absolutely NOT NOT NOT be a requirement for children. Children are at extremely low risk to get covid.

From: Testify Online Survey
Sent: 1/4/2022 8:47:38 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12th 2022

2.

Agenda Item or Issue:

Covid Vaccine Mandates for 5 and up

3.

Your Name:

Angela Kraemer

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

18811 N Dustin LN Colbert Wa 99005

7.

Email:

Akraemer321@gmail.com

8.

Phone Number (Include Area Code):

206-334-7234

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

Making vaccines mandates for children to attend school 5 and up

11.

Are you Pro or Con on the proposal?

2. Con

Without all the research out and clear transparency from all the vaccine companies I don't feel that informed decisions are being made on a vaccine that has been around for a short period of time. It does not prevent against Covid. Children have the lowest risk of dying from Covid. We have yet to understand the long term effects. By vaccinating our youth without a full understanding we can be sentencing our children to permanent irreversible effects we do not fully understand yet. It's not worth the risk. This should be a parental choice not a government choice especially since the vaccine does not stop the spread of the virus.

From: Testify Online Survey
Sent: 1/4/2022 9:09:06 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 7th

2.

Agenda Item or Issue:

Covid vaccination for children

3.

Your Name:

Michele Johnston

4.

Do you have a professional title?

1. Yes

MLS (ASCP)cm

5.

Are you representing an organization?

2. No

6.

Address:

6912 N Five Mile Rd Spokane WA, 99208

7.

Email:

micheledianej@gmail.com

8.

Phone Number (Include Area Code):

509-828-8838

9.

Do you have any special expertise relevant to this topic?

1. Yes

Education and professional experience in Immunology and Virology

10.

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

1. Yes

. 11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry —Possible Action

11.

Are you Pro or Con on the proposal?

2. Con

I am opposed to requiring covid-19 vaccination for children in childcare or school facilities. The science is clear that children are not at great risk from covid-19, in fact, seasonal influenza poses a much more significant risk to children than covid-19. In addition, all covid-19 vaccinations are still in EUA status, which will be expiring in the near future.

From: Testify Online Survey
Sent: 1/4/2022 7:54:02 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th, 2022

2.

Agenda Item or Issue:

Immunization Criteria for Child Care and School Entry

3.

Your Name:

Janet O'Donnell

4.

Do you have a professional title?

1. Yes

Dr

5.

Are you representing an organization?

2. No

6.

Address:

4100 237th Place SE, Bothell WA 98021

7.

Email:

tenajtex@hotmail.com

8.

Phone Number (Include Area Code):

4252382873

9.

Do you have any special expertise relevant to this topic?

1. Yes

Research

10.

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

1. Yes

to require COVID vaccinations of children in order to receive entrance to public education and day care facilities

11.

Are you Pro or Con on the proposal?

2. Con

I am against mandatory immunization of a vaccine that is currently still an experimental vaccination, and only is being distributed because of an emergency status.. however the research has not been provided sufficiently to warrant the COVID vaccination as a safe and viable source for protection against any level of a COVID, and yet it is being PUSHED throughout our society and now to our children. This is an outrage.. and irresponsible practices for health organizations.

From: Testify Online Survey
Sent: 1/4/2022 8:46:39 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

11

3.

Your Name:

Toni Johnson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

14244-Yelm-Hwy-SE-Yelm-WA-98597

7.

Email:

Sassy31668@yahoo.com

8.

Phone Number (Include Area Code):

360.339-2383

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I strongly oppose the vaccine mandate for children to enter school or daycare. Children have almost no risk of dying or becoming very ill of Covid. This vaccine is NOT FDA approved, it is NOT been proven safe or effective for children. There is no long term data on the safety and efficacy of this vaccine for children. Will the state be held liable for any damages or death caused by adverse effects of this vaccine? This is a parent's decision, NOT the decision of the state health department!

From: Josie Bent
Sent: 1/2/2022 4:51:44 PM
To: DOH WSBOH
Subject: Vaccine requirements

External Email

I am writing as a parent to ask that covid vaccinations NOT be made a requirement for schools. Vaccines that have not been approved by the FDA and have not had long term studies should never be made a requirement for students to have to attend school and be educated. I believe making covid vaccinations and testing required would be a violation of human rights and is unethical. Please consider exemptions for those who may have religious, health, and personal reasons for not participating. Please be advised that if these are made required and mandatory, my children will be removed from public education.

Thank you,

Josie

From: John Davis
Sent: 12/29/2021 12:28:52 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for Kids

External Email

At this time COVID 19 does not pose a threat to children. At large there have been very few deaths in anyone under 18, as a result there is NO NEED for a vaccine requirement for children. John Davis

From: Haag, Hannah R (SBOH)
Sent: 12/30/2021 7:55:23 AM
To: DOH WSBOH
Cc:
Subject: FW: Vax

From: Sarah Erickson <brentsaraherickson@gmail.com>
Sent: Wednesday, December 29, 2021 6:06 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Vax

External Email

Hannah,

Why are we considering the covid vaccine for our children when the survival rate is nearly 100%? It makes no sense and is highly Unconstitutional!

Sarah

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 6:10:04 PM
To: DOH WSBOH
Cc:
Subject: FW: Vax

From: Sarah Erickson <brentsaraherickson@gmail.com>
Sent: Wednesday, December 29, 2021 6:07 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vax

External Email

Kelie,

Why are we considering pushing the covid vaccine on our children when the survival rate is nearly 100%? It makes no sense and is highly Unconstitutional!

Sarah Erickson

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: jeff glaspy
Sent: 12/29/2021 12:00:53 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

To whom it may concern,

Why on earth would you even consider enforcing a vaccine that does nothing to control the spread of a virus? The statistics below speak for themselves.

Using data directly from the CDC, pretending it is not inflated.

COVID statistics under the age of 18

<https://covid.cdc.gov/covid-data-tracker/#demographics>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20df779cb31c4b9d879808>>

Today 12-14-21 in the United States of America

Population - 73,478,500

Total cases - 7,825,545

Total deaths - 0

<https://covid.cdc.gov/covid-data-tracker/#demographics>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20df779cb31c4b9d879808>>

% chance of contracting COVID - 000.106

% chance of death if contracted - 000.000

% chance of death all population - 000.000

Food for thought

"It's still unclear exactly how many people will need to be vaccinated in order to achieve herd immunity to COVID-19, but experts estimate that it will take at least 70% of the population"

<https://www.houstonmethodist.org/blog/articles/2020/dec/herd-immunity-how-many-people-need-to-get-the-covid-19-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.houstonmethodist.org%2Fblog/articles/2020/dec/herd-immunity-how-many-people-need-to-get-the-covid-19-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20df779cb31c4b9d879808d9cb05b57b%7C11d0e2>

As of today 12-14-21 76.6% of the population of the United States is vaccinated, so why is it still being pushed so hard?

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23datatracker-home&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20df779cb31c4b9d879808d9cb05b57b%7C11d0e2>

Regards,
Jeff Glaspy

Titan Homes NW
848 N. Sunrise Blvd.
Suite F203 Box 7
Camano Island, WA 98282
360-629-2423

From: Shanlee Stephens
Sent: 12/29/2021 1:03:06 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good Afternoon,

I'm sending this email in response to the meeting today discussing adding covid-19 vaccines to the list of required immunizations for students. I want to inform you that these vaccines do not prevent transmission of coronavirus, as a vaccine is intended to do. Children have been the least affected with any serious illness of covid-19. In fact many don't even know they are infected, they find out by testing. These vaccines have not undergone the process of testing and research to prove they are safe long term. There is no way to know their safety in human children, it is impossible to know this information at this point. Mandating this vaccine will cause havock among families that do not want to make the choice of experimenting on their children or forfeiting their right to a public education. I am ready to pull my children out of public school if this is approved, and I know many others as well. The current research is showing covid vaccinated individuals are contracting COVID-19 at the same rate as those who have not received this vaccine. There is no logical reasoning to make this vaccine mandatory to attend school. I want to thank you for your time and I hope this message reaches you in good conscience.

From: Anita King
Sent: 12/29/2021 12:23:38 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I am emailing because I am greatly concerned about the fact that the addition of the covid 19 vax is even being talked about for school children.

#1 the vaccine doesn't work! My own young adult son was fully vaccinated and still got covid! # 2 children rarely get covid and when they do symptoms are mild #3 I have heard way too many personal stories from people who have had adverse reactions and DEATHS we shouldn't risk our children!

Our children deserve better care they should not be subjected to experimental therapies with no proven track record.

Anita King
253 227 2065

From: Erik Schorr
Sent: 12/29/2021 4:58:31 PM
To: DOH WSOB
Cc:
Subject: Comments for the Immunizations Technical Advisory

External Email

As you probably surmise from the subject line of this message, I am writing to express my concern about today's BOH meeting to discuss adding a vaccine requirement to attend school.

In the face of all the evidence that for people under 40yrs old these shots put them at more risk of health issues than natural infection. With the emergence of Omicron as a common cold-like infection for virtually everyone, this is the time when we need to be discussing the timeline of peeling away restrictions, mandates, and all of the things that we've been harming our kids with over these last two years, NOT adding more useless and potentially harmful mandates.

The idea that parents are having to worry about making a decision whether to pull their child out of school or inject their child with a vaccine that might harm them is abhorrent. The very idea of mandating a vaccine for children that has no long-term data on possible negative effects (for any age group) is amoral on the face of it. This isn't about being "anti-vax" - the latest weapon word. This is a simple risk/benefit calculation. Every other required vaccine for kids underwent a much longer approval process, and then a further 6-16 years (depending on the vaccine) of use in the general population, before they were ever considered as a requirement to enter public schools.

I think that now is the time to publicly speak up against this single-minded approach to dealing with the pandemic. It doesn't matter if you are pro-covid vaccines. I personally think that they are a marvel of technology and I am glad that they are available for those who stand to benefit from them. However, our state government and public health officials seem to have lost the script. . I worry that they will set back trust in all vaccines for a generation if too many kids are being harmed by these new shots. Trust in our public health agencies is already at an all-time low. Proceeding in this manner may have terrible consequences if our fellow citizens turn their backs on sound advice for future health problems.

Please, I am asking you to back away from this idea.

I also encourage you to read this post by Dr. Vinay Prasad. He has been a voice of moderation and reason throughout the pandemic and he is deeply concerned that we may be rushing into something that we might regret.

<https://vinayprasadmph.substack.com/p/uk-now-reports-myocarditis-stratified>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvinayprasadmph.substack.com/p/uk-now-reports-myocarditis-stratified&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1af89c478f25410517d708d9cb2f63a8%7C11d0>>

If you have 30 minutes of extra time then you might also listen to this interview between Zuckerberg and Fauci from way back near the beginning of the pandemic. If you do, then pay particularly close attention to what Fauci says regarding the process by which the vaccine safety profiles need to be established. Then ask yourself if the science changed, or whether something else happened.

<https://m.facebook.com/zuck/videos/live-with-dr-anthony-fauci-the-uss-top-infectious-disease-expert-to-learn-about-/10111683294466031/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.facebook.com%2Fzuck%2Fvideo%2F10111683294466031%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1af89c478f25410517d708>

I am hopeful that the madness and hysteria of the last two years is beginning to fall apart and that we might begin to work towards a healthier situation for our kids. They have been harmed enough by our pandemic policies. I just hope that Washington State isn't the last place to get the memo. Much of the country seems to have figured it out already and I am astonished that Washington State still seems stuck in some weird fearful version of 2020. Good grief, even South Africa seems far ahead of us in their policy-making decisions. They've dropped contact tracing, testing asymptomatic people, quarantines, etc.

There are so many more important things that we need to do for our kids, and this mandate is a huge problem that gets in the way. I am very worried that my boys may not get to finish their education in our schools. They already have naturally acquired immunity (as I suspect the majority of the students do by now) and it would be irresponsible for me to allow them to get a shot that might put them in harm's way so that irrational adults somehow feel "safer".

No sane society uses children as shields to protect adults.

Thank you for your time.

Erik Schorr
Anacortes, WA

From: Bryan A
Sent: 1/2/2022 12:52:17 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\B7475DABE90D4916_Screen Shot 2022-01-02 at 10.56.24 AM.png

attachments\332AB76561EB42CD_Screen Shot 2022-01-02 at 11.25.48 AM.png

External Email

I find it very hard to believe that a Board of Health that allows corporations to poison the food supply with toxic and addictive chemicals, leading to a 184% increase in obesity between 1990 and 2018 and a series of health-related problems, suddenly cares about the public's health in the form of mandating vaccinations that don't even have a one-year history. By the Washington State Department of Health's own admission, Heart Disease, not Covid-19, is the leading cause of death in the United States, yet despite knowing this information for a very long time, I have seen no emergency measures being rushed through to prevent the conditions that lead to heart disease.

Also, it is known that Covid-19 vaccinations, like other vaccinations, can lead to myocarditis in children and younger adults. Is the Board of Health ready to compensate any damages for any individual that suffers from myocarditis after getting vaccinated, including deaths, after imposing a mandate?

<https://www.doh.wa.gov/DataandStatisticalReports/WashingtonTrackingNetworkWTN/HeartAttack>

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

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8541143/>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.congress.gov%2Fbill%2F99tcongress%2Fhouse-bill%2F5546&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cf64a8f005bd1441d6de708d9cbff764c>
<https://www.phe.gov/Preparedness/legal/prepact/Pages/default>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phe.gov%2FPreparedness%2F>
. Aspx

3. VACCINE COMPANIES HAVE LONG RAP SHEETS Vaccine makers have paid out tens of billions of dollars for crimes, including fraud and violating the False Claims Act, when they knew products would cause injuries and death. (Think Vioxx, Opioids and more.) If they knowingly put harmful products on the market when they can be sued, why should we trust them to make safe vaccines when they have no liability and rushed clinical trials?

<https://violationtracker.goodjobsfirst.org/industry/pharmaceuticals>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviolationtracker.goodjobsfirst.org%2F>

4. PREVIOUS ATTEMPTS TO MAKE SIMILAR VACCINES HAVE FAILED In one study, vaccinated infants got much sicker than the unvaccinated infants when exposed to the respiratory syncytial virus (RSV) naturally, with 80% of the vaccinated infants requiring hospitalization. Two died. In subsequent studies, vaccinated animals became very sick when they later became infected with the actual virus. Many died. This phenomenon is called Antibody Dependent Enhancement (ADE).

<https://www.nature.com/articles/s41579-020-00462-y#Sec11>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41579-020-00462-y%23Sec11&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cf64a8f005bd1441d6de708d9cbff764c>

5. COVID VACCINES HAVE NO LONG-TERM SAFETY TESTING There is no way to determine what these experimental vaccines will do to humans in the medium- to long-term. Not all vaccine injuries manifest immediately. Additionally, given that all current COVID vaccines have Emergency Use Authorization status only, people cannot be subject to mandates under federal and international law.

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Femergency-preparedness-and-response%2Fmcm-legal-regulatory-and-policy-framework%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cf64a8f005bd1441d6de708d9cbff764c>
emergency-use-authorization

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde>

covid-vaccine-reaction-fda-
peg%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cf64a8f005bd1441d6de708d9cbff764c%7C

<https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-ingredients-covid-vaccines-allergic->

reactions%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cf64a8f005bd1441d6de708d9cbff764
https://www.nejm.org/doi/full/10.1056/NEJMra2035343

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056/NEJMoa2101131>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-ingredients-covid-vaccines-allergic-reactions%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cf64a8f005bd1441d6de708d9cbff764>

11. All of the treatments being marketed as COVID-19 vaccines are still in Phase III clinical trials until 2023 to 2024 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials;

12. None of these treatments has been approved, but only granted emergency use authorization, hence cannot be mandated nor can informed consent be dispensed with;
13. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year;
14. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models;
15. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, myocarditis, and antibody dependent enhancement leading to death;
16. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials;
17. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting System (VAERS), than deaths in the last 10 years from all vaccines combined;
18. Only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID vaccines is unknown as there is a significant delay in uploading reports to the VAERS database;
19. Breakthrough cases of COVID-19 infections in those who have received COVID-19 vaccines is on the rise;
20. The trials have not proven that COVID-19 vaccines prevent infection or transmission;
21. Safe and effective treatments and preventive measures exist for COVID-19;

AND

22. Students are at nearly zero % risk of contracting or transmitting this respiratory illness and are instead buffers which help others build their immune system. The overall survival rate is 99.997%.

23. Children have already been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, and segregation through the COVID-19 measures and are therefore even more suggestible than their developmental stage would usually entail;

24. It is the job of parents or legal guardians, not of principals, teachers, teacher assistants, school board executives or other adults with influence on children, to make medical decisions for them;

Schools include vaccine and COVID-19 vaccine curriculum, which is biased, prejudicial and is a form of undue influence on any minor child which excludes full disclosure of the known risks of vaccination and the emerging evidence that vaccines do not provide protection as claimed;

25. Vaccine compliance elicited from children under threat of coercion, bullying, or suspension and who are not of fully informed consent that they have the legal right to refuse vaccination, constitutes extreme bullying and coercion and could be construed as a "battery" as well as a violation of constitutionally protected rights.

26. Contrary to misinformation spread by the World Health Organization, "implied consent" is not "informed consent," and "informed consent" is mandatory by law;

27. The Mature Minor doctrine cannot override the wishes and consent of the parents outside of preventing imminent harm or death. Vaccinations do not fall under the Mature Minor doctrine.

28. The engagement of medical experimentation without informed consent further constitutes the indictable offense of crimes against humanity.

For all of the foregoing reasons, I respectfully request that Washington Board of Health give serious consideration to not approve of the COVID-19 vaccine.

Sincerely,

Christina Carrillo Dela Paz

From: Tierre Reilly
Sent: 1/2/2022 11:15:53 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good morning,

I have been notified the State Board of Health is considering mandating the COVID-19 vaccine as a requirement to attend public school. It is my understanding the board is required to take public opinion into considered as a part of their decision-making process. I am writing to you today to urge the board to consider the actual science regarding the COVID-19 vaccine and make a level headed decision regarding the mandate. The risk of hospitalization and death for children with COVID-19 is less than 1%. This low risk does not warrant mandating the vaccine as a requirement to attend public school. Much like the flu, another virus with low risk of hospitalization and death for children, the COVID vaccine does not prevent contracting or spreading COVID. Based on that information alone, mandating the vaccine is ridiculous.

For reference, I am not anti-vaccine. My family has been vaccinated as required bro attend public school. However, we have never vaccinated for the flu for the exact reasons I mentioned above. Individuals that are not in a medical risk category, whom live lifestyles to promote health, and who would prefer natural immunity, should never be forced to inject chemicals into their body.

There is no valid or scientific reason to mandate vaccines for attendance to public schools. The only reason would be because a political agenda is being forced on the board. As a parent it is my job to make decisions regarding my children's health and medical care. This is not your job.

Thank you for your time.

Respectfully,
Tierre Reilly

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:29:42 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine mandates for kids

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

From: Yelena Matyuk <yelena_prigodich@hotmail.com>
Sent: Friday, December 31, 2021 11:54 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vaccine mandates for kids

External Email

Hi, I am writing this email to ask you to please consider leaving options for parents who choose to not vaccinate their kids to attend school. I had all my kids get all the necessary vaccines to attend school. I even talked to my children's doctor, I really don't feel comfortable giving the Covid vaccine to my kids not knowing the long term effects. Even my doctor could not confirm any long term effects that might happen. If Covid-19 vaccines will be required to attend school, I will be taking my kids out of school and homeschool. It really breaks my heart knowing this, because I know all kids want to go to school and socialize with other kids. It's been a hard year for everyone... I can already imagine the separation and bullying in school if the accent is placed on who is vaccinated and who is not. After all this time of pandemic, I am asking for you to be kind and open minded to those who are not comfortable, at least not comfortable yet, to vaccinate their kids. Thank you for understanding.

Sent from my iPhone

From: bll@sipnsearch.com
Sent: 12/29/2021 2:39:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Board:

It was just on October 29th that the Covid-19 vaccine, by a single manufacturer, received emergency use authorization only for the 5–11-year-old age group. The trials for this drug were minimal at best including approximately 3,000 children and lasting only two months. There is no FDA approved vaccine for children ages 5-11 and it could be argued that the “approved” vaccine for those 12 and older is not specifically approved either. Establishing a TAG at this time seems very unnecessary. Requiring a Covid-19 immunization for school entry would be catastrophic and tragic for school age children. Children have not had significant issues with Covid-19. Typically their symptoms are mild, and they recover quickly. There is no significant mortality among these age groups. In fact, mortality is less than one percent. For the past two years, parents and schools have navigated Covid-19 and have been successful without a mandatory immunization. There are established protocols within schools to keep students with fevers, runny noses, etc. at home. These actions along with social distancing and cleaning procedures have proven successful. The CDC has concluded that asymptomatic cases are unlikely to contribute substantially to the spread of Covid. Those who are not sick cannot make others sick. There are many other things that pose a far greater risk to the health of children.

Part of the criteria you use in the review process is vaccine effectiveness, safety and an acceptable level of side effects.

- We continue to hear daily about the ineffectiveness of these vaccines, with efficacy diminishing after only months. Those who have had Covid-19 vaccinations are coming down with Covid-19, 100's of thousands of individuals.
- Safety is and should be a huge concern for you as decision makers as well as for parents. There are so many unknowns in vaccinating children for Covid-19. The trial was too small and the outcomes and effects on this age group very unknown. Information on Covid -19 vaccine impacts has been skewed and censored. Prior vaccines adhered to a very high threshold of safety, one that would have resulted in the Covid-19 vaccine being discontinued months ago if followed. The Swine Flu vaccine was withdrawn after 25 deaths were reported.
- There are many side effects with this vaccination and a lot of information still not known. The FDA has stated that myocarditis is a concern, particularly for young men. There are questions regarding its impact on fertility, hypertension and many other health issues. Research shows the risk to children is far less in having Covid-19 vs. receiving the immunization.

Disease Burden is another criterion used in your review.

- Covid-19, particularly among school aged children, does not have significant morbidity. The chance of death is less than one percent.
- Because of the many break-through cases amongst the vaccinated, vaccination is not a key factor in reducing person to person transmission. As stated earlier, protocols around health monitoring, extra cleaning and distancing have proven effective in reducing transmission.

Implementation is also considered.

- The Covid-19 vaccine is acceptable to some in the medical community and the public, but definitely not to all.
- Mandating this for school age children will place a huge burden on parents as it will

force them to have to make very difficult decisions about the health of their children and an education for those children. Just as adults have been forced out of their jobs for making a personal decision regarding taking the vaccine, requiring a Covid-19 vaccination for children at school will force kids out of school. Consider the devastating impacts of a year plus of on-line school on students. Suicide is already the 2nd leading cause of death in those ages 10-18. If your decision is based on what is best for children, it will be against any forced requirement for the Covid-19 vaccine.

Education is a great equalizer and a right for all children. A decision to require a Covid-19 immunization for school entry will be catastrophic and, in my opinion, both inhumane and unethical. I implore you to not include the Covid-19 vaccine among those required for school attendance.

DO NOT REQUIRE A COVID-19 VACCINATION FOR STUDENTS! IF YOU DO, YOU WILL BE DIRECTLY RESPONSIBLE FOR ANY INJURY OR DEATH CAUSED BY THIS VACCINE – AND THERE HAS ALREADY BEEN OVER A MILLION OF THOSE!!

Julie Ballmelli-Powe

From: Just Me
Sent: 12/29/2021 4:21:24 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

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!

Please end this conversation NOW.

Lisa Clair, concerned citizen

31741 SE 273rd Ct, Ravensdale, WA 98051

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:25:53 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine mandate

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

From: Marena <marenakosmin@gmail.com>
Sent: Friday, December 31, 2021 6:31 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vaccine mandate

External Email

Hello Kelie.

With a sincere heart, I am joining the rest of the parents who are protesting against the Covid-19 vaccine mandate. There is definitely not enough evidence to back up whether or not it is safe. Covid has definitely affected many of us, my family included. But with over a 99% survival rate and it not affecting children, it is a power hungry move to mandate it for our children. Please help stop this! Let's start creating peace at once rather than continuing this battle with parents who want the best for their children. Let US THE PEOPLE choose what is best for our children as you are all fighting to let us choose while the children are still in the mother's womb. Why does it change when it comes to our children going to school. STOP THIS PLEASE!

From: April Harzynski
Sent: 12/29/2021 12:31:40 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for Washington schools

External Email

To whom It May concern,

I am emailing you today to ask you to NOT mandate covid-19 vaccines for our children to be able to attend public schools in Washington state. Even though it has been approved by the fda, it has not gone through all of the rigorous testing that many of our past vaccines have been held to, and our children should not be forced to get a vaccine that hasn't been properly tested, in order to attend public school. My children's safety is my number one, and I will not be getting them vaccinated with something so new and uncertain. Please do the right thing and NOT mandate that these kids be vaccinated in order to attend school.

Thank you,
April Harzynski
206 354 4484

From: Rex R
Sent: 12/29/2021 3:17:56 PM
To: DOH WSBOH
Cc:
Subject: Vaccines.

External Email

I am not in favor of government mandated vaccines for school children.

This is individual parents choice.

Get Outlook for Android

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

From: marta borkova
Sent: 1/2/2022 7:03:50 PM
To: DOH WSBOH
Cc:
Subject: vaccines in schools

External Email

please do not make covid vaccines for kids mandatory for k-12. our family would have to pull our kids out and homeschool. adults working in schools can receive the vaccine and keep themselves safe, but due to the novel nature of the vaccines, zero long term studies indicating it's safety vs potential risks in the long term (after 10-20 years), and overall low risk of serious complications as a child coming down with covid, it does not make sense to make kids have to be vaccinated. thank you,
marta borkova'

From: kristi zimmer
Sent: 12/29/2021 3:37:39 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To the Technical Advisory Group:

Thank you for providing the opportunity for public comments and inquiries regarding adding the Covid 19 vaccine to the regular schedule of vaccines for school aged children.

I was surprised to hear that this was being considered and hope that there will be a broad outreach effort to all the parents of WA to inform them of this development. Feedback from across the state is critical given the implications to the welfare of our children.

I have questions in several areas that I would like addressed by the TAG.

Safety

1. Has the DOH ever added a vaccine to the schedule that has been in use for under 6 months with no long term data?
2. Were any children harmed during the studies of these vaccines? Who is providing that data to TAG?
3. Who is tasked with investigating the record number of injuries and deaths reported in the VAERS system and factoring that into TAG work?
4. How do we justify mandating a novel vaccine with known increased risk of myocarditis, especially in young boys?

Risk for kids

1. Given the low risk of severe COVID 19 outcomes for kids (less than annual influenza), how does WA state DOH justify adding this novel vaccine to the schedule?

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisi>
COVID-19-Deaths-by-Sex-and-Age%2F9bhg-
hcku&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbf8aef857e2843a3a82608d9cb2429cc%7C11d0e217

Effectiveness

1. Data now shows that current vaccines wane in efficacy to a great degree within 6 months. These vaccines do not seem to actually function like traditional vaccines that impart long time immunity and controlled transmission. Why are we considering mandating vaccines that are non-sterilizing?
2. Do we expect the definition of "fully vaccinated" will be routinely assessed to include additional boosters? How is this logical and appropriate with no long term studies, including no studies on mixing vaccines? Are boosters of older version vaccines even appropriate given new variants that evade older versions of vaccines?

Liability

1. Are there actually any approved and licensed Comirnaty Vaccines available in WA state? If not, then how can we mandate the EUA BioNtech vaccines which are legally distinct?

2. Who is liable for injuries from mandated vaccines? If injuries are caused by EUA vaccines instead of Comirnaty then who is liable? The school system? The medical providers of the vaccines? Parents of injured children?

This is a beginning list of questions that I would like addressed as you move forward with your investigation.

I have become more concerned in recent weeks as I have encountered these questions from other parents in my community. I am fully vaccinated. My two older children are also. When my youngest became eligible in recent weeks, I took pause and began investigating more. I'm looking for answers and am no longer convinced that all the information that is necessary to ensure the health and safety of my children is being considered.

I believe that we are rushing ahead with policies that will potentially have long lasting harms on our children, just as earlier policies (lockdowns, school closures, etc) wreaked havoc on their wellbeing. Now we are facing the unintended consequences of another epidemic of unprecedented mental health issues. What other unintended consequences are we setting our kids up for due to rushed policies? That's what I want to find out before creating more harm. I hope that you will, too.

Thank you for your attention to these concerns and your work on this important subject.

Please let me know that you received this email and provide a response.

Best regards,

Kristi Zimmer
206-271-0540

From: Pskowski, Samantha L (SBOH)
Sent: 12/29/2021 7:01:49 PM
To: DOH WSBOH
Cc:
Subject: FW: Vax

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

From: Sarah Erickson <brentsaraherickson@gmail.com>
Sent: Wednesday, December 29, 2021 5:58 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Vax

External Email

Samantha,

Why are we pushing the covid vaccine on our children when the survival rate is nearly 100%? It makes no sense and is very Unconstitutional.

Sarah Erickson

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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

From: Helen Stanley
Sent: 12/29/2021 2:52:10 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements for school attendance

External Email

Dear Sirs and Mesdames,

It has been brought to my attention that there is a plan to require vaccinations against Covid 19 in order for children to attend school. If one reads the news, cruise ships with 95% vaccinated passengers and crew have had outbreaks of Covid, as has a Navy ship with an even higher percentage of vaccinated crew. In the past month I know so many people who have contracted Covid—vaccinated and unvaccinated, none with any serious ill effects. The vaccine has not had enough testing, and seems to do little good except to enrich a few pharmaceutical companies. Please allow parents to be able to make the choice for their children, and not impose a drug on children that has had no long term studies as to its effects for an illness with even fewer issues for the young.

Best Regards,

From: Jessica DeVries
Sent: 12/30/2021 9:55:24 AM
To: DOH WSBOH
Cc:
Subject: WA schools vaccine comments

External Email

Hi,

Please do not make it a requirement to have the Covid vaccine for our kids to go to school.

I am not anti-vaccine but there is still too little known about long term side effects to require this of our younger generation.

Yes, I've read the mRNA has been studied in labs for years, but there has been no mass clinical trial and study done like the Covid vaccine.

I urge you to wait until more long term data can be collected before making this a requirement.

The state will lose massive revenue from students being pulled from state schools over this and many parents will leave the state or homeschool if you make this a requirement.

Thank you,
Jessica DeVries

Sent from my iPhone

From: Delillah Rys
Sent: 12/29/2021 3:44:39 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email

Hello,

I watched the zoom this early afternoon regarding the vaccines for children in the state of Washington. I am a parent of two and feel my comments and concerns should come to thought when this decision is made. Amongst many other parents that have students attending schools in the state of Washington.

I do not agree with making this a mandate in order to attend schools. Both my kids are up-to-date with all their vaccines. I am not against vaccines I'm all for them but I'm for those that they have had time and research. These have not been out long enough to truly know the long-term effects. And I will not give my child something without the full scale of testing and years behind it.

There are children dealing with all sorts of side effects due to these vaccines. I will not subject my children to that. Also there are tons of reports a fully vaccinated adults/teenagers along with their boosters still transmitting covid and also getting it themselves. So therefore there's no purpose to making our children take something that doesn't stop the spread.

I would have a different opinion if it actually proved to stop the spread. Give this vaccine the normal amount of time behind testing which is typically 5 to 10 years before this becomes a topic of discussion.

Should this become a mandate I will pull my children from the public school system and homeschool them if I must. Please don't rob my children of a school life. They have already given up so much with the original lock down as well as the separation at school and the masks. It's already so hard and different for them.

Their lives matter too much to me to give them a vaccine that they don't know 100% what it will do to them.

Thank you

Delillah Sterling

Get Outlook for iOS

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

From: Technical Difficulties
Sent: 12/30/2021 4:17:55 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirement

External Email

There is ZERO reason to require a vaccine for kids to go to school. Theres no data that shows that this needs to happen. We as parents are fully aware of the truth. This attempt is a massive over reach on the states part. The state needs to stand down and let parents make the choice. We have options. I will remove my children from punlic schools in a heart beat. I will be sharing this information to all parents I know in this state. Stand down.

-Concerned Parent

From: Samantha Hodges
Sent: 12/29/2021 2:44:25 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirements

External Email

This should never be a mandate. Ever ever ever. Just like the flu shot, it should be optional! Outrageous that we are even discussing this as an option.

Samantha Palfenier

Sent from my iPhone

From: soarboy
Sent: 1/1/2022 9:35:06 AM
To: DOH WSBOH
Cc:
Subject: Vax & schools

External Email

No mandate! Unless you pay for it with your money, not Taxpayer's money.

Heinz,
Sent from my Note5 not-so-smart phone

From: jen90suemi@comcast.net
Sent: 12/29/2021 7:38:40 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Requiring covid vaccination among public school students will cause inequity, esp. since minorities are less likely to receive vaccination due to past minority history of mistrust in government entities (ie. Japanese internment camps, mistreatment of Native Americans by the govt.).

Plus vaccinating children is not supported by the scientific evidence, as children recover much quicker and have less complications with covid than with adults.

Covid vaccines are still Emergency use authorized, and people have a right to refuse without having their jobs, school opportunities, and grocery shopping denied. More research needs to happen regarding significant side effects of cardiac inflammation and permanent damage occurring in kids and teens boys. Research as to why serious injuries are occurring to some but not others needs to be explored and understood.

Sincerely,

Jennifer Thorne
8651 Old Military Rd NE
Bremerton, WA 98311

From: Jamie Southworth
Sent: 1/1/2022 3:39:04 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirements

External Email

To whom it may concern,

I am writing to strongly urge you to not enforce vaccine requirements for children attending public school. If this was to go into effect you will see an even larger number of parents withdrawing their children from school. I will be one of them. I will not have this forced on my child. I am not against vaccinations however I will not have my child be a test subject to a vaccination when they are in a very low risk group.

Please see the following.

"The information is publicly available and contained within an FDA fact sheet which can be viewed here

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

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

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

Of the 1,127 children who received a first dose of the jab a shocking 86% experienced an adverse reaction. Of the 1,097 children who received a second dose of the jab a shocking 78.9% experienced an adverse reaction."-The Daily Expose May 2021

Thank you for your time.

Sincerely,

Jamie Southworth

From: Brittany O'Brien
Sent: 12/30/2021 1:00:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I am the parent of three children attending Washington state public schools. I am NOT in favor of adding COVID-19 vaccines to school requirements.

1. Phase 3 clinical trials are not yet completed.
2. We know that healthy children are at very low risk of complications from COVID-19.
3. There have not been enough studies done to determine both the short-term and long term effects on female reproductive health. I have three daughters and I was vaccinated before the EUA approval of children 16 and younger. I had blood clot and menstrual complications that warranted follow up medical care, incurring time off work, over \$3,000 in medical bills. I am now a participant in a follow up study regarding women's health and the COVID-19 vaccine conducted by Kate Clancy and Katie Lee with the University of Illinois which is currently under the IRB approval process.

Thank you for taking time to hear my concerns — I urge you to prohibit the addition of the COVID-19 vaccine or any other EUA products as school requirement.

Brittany O'Brien
call or text 3609615983

From: April Yancey
Sent: 12/29/2021 2:07:36 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I will not vaccinate my kids against Covid. If this is going to be required for them to attend school, I will pull my kids out of school! This vaccine is not the same as other vaccines we have given children, this vaccine does not prevent the virus from occurring. I am not giving my children vaccines that don't prevent them from a virus or disease. This is our right and should not be mandated!

April

From: Heidi Ochsner
Sent: 12/29/2021 3:18:53 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear DOH,

I am against requiring children to take the COVID19 vaccination at this time. It is still too soon to know if it is safe in all age groups and should not be a requirement to attend school. Thank you.

~Henrietta Ochsner

From: Ken Rody
Sent: 12/29/2021 11:55:40 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for Students

External Email

I am very much against giving kids the vaccine as the evidence shows kids are hardly ever affected by Covid. I know an 18 year old that was perfectly fine and then died of a blood clot after getting the vaccine. If that was my son or grandson and he died I would be pretty ticked since they don't really need it. I am against being forced to take this for myself or my kids.

Ken Rody

From: Cheri Flatness
Sent: 12/29/2021 11:17:05 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Discussion

External Email

Regarding today's meeting to start discussing mandating the vaccine for children to attend school, I would like to express my very strong opinion that this is not right. First, the vaccine is still under emergency use authorization. How can we require this for children? Second, no one is liable if my children are harmed from the vaccine and the manufacturers aren't required to tell me what's in the vaccine. Furthermore, children are not dying from Covid at a rate that would ever require this be more than each families personal decision. Mainstream media is twisting information and being funded by those who control what is said. It is time for those with influence to stand up for what's right, not for what is profitable! As both a public educator and a parent of students in public school, I will leave my position and pull my children from public education if the Covid vaccine becomes a requirement. My children will not be part of this experiment. Thank you for your time, and praying for our decision makers!

Cheri Flatness

Sent from my iPhone

From: Aaron Lang
Sent: 1/2/2022 10:20:39 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Greetings.

I am completely and unapologetically opposed to requiring the COVID vaccine for admission to public-funded schools. I have far less issues with the current vaccine schedule, but adding the COVID vax to this list would be premature and irresponsible. There is simply not enough data to understand the effects of this vaccination— from the real benefits to the real consequences. Our children are not lab rats, and this cannot be forced onto them.

Grown adults are actively losing their careers over the decision to not undergo this vaccination, and the State would dare force this onto children?

Do not recommend that the COVID vaccination be added to the schedule.

Aaron Lang — Rainier, WA
(561) 779-3715 <tel:(561)%20779-3715>
Aaronlang92@gmail.com <mailto:Aaronlang92@gmail.com>

(Sent from mobile)

From: jeff glaspy
Sent: 12/29/2021 12:10:37 PM
To: DOH WSBOH
Cc:
Subject: Re: Vaccine mandate

External Email

Sobering numbers as this troubled year draws to a close:

505,013,980 coronavirus shots injected in the U.S. and territories[1]
983,756 reports of injury to VAERS
20,622 reports of death
34,615 reports of permanent disability
3,365 reports of miscarriage
following coronavirus vaccinations.

And yet,
All-cause mortality is higher in 2021 than in 2020.
COVID-19 deaths are higher in 2021 than in 2020.
New coronavirus cases in the U.S. just reached a record high.

The data is the data and by every objective measure the coronavirus vaccine campaign has failed.

Thank you to everyone who shares OpenVAERS with others. This information is getting through to policy makers and the wider public. We appreciate your encouragement and moral support for this work.

Regards,
Jeff Glaspy

Titan Homes NW
848 N. Sunrise Blvd.
Suite F203 Box 7
Camano Island, WA 98282
360-629-2423

On Wed, Dec 29, 2021 at 11:59 AM jeff glaspy <jeff@titanhomesnw.com
<mailto:jeff@titanhomesnw.com> > wrote:

To whom it may concern,

Why on earth would you even consider enforcing a vaccine that does nothing to control the spread of a virus? The statistics below speak for themselves.

Using data directly from the CDC, pretending it is not inflated.

COVID statistics under the age of 18

<https://covid.cdc.gov/covid-data-tracker/#demographics>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C53f02ee249a74b2864a608>

Today 12-14-21 in the United States of America

Population - 73,478,500

Total cases - 7,825,545

Total deaths - 0

<https://covid.cdc.gov/covid-data-tracker/#demographics>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C53f02ee249a74b2864a608>

% chance of contracting COVID - 000.106

% chance of death if contracted - 000.000

% chance of death all population - 000.000

Food for thought

"It's still unclear exactly how many people will need to be vaccinated in order to achieve herd immunity to COVID-19, but experts estimate that it will take at least 70% of the population"

<https://www.houstonmethodist.org/blog/articles/2020/dec/herd-immunity-how-many-people-need-to-get-the-covid-19-vaccine/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.houstonmethodist.org%2Fblog/articles/2020/dec/herd-immunity-how-many-people-need-to-get-the-covid-19-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C53f02ee249a74b2864a608d9cb07452c%7C1>

As of today 12-14-21 76.6% of the population of the United States is vaccinated,
so why is it still being pushed so hard?

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23datatracker-home&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C53f02ee249a74b2864a608d9cb07452c%7C11d0e2>

Regards,
Jeff Glaspy

Titan Homes NW
848 N. Sunrise Blvd.
Suite F203 Box 7
Camano Island, WA 98282
360-629-2423

From: renewalspur
Sent: 1/3/2022 9:47:03 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine requirements in schools

External Email

Hello,

I am a mother, veteran, military spouse, firefighters wife, and mental health professional.

I can speak for all the people in my family, workplace, social group and church that a forced vaccination of this kind, placed upon innocent children and their parents, will change our voting habits substantially. We DO NOT approve, nor do we fail to recognize the political and financial nature of the vaccine hype. Science will verify the vaccine mandates, shaming, snitching and creating second class citizens (regardless how extreme their views may be) has done little in stopping the spread and done alot in dividing this country.

Please govern accordingly.

Frances Archer, LMHC, MHP, CMHS

Sent from ProtonMail mobile

From: Eric Lundberg
Sent: 12/29/2021 2:44:57 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates

External Email

To whom it may concern,

It has come to my attention that there is a Health board and technical advisory (TAG) meeting today to, at least in part, discuss a covid VAXX mandates.

As a parent of 8 students, pastor and business owner I am appalled at the idea of a vaccine mandate for this experiment vaccine and booster shots. This is a violation of liberty and has been met with protests and civil unrest across the globe. These students must have the choice and to force it on them would be a horrible example of constitutional leadership and ethics.

Please keep vaccines a choice and private

Warm regards

Eric lundberg
Parent/Pastor/ Business Owner/ Tax payer

From: Teri Jones
Sent: 12/29/2021 1:47:30 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am a parent of three children. I work in the school. If you mandate children to be given the covid -19 shot (I won't even call it a vaccine, considering it does NOT prevent anything), I will pull my children and home school them. I therefore will have to quit my job in the already short staffed education system.

I would not even blink twice at doing this!!!

You are overreaching and really need to think twice before enacting this into law. Many parents are not comfortable giving their children this shot, even after taking it themselves. Many people are hesitant to getting the third shot. The numbers are WAY DOWN. You force parents to do this and watch an uproar of epic proportions, not to mention the decline in public schools enrollment.

Teresa Jones

Sent from my Verizon, Samsung Galaxy smartphone

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:30:34 PM
To: DOH WSBOH
Cc:
Subject: FW: We OPPOSE VACCINE MANDATE!!!

From: lenamalh73 <lenamalh73@gmail.com>
Sent: Friday, December 31, 2021 11:30 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: We OPPOSE VACCINE MANDATE!!!

External Email

Hello!

As a parents and medical workers, we know how little is a risk to die from covid to children (only 0.001 %) and HOW MUCH SIDE EFFECTS FROM COVID19 VACCINE, so we STRONGLY OPPOSE VACCINE MANDATE FOR CHILDREN!!!

There is absolutely NO NEED for children to be vaccinated from Covid19!!!

Better think how to protect children from pornography and internet addiction, please!!!

Sent from my Galaxy

From: Glasoe, Stuart D (SBOH)
Sent: 12/29/2021 4:05:24 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine opposition for kids

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Doug C <550doug@gmail.com>
Sent: Wednesday, December 29, 2021 9:59 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Vaccine opposition for kids

External Email

Please do not mandate vaccines for children. I am a pierce county father of three and I strongly oppose this idea.

Doug Clevenger

Bonney lake.

From: Kaytlynn Stevenson
Sent: 1/1/2022 1:44:07 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Schedules for School Kids

External Email

To whom it may concern,

Please note my objection to the vaccine requirement for students to attend Public Schools.

It should not be allowed.

The government or public workers are not in control of students or anyones health concerns. If parents choose to vaccinate their kids then they should. If they choose to NOT vaccinate their children they should not be discriminated against attending school In which they have acquired by birth, Civil liberties, to attend public school.

Please allow us Washingtonians to make our own medical decisions to prevent us all to move to states like Florida who protect individual liberties.

Thanks,
Kaytlynn Stevenson

From: Serban Tatu
Sent: 12/29/2021 3:51:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear TAG,

In your upcoming deliberations towards mandating vaccines for children attending schools in Washington, I am urging you to recommend a pro-choice solution. Leave it to the people to decide whether their children take the vaccine or not. Doing so will have many benefits:

- If the evidence out there is so persuasive and harbors no doubt whatsoever, then a majority of children will be vaccinated and you will have achieved your goals.
- If on the other hand problems will develop, your conscience is clear. I would not want to be the one responsible for causing harm to a child.
- You will be the voice of reason and balance, much needed in these times. You will have chosen to treat people as individuals capable of making good decisions. You will demonstrate your full grasp of John Stuart Mill's essay you quoted in the meeting.

I probably need not remind you that your decisions can change the lives of millions of people. One size does not fit all. Minority opinions matter. Wield wisdom, not force.

Sincerely,
Serban Tatu

From: Schreiber, Tracy N (SBOH)
Sent: 12/30/2021 11:22:43 AM
To: DOH WSBOH
Cc:
Subject: FW: Vax

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Sarah Erickson <brentsaraherickson@gmail.com>
Sent: Wednesday, December 29, 2021 6:03 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Vax

External Email

Tracy,

Why would we be considering pushing the covid vaccine on our children when the survival rate is nearly 100%? It makes no sense and is highly Unconstitutional!

Sarah

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Sarah Erickson
Sent: 12/29/2021 6:08:55 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vax

External Email

Nathan,
Why are we considering pushing the covid vaccine on our children when the survival rate is nearly 100%? It makes no sense and is highly Unconstitutional!
Sarah Erickson

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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

From: Kendra Maraman
Sent: 1/1/2022 8:54:06 PM
To: DOH WSBOH
Subject: Vaccines for School Year 2022

External Email

To: Board of Health

I'm a parent of a Tumwater High School student. I am AGAINST making the COVID vaccinations a requirement for school next year.

I have been following Dr Robert Malone's advice. Please read....

Dr. Robert Malone, who helped create some of the mRNA technology used in the COVID-19 vaccine, cautioned adolescents about being vaccinated as many public and private universities are mandating vaccines for the next school year and reports have emerged linking the vaccine to mild heart inflammation.

"[O]ne of my concerns are that the government is not being transparent with us about what those risks are. And so, I am of the opinion that people have the right to decide whether to accept vaccines or not, especially since these are experimental vaccines," Malone said.

"This is a fundamental right having to do with clinical research ethics," he continued. "And so, my concern is that I know that there are risks. But we don't have access to the data and the data haven't been captured rigorously enough so that we can accurately assess those risks. And therefore ... we don't really have the information that we need to make a reasonable decision."

If you are following the science then I think you'd heed the advice of this man who helped create some of the mRNA technology. Let's give this some time before requiring it.

Thank you,

Kendra Maraman

Sent from my iPhone

From: DAM PHAM
Sent: 12/29/2021 1:59:35 PM
To: DOH WSBOH
Cc:
Subject: Vaccine policy on Washington State children

External Email

Dear Sir and Madam,

Washington State government has recently begun pushing the vaccine policy on our children, and it seems that it is with or without parents' permission! The question is, "ARE YOU GOING TO LET THAT HAPPEN?" It's not yet a mandate, but based on the way that other campaigns have gone, it's just a matter of time before they attempt to make it mandatory for everyone.

I've noticed a disturbing pattern has emerged during these challenging times. It seems that "politicians" have completely absolved themselves of their duties and responsibilities to the people that have elected them. They are totally relying on so called "health experts" to make their decisions.

Our system of government was not designed to be governed by unelected bureaucrats, who are more often concerned with lining their pockets than their concern for society. It looks like "oliticians" have turned a blind eye to the conflicts of interest over financial motives that involve many of these so called "medical experts."

I'd like to remind everyone that during WW2, many doctors who were "so-called experts" were involved in the systematic extermination of the Jews. They were also involved in gruesome medical experiments, which included forced injections of experimental and often lethal drugs. DOES THIS RING A BELL WITH ANYONE? We seem to have forgotten that highly-educated people who are not guided by a clear conscience or moral compass have become some of the most evil and prolific murderers in history.

Now I hope that you, the board, will think about these things. I pray it will help in making the correct decisions on what is best for Washington State children, whom you have sworn to PROTECT?"

From: David A. Ballestrasse
Sent: 12/29/2021 4:05:32 PM
To: DOH WSOB
Cc:
Subject: Vaccine mandate

External Email

Mandating vaccines that have NOT undergone years of testing to a group of children that are largely unaffected by Covid is unconscionable. End this conversation now.

Regards,

David A. Ballestrasse

President / COO

360-825-5953

<<https://qcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nwsafe.com%2F&data=04%7>

WEBSITE

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fnwsafe.com%2F&data=04%7C01%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fnwsafe.com%2F&data=04%7C01%2F)
| MAP

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2Fplace%3Fq=121.9957376%2C17.75z%2Fdata%3D14m5!3m4!1s0x0%3A0xaa9514eeb893a8bf18m2!3d47.197911!4d-121.995716&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6a0f7cba800d4d0c2d0908d9cb27d78d%7C1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2F%2F121.9953708%2C3a%2C90y%2C262.88h%2C90.74t%2Fdata%3D!3m7!1e1!3m5!1sAF1QipPwrgNFof4vZE>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FNWSafe%2Fposts%2F10158811111111111%2F>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fnwsafe%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fnwsafe%2Fposts/CQ8tXUwvD9I/)

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

Northwest Safe
830 Cole Street
Enumclaw, WA | 98022

From: Julie Hafen
Sent: 12/29/2021 12:37:17 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

Our kids will be pulled out of public school if the covid vaccine becomes a requirement or they are discriminated against for not having it.

1- The risk of severe illness or death to children is still very low, considerably lower than influenza. There is a higher risk of adverse reactions to the vaccine. It is not our children's responsibility to protect the vulnerable at their own risk. Any vulnerable teachers and staff are welcome to vaccinate themselves to mitigate their own risk.

2- Vaccinated are still becoming infected and are spreading it the same as unvaccinated, posing the same risk to the vulnerable. Again, the vulnerable all have access to the vaccine to mitigate their own risk as they see fit.

3- While adverse reactions to the vaccine may be fairly low in the short term, they do happen. there are literally zero long-term studies in humans to know if there will be any impacts to health down the road. History is full of products once deemed to be safe by the FDA that are now banned. Let's see how this looks in 5 to ten years.

Thank you,
Julie Hafen
Spokane Valley, WA 99016

From: Dave Woodward
Sent: 12/30/2021 11:41:07 AM
To: DOH WSBOH
Cc:
Subject: Zoom question for Childhood vaccines

External Email

Hello,
There have been numerous reports about children having adverse reactions and deaths.
Many of us are concerned about this.

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&PERPAGE=100000&V>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php%3FTABLE%3DON%26GROUP1%3DAGE%26EVENTS%3DON%26PERPAGE%3D100000%26V>>

You say you are going to weigh your decisions on science. Please please do your research! There are many top scientists including the inventors of the "vaccine" who have circled back and refuted both the effectiveness and the safety of the vaccine.

<https://3speak.tv/watch?v=pandemichealth/ptizyohg&jwsourc=em>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F3speak.tv%2Fwatch%3Fv%3Dpandemichealth%2Fptizyohg%26jwsourc%3Dem>>

<https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2Fcovid%2Fathletes-suffer-cardiac-arrest-die-after-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5a1e31293e2b4629058908d9cbcc1b1b%7C11d>>

My understanding is that children with no underlying conditions have basically zero chance of a serious problem with COVID 19. You would be taking a big risk by putting this non approved, experimental shot in their arms

In addition to Dr. Robert Malone (the inventor of the vaccine), here is a list of top scientists and Dr's that you should add to your research as you make this very pivotal decision:
Professor Peter McCullough

Professor Harvey Risch

Professor Sunetra Gupta

Professor Tess Lawrie

Professor Tom Borody

Professor Paul Marik

Emeritus Professor Robert Clancy

Professor Hector Carvallo

Professor Geert van Bossche

Professor Dolores Cahill

Professor Eli Schwartz

Dr Brian Tyson

Dr George Fareed

Dr Zev Zelenko

Dr Ben Marble

Dr Pierre Kory

Dr Robin Armstrong

Dr Joe Veron

Dr Kulvinder Kaur

Dr Robert Malone

Dr Michael Yeadon

Indian Council of Medical Research

Dr Veron Coleman

Dr Marcus de Brun

Dr Damien Wojcik

Dr Richard Fleming

Dr Ryan Cole

Dr Jackie Stone

Dr Sabine Hazan

Dr Luc Montagnier (Nobel Laureate)

Dr Roger Hodgkinson

and countless others

Thank you!

Dave Woodward

From: Brian Petersen
Sent: 12/29/2021 1:20:57 PM
To: DOH WSBOH
Cc:
Subject: Vaccine schedule + Covid

External Email

The thought that you are even gathering to discuss the mere possibility of adding this to the vaccine schedule is absolutely astonishing to me.

This vaccine (not a vaccine) is still causing more injuries, more VAERS reporting and more deaths than any vaccine / biologic in history.

This was rushed to be released based on an EUA and admittedly has not been adequately tested.

The data shows three things clearly....

1. The variant has mutated so many times that it's now far less virulent at this point.
2. The vaccine is completely useless against omicron; it doesn't stop transmission nor decrease severity. In fact, comparisons vaxxed vs unvaxxed show less cases and less hospitalizations by percentage in the unvaxxed - most likely due to ADE occurring in the vaxxed according to scientists who study the issue transparently.
3. The incidence of notable disease or of poor outcomes in school aged kids is absolutely minimal.

Considering the three bullet points above, all supported by data, it would be absolutely irresponsible to push this vax / biologic into the school vaccine schedule.

Do the right thing here and use data to inform you, not pharmaceutical propaganda.

Dr Brian Petersen

Sent from my iPhone

From: Gabe Saez
Sent: 12/29/2021 12:51:47 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates

External Email

Hey,

Kids don't need vaccine for COVID19. To say that it will help stop the virus is a lie by politicians and "journalists" seeking secondary gain. To say that if we all get the vaccine the epidemic will end is a lie. To say that if we all don't get vaccinated that we are murderers killing grandma IS A LIE!

The only ones benefiting from the vaccine are high risk populations and of course, the pharmaceutical companies who are happy to bribe and manipulate policymakers to make this grossly ineffective vaccine mandatory for everyone including those with prior infections and vastly superior natural immunity.

I implore you to wake up to the truth, think for yourself, or stop taking bribes or whatever other secondary gain motivates you to perpetuate this lie.

God bless,

Gabe Saez

From: Sarah Erickson
Sent: 12/29/2021 5:49:58 PM
To: DOH WSBOH
Cc:
Subject: Vax

External Email

Michelle,
Why are we pushing the covid vaccine on children when the survival rate of covid is nearly 100%? This should not be mandated, it's Unconstitutional to say the least! Please be a part of saving our children!
Sarah Erickson

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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

From: joneztom@gmail.com
Sent: 12/29/2021 3:43:20 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Board Members:

My wife and I are unalterably opposed to including the experimental COVID-19 vaccines as a requirement for school-age children to attend school.

This decision should not be mandated by a State requirement – rather it should be left up to each family to decide what is best for each child in agreement with the child's parents and family medical advisors.

Best personal regards,

Tom and Faye

Thomas D. Jonez Faye L. Jonez

Email: joneztom@gmail.com <mailto:joneztom@gmail.com> Email: fjonez@gmail.com
<mailto:fjonez@gmail.com>

Mobile: (253) 571 – 9704 Mobile: (253) 906 – 0340

Fax: (253) 649 – 0479 Fax: (253) 649 – 0479

CONFIDENTIALITY NOTICE: This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

From: Cyley Moser
Sent: 12/29/2021 2:24:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory

External Email

Hello,

I am writing in opposition to your proposal to make the Covid vaccine part of the state's child immunization schedule.

As the vaccine has only been in circulation and trial for 2 years, I don't feel comfortable making it a requirement for children. The data collected on children who have contracted Covid show a 99.9% survival rate, this data point in itself makes me question why this vaccine would need to be required for children.

Additionally, as a mother of two children, if this vaccine is added to the required list of immunizations for children, I will not be sending my children to our local school district. This in turn will prevent our district from collecting their \$25,000 per year for my two children.

As a mother, I am the primary stakeholder in my children's education, health, and future.

Thank you,

Cyley Moser
Oroville, WA

From: brad kaul
Sent: 12/29/2021 12:18:28 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To Whom it may concern,
My name is Melina Kaul and I reside in Renton. I have one child in elementary school, two in high school, and one in college. I adamantly oppose the Covid -19 vaccine be required to attend school. Our family has natural immunity because we have already had Covid. We believe Natural Immunity should be taken into consideration when requiring an experimental vaccine be put into our children's bodies. We are considering leaving the state where the vaccine will not be required to attend school.

Thank you and God bless,
Melina Kaul
206-430-0044

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: Stacie Neiswanger
Sent: 12/30/2021 8:42:14 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

WA BOH Technical Advisory Group:

I urge you to not make the COVID-19 vaccine shot mandatory for school aged children. COVID is NOT a pediatric disease, the flu is more severe in kids than COVID and the flu vaccine is not mandatory in school aged children so why should the COVID vaccine?

This should be a personal and family decision, not one that is mandated by the government. With all due respect, you don't know what is best for my family nor do you know my family history so to make a blanket mandate that is a one size fits all is not appropriate in this situation. Let the decision fall on each individual family and what they are comfortable with. The benefits of the vaccine in children does not outweigh the risks should they become sick with COVID, in fact, the risk of the vaccine outweighs the disease itself in children. For those children who have other health issues, comorbidities, etc should absolutely have access - healthy children should NOT be forced to take this risky vaccine if their legal guardian does not deem it appropriate.

Please, stop meddling in personal choice.

Thank you.

Stacie Neiswanger

From: Elizabeth Perry
Sent: 12/29/2021 7:44:42 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

Sending in email as a concerned parent of an elementary child. Please do not make the Covid vaccine mandatory. For many reasons. I know so many that will withdraw their kids. Let's see what happens with adults. Let's also not forget natural immunity. We will constantly be vaccinating our kids every six months and for every new variant. Please consider parent input! The schools will suffer mass withdrawal.
Thank you!

Sent from the all new AOL app for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.apple.com%2Fus%2Fapp%2Fnews-email-weather-video%2Fid646100661&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8833058e9c674637202808d9cb46>>

From: Ted Richerzhagen
Sent: 12/29/2021 4:40:52 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\12C1B19616374EEB_Vaccinate.docx

External Email

Message was attached to: Comments for the Immunizations Technical Advisory Group

From: Ted Richerzhagen

Sent: 12/29/2021 4:40:04 PM

To: DOH WSBOH

Cc:

Subject: Comments for the Immunizations Technical Advisory Group

From: Valentin Caspaar
Sent: 1/3/2022 3:29:58 PM
To: DOH WSBOH
Cc:
Subject: Val- Make Covid Vaccines mandatory !!!!

External Email

UW does with students
but school kids are not worth it?

Valentin Caspaar
CEO, Inorex Inc
206-890-2768

From: Mardi Kerstetter
Sent: 1/1/2022 9:37:29 AM
To: DOH WSBOH
Cc:
Subject: Vax requirement for students

External Email

I just want you to know that I disagree on making covid vax being mandatory in school age children vax requirements.

I have children who don't have medical conditions and having this being added to the already mandatory vax is going to add more issues.. especially with the unknowns on what this will and won't do...

And I'm vaxxed so I understand the importance of it but I fear what Unk side affects this will have on my growing children

parental views are a must and should be taken into consideration! I know too many thalidomide issues from my life and do not trust or do anything without investigating!

Thank you for your consideration in not adding this to the already long list of children vax!

From: Nicole Brook
Sent: 1/1/2022 9:50:56 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandates for children to attend public schools

External Email

1/1/2022

To those deciding the fate of our children,

I can only imagine you're already aware of the physical and moral and implications of what you're considering for our children. I sincerely believe we are at this juncture, because you've already willfully chosen your position; choosing comfort and greed over what is right and true. You've already chosen to disregard mountains of evidence and scientific data that contradicts your chosen position. This is our last appeal to encourage you to do what's right. It is a simple matter of choosing right or wrong, truth or fiction. Choose wisely.

There is no peer reviewed scientific evidence that supports this decision to mandate vaccinations an any age bracket, but especially with our children. The vaccine doesn't provide protection or immunity, nor stop the spread. More importantly... there is no long term safety testing on children or humans in general. When you consider the implications that there's obvious calculated risk, then choice and informed consent are imperative. The Nuremberg Code outlines this in detail.

https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedia.tghn.org%2Fmedialibrary%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedia.tghn.org%2Fmedialibrary%2Fmedia.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf)

With the knowledge and scientific evidence we've garnered in the last two years, the world can plainly see this isn't about safety or science. This is about power, corruption and greed. Choose wisely what side of history you want to be on. I (WE) do not consent.

I'll leave a few selected quotes by virologists, physicians and scientists, for your contemplation.

"First we saw the common, immediate side effects (headaches, localized pain, fatigue, fever etc.) which, in general, do not last long. Then we saw, a few months later, numerous cardiovascular problems such as myocarditis in young people. Now we are seeing cases of prion disease such as Creutzfeld-Jakob disease, which is a fatal degenerative brain disorder. [...] We cannot prove a direct link between the vaccine and the disease but we have a duty to examine the hypothesis that there is a linkage because the only common factor between these cases is the vaccine. [...] We expected something like this might happen but not so quickly. Barely a year has elapsed since the first vaccinations and we are already seeing severe neurological side effects. [...] We are moving towards a catastrophe. If we do not take precautions now, our entire civilization is at stake."

by Luc Montagnier (Virologist & Nobel Prize in Physiology or Medicine)

*

"The virus kills fewer healthy individuals and children than other respiratory pathogens such as the flu, such as the pneumonia bacteria, and so forth. [...] All these [mRNA] vaccines can't work and will never work because the antibodies are on the wrong side of the wall, and they are never secreted out to where they need to be used. [...] If you are vaccinated, you are not protected against anything. [...] Stop believing all these crooks and criminals who are lying to you. Vaccination has zero benefits. First, no vaccination gives you any protection against infection. Second of all, this virus is less dangerous than the seasonal flu. So don't believe all those lies."

by Sucharit Bhakdi (Microbiologist)

*

"The vast majority of medical doctors have very poor knowledge of immunology (let alone vaccinology), which isn't a part of their curriculum. This is, of course, problematic as they are the critical point of care and advice to patients. It is striking how specialization in one or another medical subdiscipline leads some specialized doctors to have tunnel vision in that they fail to explore cross-disciplinary aspects, even when it comes to solving health challenges, they are not familiar with and are inherently complex and multifaceted.

It is, indeed, mind blowing and highly worrisome that - although sailing uncharted waters - some pediatricians are not afraid of blindly criticizing knowledgeable experts and posting their poorly informed viewpoints on the internet, not realizing that the narrative they support in favor of C- 19 vaccination of children implies a formidable individual and public health risk. As extensively documented on my website (<https://www.voiceforscienceandsolidarity.org/>), I've repeatedly debunked 'immunologically naïve' comments made by a number of such 'know-it-all' doctors. A majority lack the multidisciplinary background required to put the pieces of this complex puzzle together. I've, therefore, written an article that should help people to navigate through the heavily polluted opinion landscape while doing their own research: <https://www.voiceforscienceandsolidarity.org/scientific-blog/some-guidance-to-separating-the-wheat-from-the-chaff>. I can only recommend these 'know-it-all' doctors to first gain some better understanding of some fundamental principles in immunology and read some scientific peer-reviewed publications referred to on our website before trying to cross the boundaries of their knowledge."

by Gert Vanden Bossche (Virologist)

*

"Those responsible for [the corona fraud scandal] must be criminally prosecuted for crimes against humanity and sued for civil damages ... On a political level, everything must be done to make sure that no one will ever again be in a position of such power as to be able to defraud humanity or to attempt to manipulate us with their corrupt agendas.

[...]

The only way to end this is by the people rising up and telling the authorities that this is the end of the line.

It is not the courts of law. The courts of law, maybe we can use them to clean things up. But I am afraid that they are not even good for that. Because they are so infiltrated by the other side that we're going to have to setup a whole new judicial system."

by Reiner Fuellmich (Lawyer)

From: Ali Segersten
Sent: 12/29/2021 2:32:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern:

It is abhorrent that WA policy makers would even consider mandating Covid vaccines for school children. This is a disease they are NOT at risk from, and many children have already contracted it naturally. Is this a way to use up the leftover vaccines because too many parents made the smart choice not to risk their child's health with a vaccine that provides no benefit to their child?

Every vaccinated child, teen, and young adult I know has already contracted Covid after being vaccinated, and been sick for a week or more. The vaccinated children spread it to the unvaccinated children. Or I should say: children spread a virus to other children, just like what happens every cold/flu season. How does mandating help? It does nothing but put children at risk for vaccine injury, which increases once they have had Covid.

The mandates do not protect children from contracting the disease, nor do they do not stop the transmission. What they do is help people wake up to the absurd policies put in place by officials that have ZERO to do with public health.

Below is an email from a colleague regarding the research around Covid vaccines and children. I urge you to make the right decision and allow parents to choose what is best for their child (even if that choice comes from faulty guidance and misleading information).....

<<http://250ok.chriskresser.com/ea/HQWz3xVCAD/?e=%5BUNIQUE%5D>>

Hi, Everyone,

As promised, I am following up on the email I sent a couple of weeks ago examining the risks and benefits of vaccinating healthy children and young adults against Covid-19.

Today, I'd like to focus on the 5- to 11-year-old age group. In particular, I'd like to answer the question, "Is there any scientific basis for a vaccine mandate for 5- to 11-year-olds?"

This is a critical question because as we speak, school districts across the U.S. (and the world) are beginning to require Covid vaccines for kids as a condition for attending school. Excluding children from in-person education is a dramatic and unprecedented step to take, so the bar for evidence to support a decision with such far-reaching consequences should be very high.

In this email, I will argue that not only has this high bar not been met, but there is also no evidence whatsoever to support a vaccine mandate for 5- to 11-year-old kids, and such a mandate is both unscientific and immoral.

Specifically, I will show that:

1. Covid was already a very mild illness for healthy children, and the Omicron variant looks to be even milder.
2. Kids 5 to 11 years old have never been significant spreaders of SARS-CoV-2 (to

other children or adults).

3. Covid infection in kids produces far more robust and long-lasting immunity than the vaccines.
4. More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19, and vaccinating kids with natural immunity doesn't provide additional protection.
5. There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids. This is even more true with Omicron.
6. The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant).
7. There is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown.
8. The mandates will cause serious and lasting harm to unvaccinated children.

This will be a long email. I considered splitting it into parts, but I wanted to present the entire case in one place so you can more easily refer back to it and share it with others.

So, grab a cup of tea, and get comfortable!

[Author's note: the question of whether Covid vaccine mandates make sense for any age group is also worthy of critique, but I want to dedicate this email to 5- to 11-year-old children for reasons that will become clear shortly.]

#1: Covid was already a very mild illness for healthy children, and Omicron looks to be even milder

We've known since the beginning of the pandemic that the vast majority of Covid-19 cases in healthy children 5 to 11 years old are extremely mild.

According to the Centers for Disease Control and Prevention (CDC)

</https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
MXVJCRhf7Gbj4pW6sX7WX3pDpFjW7gvx3-
5k4YX8N1dbGhLf3zZYW9980b35T_g3mW7cCNWN42GnsyW7BHrZr2ILT_sW24MK726c4glVW2KDf_P6f6-
RjW539BLV65xQ1NW65yn417rn0qLW7Y0R4j4vzj2WW7BTKmh6-
S32yW209_N64cgdNzN5vIX1tkZ-k7W510yKW90Fm3yW1dQQVr9kk6ffW8-
wLCn5nxB3IW4M2dCp3FnD4SW7KdD891kCdR7W46VktQ8zWgbpW7D2YNd7QZM7PN8bMtXCxfd55W4zCkns
0PpW1TqtS92c-
qdzW1P5FPb1cy4XZW3v_3mv7TWMR4W4H7J8F6yKRHCW5nqV307FCZxmW8fFVjG5YkzYLW6pFXIb4s_tqGV
fIW8q4xy66rbhCnW6Pyhfd6KnNYCW61x9j13xVcxbW4gK71I2VjyL7W6J8QxH6lgHPDW7-
4j_W4JbGCGW3tmgp_8Y6ppHW7hd80C4Zn4cl3jXd1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13d8
, there have been just 216 deaths in this age group since the start of the pandemic. This
represents only 0.03% of the total Covid-19 deaths, despite the fact that 5- to 11-year-
old kids comprise almost 9% of the population.

<<https://lh6.googleusercontent.com/l->

9KkeDnomcRKGaHtuC5oeRI5cU3Ly1UnXSZVWsmiGAeBLQTDHENBqRIvIEwXYVwZ46XYTx_UGVinwSBD9k0E

With 28,384,878 kids in this age group, that's a mortality rate of 0.0008%. Put another way, at worst, a child 5 to 11 years old has a 1 in 131,411 chance of dying from Covid-19.

But even this very low number is likely to be a significant overestimate for healthy children for two reasons.

The first is that Covid deaths have almost certainly been over-counted in the U.S. and

other industrialized countries because of how they are classified. For example, say a child with a pre-existing leukemia diagnosis is admitted to the hospital for issues related to their disease. The child tests positive for SARS-CoV-2 upon admission, does not develop any signs or symptoms of Covid-19 infection, but later dies due to complications of leukemia. This will be classified as a Covid-19 death—even though, in this case, Covid-19 likely had nothing to do with the child’s passing.

The overestimate of hospitalizations and deaths due to this method of classification is not small. A recent analysis out of the U.K.

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F3d3MvKJmdWW8WDB334RXk6MN8Tk8QZR4nK1W6pR7N84tM2LvW7xYnDX34pK5cW85s-mR3PxtWzW4c3mLG7SSBh9W45qDyf4XjK9sW3qvKx_83DIR6W8610Yt3YtvTSW8yVxyV19B8JdW4FF5Bs2PR7qX517W6h75H0906prNVgj3V33cDf2W3gVwn82N0D5jW3KSXCm32h2H9W8zpzPf836IMPW8pZmX75Kb1x1mp4RW61mkgr1KBrZ8W1tQFR56hn6v-W4yYjVQ52wwtHM2synHqfp3WW2S3YBT83w3J-W5gpS1X7lfrTYW1yjKsJ5RW67gW1pJb950wvyhW51thh_8KyB--W2Z_N0V5rIZyTN4MvvcFTvyCDW7Yjkd1V7ckj37sh1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13d8
found that a full two-thirds of patients with Covid-19 in the hospital only tested positive AFTER being admitted for another condition.

The second reason is that the majority of hospitalizations and deaths in 5- to 11-year-olds occur in children with pre-existing health conditions. A study by the CDC back in September 2020

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%WJV7CgFPJW8gLpzZ5TKHvLMYTH4fxpWWMW3djV078vGWS-W3dgBMW86X2d-W14vIYI7Xz6HJW4Fp_gQ6gT5jzW1456gl1jSyTWw4TrfT81LBI26N5w9hDXGS71_W34CjVj3ygYd0VLgggtq13r-FRW3yYYzh7F0S8YW4VgRh87rL2w_W34k-9s4_Ts2FW5plJHg6V-zcFW8K5hJI1kw_2fW8mZ_dx36nLRvW5wWp7R2zMNJ7W99W3ft6fvVF5W5nrc331bndPDW1FXns27CRWKgVY

found that, among 121 childhood deaths related to Covid-19, 75% had an underlying health condition. Another study by the CDC

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%WJV7CgJRIW25MjDj4FWHJ2T-JPt9lnKxwW8rmg_V8FNFDpW19ZR-H5DpF9ZW3nBmqT2Qs8jWW5X140_906f8xW8D5DRb68nsw5W1qNYTV8qnLcxN9hXKqJdDgTxW6Vznf17pCOcP87pcN58lqRJ7VGPXW4vfzr0254qxgW2HRmhC20XFmqW6sHtpW6PdBB5W4GNN2y1Zmzf_W3Gyr-v4JJtCBW7SXmLs2xjGzCW67DhZ270mFrWW7L6CDF5dwTkZV9JDtC7xSQFpW4YH16V6dDpHdW1Bcxwx2XB8Nq93fX-

BXW1hdlbn2rIYr3W8sqK8t6WynPHW63wzRR7YYIx3W2Lhb3F4Fn1Wb35kD1&data=04%7C01%7Cwsboh%4 found that 53% of kids hospitalized for Covid-19 had at least one pre-existing condition, the most common being obesity (45%), asthma (14%), and neurological conditions (13%). Yet another large, international review of 14 studies

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
dW1wPJ7l3hsKX9W63JS6z6gJZBkW3Q4BKc41r5DTW4481nF3NbFD8W1tLtfm51Qv9HW7D2dGN4y1MIFW4kc
82TW4X-9yN2x1Pz9N1xHCS6fpYJGN7HBbs_z9Q2zW98Gy2S7543Q4W2Hy3Kh4r-
4q3W5V62nN59pB5nW29WpVw5P1DRbw3M6LFM9kRfgBW2PsxvK8Mf1KrW2QZjgp8Vj7KxW8VlxPM7Khq2vV
t0FzW7t09Qg7Vct25W4YHy_w4jdRthW8QFR1q7FmsTqW102dMy7Zp05LW3zgJHD1jVYRYV1JPRX1CPGnVW6
95W51QwLSW42YbJK8cp99tW3ZWjbG1gKhXIW1r0FWN8cJ6f435bl1&data=04%7C01%7Cwsboh%40sbob.w
covering almost 20,000 children found that kids with pre-existing conditions were over
25 times more likely to experience severe symptoms from Covid-19 infection than
healthy kids.

The point here is not that kids with pre-existing conditions don't deserve our consideration. Of course they do! The question I am trying to answer in this email is whether the vaccines should be mandated for all 5- to 11-year-old children, including healthy ones. And to do that properly, we have to know what the risk is for healthy children specifically.

Unfortunately, the CDC does not routinely distinguish between healthy kids and kids with pre-existing conditions in their reporting of Covid-19 hospitalizations and deaths. But some other industrialized countries do.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
WJV7CgTv8MVMNzFst78XW7fDZ_D8lQBn1W97mZvz8J1r4RW4K5WCB7kkGsQW8SHlvv756FX8W24CyGr29B
JlK1N1CSMrGhIND7W8qnx8W7W4NWpW437x5H68rJ-kW5XwJPD6pwK-
dW3Z98Sp4f3XbjW96PqN27fbyVfW8GrsN94cMqZLW100_-Q1W-
9b4W4_28Z431Vfy9N8j7B-

- * A rate of hospitalization of 8.5 per 100,000 (~1 in 11,750)
- * A rate of ICU admission of 2 per 100,000 (1 in 50,000)
- * A rate of death of ZERO (there was not a single death in this age group)

Omicron appears to be milder than previous variants

And all of the early data we have so far suggest that Omicron is far milder than all previous variants.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FQqW2NLDJP10D06vW6GBK_X29XmC7W3F1tvn487sQdW2Fhynd5hf3hPW1NHvNK1FhLqNW7GVP3Y7MzdByk7w4LkN7j8mLMW3hprXd6-ZdkBW3mMzqw29Q4bpW6Yq55M8FGxPCW8F6Kr_3RnZTgW4X64t91vnL0RW6_X5Yg3MYcRyW8WZkqF88yl1

, there have been 27,132 Omicron cases so far, but there have been only 35 Omicron-related hospitalizations. This is a hospitalization rate of 0.13%—which is approximately 8-fold lower than the estimated hospitalization rate for Delta (~1%).

There's more to say about Omicron, and I'll be writing a separate email about that soon. For now, it's enough to say that if the current trends hold, we should expect the risk of hospitalization and death from Covid-19 in healthy children—which is already incredibly low—to be lower still in the future.

- * Covid-19 was already an extremely mild illness for healthy kids 5 to 11 years old
- * Hospitalizations and deaths have been over-counted
- * Omicron appears to be far milder than previous variants

... we get a current risk of serious outcomes like ICU admission or death in healthy 5- to 11-year-old kids that is minuscule.

#2 Kids have never been significant spreaders of SARS-CoV-2 (to other children or adults)

Some advocates of vaccine mandates have argued that, while Covid-19 is a mild illness in kids, we should vaccinate them anyway in order to protect those at the highest risk, like the elderly and individuals with pre-existing conditions.

In order for this argument to be valid, two things would need to be true:

1. We'd need evidence of significant child-to-adult and child-to-child transmission of Covid-19.
2. We'd need evidence that the vaccines prevent, or at least significantly reduce, the transmission of SARS-CoV-2.

In fact, neither of those is the case.

Studies have now shown that kids under 10 years old rarely transmit Covid-19

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgK2wN298pHjpZ20KW4yCy3tJ0f91W21NQf16z4yy1W2jkJY046VjMLW7YkHDb30dFVDVCyfC92QWYrgmQ0W3HwLVy3LwPNxVxNd-X8V7_sjVIDQ-Z3DCBH8W4FGvdQ519r6PW4Q0Ztp22xYz3W1-1MNm2Cn4J3W3MMqmd3HmPq1VysBFx2FKkvNvFZ3rC606s9pW5dMXHr1ZLb6_W7pgjHM76Rp8GVyrgXt2W

, and all kids/adolescents up to 20 years old are only 43% as susceptible to the disease
and 63% as likely to infect others

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgQXvW8FG56z1X21k6N5klvpG_TYIW51V66H428s5fN6SPHzXM-9YbW1ZcmVV48v9RPW5qH0B41NqF67W7X7d0W8GzHF2W58P9xX3yG45TW3yWxfJ3TvxpvW6Xg2mW8mwrsDLW6c3BT67Dbn3fW1j6y284BrRNDN93xm2T-qzZkW5MP1zz343LjkW2G1MHG2KbfFPW7K6YYs8mLxMFVwGc4m2dVqCzW91JjNv2ZFzY_W7hZfzY2pz3YGN5JjDGpGIImMN8Rt60Rf7rTPW31Wtxy4BJf4QW2MqTht3pb4SKW7jSIWx2ytwbLW5Rj20L2XsDyV31cS1&data=04

than adults.

I will address the question of whether the vaccines prevent or reduce transmission in detail below, in section #5. The short answer is: they don't.

Given that neither of these things is true, the argument that we should vaccinate kids to protect the vulnerable has no scientific basis.

#3: Covid infection in kids produces far more robust and long-lasting immunity than the vaccines

Another argument I've heard to justify a massive vaccination campaign for 5- to 11-year-old kids is that the vaccines provide more robust immunity than a natural infection and that because of this, the vaccines will "end the pandemic."

Numerous studies have now shown that this is not the case, and, in fact, the opposite is true: kids who have a Covid-19 infection go on to develop much stronger, more lasting, and broader immunity against future SARS-CoV-2.

A new, peer-reviewed study published in Nature Immunology on December 22

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgYW4W1DF5Ms5BJ9Y5W2532-W5SGd0pW7DPwCB6Ory1xMmBxBVXwf6sW4Ns2Ym3XmnWyN8Fq2PBsyTJ0W6w_2sk7Wv0xfW98 Js71tmLn

8SS9W2Xc_8B4HGfZN1Cs_BMhj_BmN6C93zvxl8psW7_tnGp3F3TlhN3GJ4qwG4bfNW9jbqRm8mKWSVW7cf79-G8-
gzjtW4_xdbF205ydvN3RqPPpS1wxYW8IVQg53htDq3W5tRx0b5B7zPqW4FZrmj5Dg4chW8Hc8LF4Jyksz31rJ1
found that both the innate (initial antibody response) and adaptive (later T-cell response)
immune reaction to SARS-CoV-2 is much stronger in children than in adults.

In other words, kids who get Covid-19 mount a more effective and robust immune response to the disease than adults do. What's more, this immune response lasted throughout the entire length of the study period—which was nearly one year—and it appeared to protect them against multiple SARS-CoV-2 variants.

The authors speculate that increased immunity to coronaviruses that cause the common cold, and are cross-reactive with SARS-CoV-2, may be part of the reason that children are more protected from Covid-19 than adults.

From the study:

“In conclusion, we showed that children display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs [human coronaviruses].”

Given how remarkably low the risk of serious illness is in 5- to 11-year-old kids, and given how strong and long-lasting their immune response is to natural infection, wouldn't it make more sense to simply allow healthy kids in this age group to get Covid-19—especially now that the Omicron variant is becoming dominant—rather than expose them to vaccines with uncertain benefits and concerning side effects (more on both of these points below)?

#4: More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19

At the end of May of this year, the CDC estimated
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F%2Fwjjv7cg-dgw5wn9g06bpRtKW91GSgb5BQgnKW99xHGt4_NTHpw7x_IGG2gcY_dW2srV5-35m0GBW6DYyIf2nq7xfW43z4M67PDRFGW58stT58cR076W47wfCy2YCQy9W8BFXxY7VfhnXVRg17r9lZ0NmVlk26M9-MdW82h-Bx8X1qdfN29dX39XBng-W1-XX8D5G9X5BW5_SDd05bQ59xW44wXYc4wd5FqW1QchGf7K2n9rW19DjpF2WLVNKW8hp27m1gDHZRN4ZKM-_b3F7vkWW5nhRIB4cgFwZVsKJ9q2FYJP5W4rs8gS55T_-7Vb0FdT2XW3nT3kVg1&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C13d8631b04d24f80f08608d9cb1a
that 36% of all children had been infected with SARS-CoV-2. That estimate was made 16 months into the pandemic. If we adjust that estimate for the current time frame (22 months), we get 49.8% or roughly half of U.S. children.

However, the CDC estimate was performed before the emergence of the Delta and Omicron variants, both of which are significantly more transmissible than prior variants. Therefore, it is highly likely that the rate at which kids were getting infected between May 2021 and now is significantly higher than during the first 16 months of the pandemic. This means that more than half of U.S. children have natural immunity against Covid-19.

The Nature Immunology paper I just mentioned above clearly indicates that natural immunity to Covid-19 is especially robust in children.

We also have other evidence that natural immunity is stronger than vaccine-induced immunity. For example, previous research out of Israel

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%>

suggested that those who had recovered from Covid-19 infection were 13 times less likely to be reinfected than those who'd been vaccinated but had not yet had Covid-19.

And so far, there is little convincing evidence that vaccinating someone who has already been infected offers any benefit.

For example, a study published in June 2021 by Cleveland Clinic
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fw7v7CgQpdW7fS8F27Mjg83W6M-blR42HFRFVG1szy3Zg-PLVjxLks3MnS-cV2LGm83V2nxmW57GdFs2yDcc3W3nHjr39d3PqTW4mSvDn6cGGQfN2TNx-ChVVK4W6vLVf8132ZwSW1FKdJZ6n95c8W7bmbJx2wFVv8W7Q4-1Z7GSSyXW5wNwpJ7Kc4P_W7kNWkp8H5MJ-W5hD7472jxTsGW3_PsXT5zhD77W2IDF3D53QBQTW2RhHPP1j2c5zW7JpNz633zwcQW81Qsgx5zprkPVX9xNI
of almost 53,000 people found that vaccinating people with natural immunity (i.e., those who had already been infected with SARS-CoV-2) did not confer additional protection. Most importantly, there was not a single case of reinfection among the 1,359 previously infected, unvaccinated subjects in the study.

The fact that most kids have already had Covid-19 and thus already have immunity to it, and that vaccinating people who've already been infected doesn't strengthen their protection against the virus, casts even further doubt on a universal vaccine campaign for 5- to 11-year-olds.

#5: There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids

When I have a chance to talk to parents about the Covid vaccines for kids, I'll often ask them what they've heard about the effectiveness of the vaccines in kids 5 to 11 years old.

Most will respond by saying that they've read that the vaccines are "over 90% effective" for kids in this age group.

They're often quite surprised—even shocked—to learn that, in fact, we know very little about the potential benefits of these vaccines in kids 5 to 11 years old.

Why? Because severe illness in kids is so rare that there wasn't a SINGLE case of severe Covid-19 or a SINGLE death from Covid-19 in the 2,268 kids that Pfizer studied to obtain their Emergency Use Authorization (EUA)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fh1QsJQ8W5BXSfF8ZbBCHW4RbKjV6B2dqjW4FjqyS4mMnqpW6jFnBb1b0vdCW3CyNtk5_jMm2W6d5ggv14FR25WjW7Qt9KP7RYhjwW6tHKRd7ZgzyPW95jKHX6qP0WPW5_p-W22pJtz5W4GgxN_5nFjdnW2ky_Pq3wwYvSW9h4BPN8Mz0s_39f61&data=04%7C01%7Cwsboh%40sbob.w...
by the CDC.

Because there were no significant adverse outcomes from Covid-19 in the trial, Pfizer had to estimate the potential benefit by looking at the antibody response generated by the vaccine in the kids' blood.

There are several problems with this. First, antibodies are a poor predictor of clinical response to Covid-19

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F8fN9grqDKxtGGQW5HTz8_6lxs5nW17xhMJ94y3DGW3MGkYj6X-N-XW8l3DsY6VysmFVRdl7M2wxg66W2NgXqQ97KkgvW1l46Cc9cfvN6W2Wx_3X3gvpYTW49NwmW1wJfbjW1dkPB71fvmW3klgwV96TcHRW1QVfK03rqBsqW4QPdSh8ZYY31W28-VvG7cXL5dW29-ypD4mjKfXW5hFhHB1M3jyYN9jpDgBS0hB8W2lcm5W1qkfFqW8fCyPn48rDWpW8h1lkn46Fg6XW2NrPXH6nfHkx1RB6T7VyRW0f6sTZG_W1Vzy6Z57-cQGw176Hvs1m-5WkW2spy4V8CnZP_N3SNkgPNF9M3W2NTY9d4P6QZYW7sdX5g78fDG0W33pkMb8B9WHHW39cSgV2QMkb3

. Second, since there were no cases of severe Covid-19 in kids in this study, Pfizer had no idea what antibody level would be protective against severe infection.

This means that any claims you've seen that the Pfizer vaccine is 90% effective are misleading because this only refers to an antibody response in the blood from the vaccine and not actual protection against severe illness, hospitalization, or death.

Yes, the massive campaign to vaccinate 5- to 11-year-old kids is based on a small study of 2,268 kids in which the vaccines did not prevent a single case of severe Covid-19 or a single death and demonstrated only an elevated antibody response in those that received the vaccine.

As hard as that is to believe, that's where we are.

#6: The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant)

Even before the emergence of the Omicron variant, we already knew that the Covid vaccines do not significantly reduce transmission of the virus. Unlike the measles or polio vaccines, they do not provide "sterilizing immunity"—that is, they don't keep people from getting the virus or spreading it to others.

CDC Director Rochelle Walensky disclosed this back in August 2021 in an interview with Wolf Blitzer on CNN

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F7qV6pPb9lW4thPD75tyW99W3RVPfn103Gb3W6h_1p170443QW48l7tn99HB2cW28Gfk818lFHGW31DczF2ZyyZ23_8Cm0VB_LV93PFyDZW5Kt3Vv30rPrTW90gFIW1gb6ZzW5QWGqB1LvzmKw43_Bml77N-LWW6dj1fy5HD7fPW7JXM-f4d92k2W7bRFvB1Pw0SXW2SQ5l47Y1082W1ZMr1b4NlrtPW751YMv5VsgstW3lmNNG3wDYsDW3phSkh8xF6-PBzpW8LhY8z6Xl6MfW6NSpPF53H2RKW8sZJ289cmhH_W2wRywX1YzM-XW1xlpfG4CRkDzW692GDC8F1VYvN6kpYKvlqrfqN2vBm-1yMqyKW1nwdBs2FvCY83ds41&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13d8631b04d24f80f08608

. She said:

"They [the vaccines] continue to work well with 'Delta' with regard to severe illness and death, but what they can't do anymore is prevent transmission." [Emphasis added]

But in countries where Omicron has become the dominant variant, we have even less reason to believe that the vaccines do anything at all to reduce transmission.

According to Denmark's Covid-19 report from December 24

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FJ7W3xDVF95gqjdXW29Bq3h3qrpn1W8Tg1NL3DGyZwW2dLmqQ1hggbGN9941Gvw5t9RW7_4nfj8GcFFvW1PVtD3RR8MHFDHW7QCMwS3FN07qW6lhvbk2hN51lW2qMdrh5K4JRQW3gyNZz7y1k4MN25NP_VNsm6SW46F

(mentioned earlier in this email), 92% of confirmed Omicron cases occurred in people who had received either 1, 2, or 3 doses of a Covid vaccine:

<https://lh3.googleusercontent.com/T2PN9u2tJkEV-1b4-lbTt3Zu7nxtbSyJgBaPY2qapmESv62S6As9TQBpep2ZGxcvg4x7beyGkaibH_j2p2uK3gu8u_TnPviWuU1cT-

"Among those who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster. Among those who received a Pfizer primary course, vaccine effectiveness was around 70% after a Pfizer booster, dropping to 45% after 10-plus weeks and stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster."

Frankly, these are remarkable data that raise questions about the effectiveness of the current vaccines against Omicron for people of all ages, not just 5- to 11-year-old kids.

It's clear that we are not in the same situation today that we were in when the vaccines were initially developed. Omicron is very different from Alpha, which was the dominant strain when the vaccines were released. And as these studies clearly show, these vaccines aren't as effective against Omicron as they were against earlier variants.

At best:

- * Two shots of Pfizer provide just over 50% effectiveness for about a month; that drops close to zero just after the second month and goes deeply negative before the third month.

- * Two shots of Moderna provide just under 50% effectiveness for about two months; that drops to zero in the third month, and into negative territory shortly after that

- * A booster provides an additional 2.5 months of partial protection (below 45% for all but people who received two shots of Pfizer plus a Moderna booster).

If we were starting out with the current vaccines today, with Omicron, that's the level of protection they would provide. We'd have to start giving boosters just 2-3 months after the initial shots and then give a booster every 2-3 months after that. Does that make sense, given how mild Omicron is for healthy kids (and most adults)?

It's worth noting that most of these data regarding Omicron infections and vaccination status are from adults, not children, because the vaccines have only recently been offered to 5- to 11-year-old kids. But there is no reason to believe that vaccines will be more effective against Omicron in children than they are in adults (and, in fact, there are reasons to believe they would be less effective, as I've described earlier in this email).

#7: ☐☐ This is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown

Despite the incredibly low risk that Covid-19 poses to healthy children, the fact that over 50% of kids have already had Covid, and that natural immunity is robust and durable, some still might argue that vaccinating children makes sense.

After all, if we can save even one life with the vaccines, shouldn't we do that?

Certainly, if we knew without a doubt that 1) vaccinating every 5- to 11-year-old child would prevent even a small number of severe illnesses and deaths, and 2) the vaccines were 100% safe and would not cause any adverse events, then this would be a strong argument.

However, we still don't know that vaccinating children this age actually reduces severe illnesses or deaths. All we know is that the vaccines induce an antibody response.

And we already know that the vaccines are not 100% safe and are producing a significant number of adverse events in children 5 to 11 years old. This should not be surprising. All

medical interventions have potential side effects and risks, and the Covid vaccines are no exception.

The CDC's own data show harm for the vaccines—despite Director Walensky's denial

According to the CDC's data, as of December 9, 2021, there have been 3,233 reports of adverse events in kids 5 to 11 years old from the Covid-19 vaccines, including 14 reports of myocarditis (8 of which have already met the CDC criteria for a vaccine-induced myocarditis case).

<https://lh3.googleusercontent.com/1BsulH6gyu_FwVy3CnpyEngRhZPkluo0hxtb7PFpv0DCZB4q7P1krdDhviEBFzYIgvYkc7LFfd2yF8DV5>

Yet, strangely, Director Walensky went on ABC News

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F6M6ttzDr7h74W7yYBW81n0WvvW4-G-8s8gSB0QVFNJb93QBpVrW66g6854t4SjGW7D_DC73v45KdW4HSdvl8qPQpmW4m4FGP39jwQ5W6wnNV63Y0xkW3MmgWV3Qy_scW1wRv5m2brPI7W2fP6101_mgBzW2qwbdx1hyStPW6g28K929r8DmW467Fpv6THKf6QWW8fNI841H5P-vVKY_3b2GnJZm37YJ1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13d8631b04d24f80f08608d9cb1a>
the following day, December 10, and said that there have been no cases of myocarditis seen in kids. How is this possible? Was she not aware of the data her own agency issued just the day before? Or was she lying? Either way, it's incredibly disturbing.

<https://lh5.googleusercontent.com/A9dSMSs5swMuXdMulqgzB1fVdhZDtImTEsJjdeWcCWjb_WkcyJ0hvxNY>

It's worth pointing out that myocarditis is only one of several possible side effects that have been observed with the Covid-19 vaccines

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgHWZW5SRvdn69J2GxW4gMYL-8YFV6hW2j79Cq852d6GW74drw15dcsZrW2YNNLJ25qP8wW96yJrT7BKD7PW1TXT3x7NyzMbW4SrfV-225dd-W98pMcK80VcKCW47N0V26fWN_xW6KKb_L3GBIGYN71nZsnLRWXYVxCBhN9h5z2fW7ZZ8kt5Xnl9yW6BWb0wh4W4zv4mQ7SX92ZW7Vgj7Q3WtcSvW8SjHy95KLpYmW80Q7_I5dzXQpW4rD-sS2JnDJQW2tR7jz8tchpPW8vbkM54RbRFqW3014K25nDsJ62801&data=04%7C01%7Cwsboh%40sboh.wa.gov>
, which include arthritis, autoimmunity, acute liver and kidney injury, thyroiditis, and more.

It's also important to know that the Vaccine Adverse Event Reporting System (VAERS) is imperfect, and adverse effects are often underreported. For example, a 2001 study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgJLRMTg_gwNVvQ-W64qFvq2W0nKGVm1DRk2ZJbZ4N5Tm0hH_bLhRW2bPNkY93D12QW3hy8Nm78kwdsN74zgK35pj4rW7hVQ7kN9c7q9GdYkxpW7Q0BzQ3F-LYHW1cdz1Y1HJRjIW8kpMkc7ftdD3W259FID2mKQzxN1Csk8gG4I0hW875KpY8qV5JSW451Kst40GFY5W54Gv>
found that less than half of cases of rotavirus vaccine-associated intussusception (severe intestinal disorder) were successfully reported to VAERS. And a 2020 study
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FsdckNMMN89HbMQQ-F70VCZQn33Ckyh6W8DLR7b6QdFCgW6b0ttV4vsMp5W2T75IL1RJGn1W8Pm6Vq7v7xMKW3Z6VdQ6gCwTJW-Xd85P1T2nN8R-2yd1lLcN6K673pVlxgRW8qgnVg5-n1nQW90Hlvh1QZfw7W24W0705FYpPN39bp1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13d8631b0>>
found that the reporting sensitivity for anaphylaxis (severe allergic reaction) and Guillain-Barré syndrome (severe nerve disorder)—both of which have been seen with the Covid-19 vaccines—ranged from 12%–76%.

There are at least 2 reasons to believe that underreporting of side effects for the Covid-19 vaccines is at least as prevalent as the studies above suggest—and probably more:

- * Many doctors and nurses are afraid to report side effects of the vaccines because of the current polarized political climate.
- * The vaccine program for 5- to 11-year-olds began only recently, and there's often a lag time between receiving the vaccines, side effects, and reporting of those side effects.

Nevertheless, let's be generous and assume that the underreporting of side effects from the Covid-19 vaccines in VAERS is only 0.5, or one-half. This would mean 6,466 adverse events reported from 7,141,428 doses of the vaccine in 5- to 11-year-olds, or a risk of a vaccine-related adverse event of 1 in 1,104.

This compares with (according to the German study I mentioned above) a risk of hospitalization of 1 in 11,750, a risk of ICU admission of 1 in 50,000, and a risk of death of zero from Covid-19 in a sample of 400,000 kids.

To make it as clear as possible: these data suggest that, for healthy kids 5 to 11 years old, there is a much higher risk of an adverse event from the vaccine than there is of preventing a hospitalization, ICU admission, or death from Covid-19.

You might argue, “Well, if those adverse events from the vaccine are mild, what does it matter?” That’s a reasonable question to ask. However, many of the side effects reported to VAERS are in the moderate-to-severe range. Most people won’t bother with the time or hassle required to file a VAERS report if they simply had a sore arm for a couple of days.

OpenVAERS

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgPp6N6cSKBsJV2wjW1TCWrR55qHqzW6yNZ5t4s3QVLW3znRBj4XB7R1W9dm-VK3HzrpKW3lvfTb79H2jyW1kt87f2RHw3GVS7I246h6b_cW2FcK8q8b3D5-N1pv09Dlpp6LN8ylBctm4XNW7pQYsC2675KHw32yQSg6s0t2gW2G1By4705xrWW92MWJX3gM2bxMmdvVtl3Xn3W6jhP1P1n57V7W5PYdbX6spckvW8F45hW4skv9kxW85FYx842TP6ww7N1DMs1jpXbGN7GsWJG5PF3yW

has been diligently reporting on the raw VAERS data throughout the pandemic. According to their website, there have been 983,756 Covid vaccine-related reports submitted to VAERS as of December 17, 2021 across all ages. Within the 5- to 11-year-old age group, these include:

- * 2 deaths
- * 90 hospitalizations
- * 331 urgent care visits
- * 772 doctor's visits
- * 2 cases of Bell's Palsy
- * 3 cases of anaphylaxis

These are clearly not mild side effects, and together with the CDC's data on myocarditis risks, there is enough evidence to warrant concern about both the short- and long-term effects of these vaccines—especially since they are being given to healthy children with their entire lives ahead of them.

In addition to the known risks above, there are also the unknown risks. While mRNA vaccines have been studied for many years, they are new, experimental therapies in humans with no long-term safety data. We simply don't know the long-term risks of these vaccines.

So far, we've focused on the risks and benefits for 5- to 11-year-olds receiving the Covid vaccines.

An unvaccinated child will be punished by withholding in-person education and contact with their peers and teachers. This is a far higher risk than a healthy child faces from contracting Covid-19.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
WJV7CgYVDW382pIP3Sp3mHW2y0mdd2DrpHnW4WGgb18p27ZRW3PtNHR11w60MW8kz3Qx7g3jRTW42kdX
31Kj1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13d8631b04d24f80f08608d9cb1addbe%7C11d0e2
,"

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FwG66gVJwJW7DGWZ22wZLLNV9SxRm5pBM6gVJGBWR52DYyvW62mjD_4_tRV_W27_B0I98PVNFW5g7Fvx6b](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FwG66gVJwJW7DGWZ22wZLLNV9SxRm5pBM6gVJGBWR52DYyvW62mjD_4_tRV_W27_B0I98PVNFW5g7Fvx6bLWJV7CgzVJVgQrvg7hsGr0W71QXqF4qnPjLW2pxvQN6NfKbVW6Ghb5L1pp0dGW3dkzK96cWWM3W4q782h7LDj81W4P1TIF6Ms7m7Vz-wG66gVJwJW7DGWZ22wZLLNV9SxRm5pBM6gVJGBWR52DYyvW62mjD_4_tRV_W27_B0I98PVNFW5g7Fvx6b)
documented a wide range of harms experienced by children during lockdown (which would be similarly experienced by kids excluded from in-person education because of their vaccination status):

- The list goes on and on. But even studies like this one, which can take months to research and publish, are not documenting the full effects. Public health departments, school counselors, and mental health professionals around the world are reporting deeply disturbing patterns.

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
WJV7CgRhGW6MNMw01Ys9m8W666TRG99Xmn2V2Yhvp4_-cdMVWvRGH40L-D0N3jVsd-
PQjtqW1d7wfJ9gcXy8W6920lc4jQpn4N3JD_4I4-
5RIW46hyPQ4dBt0cW2Q2pRF5vLBTFW8ht-
Zc6tmW5GW8c043F8_Q398W19qs64G0pVjW77h1yl863M7gW8fS_Ns1WS1R3N5687rFlz32_W5m9VVD7ZQ
W2jTH-R1YpVpqVYwnkG4HS6BCN6VqFHJn3PGKW33D7NK19NFzKW2pDgcs1JtvHjW83-
BjQ57nLiG34nS1&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C13d8631b04d24f80f08608d9cb1addbe%
, and drug use has increased considerably:

<<https://lh3.googleusercontent.com/LsosXdLh6xvb4WCQwLzSOj2NCunM3hPA7klxEZvXaDVkTffYdn1XLOb7H>>

This is a terrifying and horrific statistic that should be sounding the alarms on the impact of keeping kids away from school and isolating them from their peers and other important people in their lives.

We've also seen disturbing examples of unvaccinated children being shamed and forced to justify their status in front of the class—a disgusting and scientifically baseless (as you now know) tactic designed to force them into compliance:

<<https://lh4.googleusercontent.com/YOnNPNxeMVypaWGZKvJfFo0XxP8XZxZHOiB7bD8TGAPQVdxbxy3Ax4acuXNYIHfMdSY5XCq050xP6niqGdAKFjYN-Pr3CLmkFVGgfHI0PCCMWiA930TEB8c1I48OD8>>

Is this the world that we want to live in, where parents are forced to decide between giving their children an unnecessary, ineffective, untested, and unsafe vaccine with both known and unknown adverse effects, so the kids can continue to participate in a normal, healthy life, or not give their kids the vaccine and remove them from many if not most of their typical activities, including attending school in person, eating out at a restaurant, or playing on a sports team?

We do not have to take this path.

Other countries have chosen not to. For example, the U.K.'s expert body the Joint Committee on Vaccination and Immunisation (JCVI) has decided not to vaccinate healthy 5- to 11-year-old children

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%jPnJ2s6xDXW8hf6p66lk3QWV4S6qv1GqSWZW7gMD-C7hswVzW5CPxt18ybHjZW10lkCs5RfM5DW8SJvZb7WfhVSW4rdqYj3RISCGW8H-8Nb57YCXcW3_PRL15GjrgLW6s5mBM24s889MRPflgd8LZ6W29-m2m5GRj75W65w-qL1sc72gW5C6FNf9kzY9QN211-Z5br6t0W6wlkWC99d1mNV8l2yX8w4xXwW6LnVIV8cpWBXW2T_YPM6FYwHXW4vZj4r3H-ymgW81hVln56b2N4W864RHn4nkh8HW7N0s_T45BT-3W718M3h1qGNwBW74kS_05lz4WYW8K5P9d6GP89jVrLNfS5pQt4KW5HH3R27FnwMQ36391&data=04%7C> (though they did approve vaccination for kids in this age group with underlying health conditions).

Even if we decided to make the vaccines available for healthy kids in this age group—which I don't think is an evidence-based decision, for the reasons I've laid out above—there's absolutely no basis for making them mandatory.

- * They do not prevent transmission, especially with Omicron.
- * There is no direct evidence that they reduce the risk of hospitalization or death.
- * The risk of serious illness in healthy kids is extremely low (and likely even lower with Omicron).
- * Over half of kids have already had Covid-19 and have robust and lasting immunity. There is no evidence that vaccinating kids with natural immunity provides additional protection.
- * There is already evidence of harm from the vaccines.

As parents and caregivers, we have a moral and ethical obligation to safeguard the health and well-being of our children. Mandating the Covid vaccines for 5- to 11-year-olds not only fails to achieve this goal, but it works directly against it in numerous ways.

I believe that once the facts I've outlined in this article become more widely known,

mandating the Covid vaccines for kids will be viewed as one of the most egregious and unconscionable failures of public health in the history of humanity.

That is why I wrote this email. I want those of you who are parents to truly have informed consent—which is the process by which a healthcare provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention.

It should be the job of our public health authorities to provide this informed consent regarding the vaccines for 5- to 11-year-olds (and other age groups, as well).

Unfortunately, our agencies and authorities are no longer fulfilling their vital role. (As a side note, this shouldn't surprise my long-time readers. I've been writing about the regulatory capture of public health agencies in other contexts for many years. See [here](#)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgJ-DW4pWYvS5RJp0cW3DKfsl2d0CzwW7IYhL31HhmdHW8NJ27s5Gq7p6W5_-1xm7kX0kVDqRMDyhKZbw5tHTyc6XPz_TW5w5DMw6Yf8F_W5-_0Kj2rmyZ3VqqY-l4slwSnW6rcJMS8hc8R5W7L08Gc2GhVwGN5cKPZMv1h0zW3QCJg85yVsCnW2Q1XH81_cPcxW5D4YVG6Hq0-MLJM2hMkW2HK5wq5MIklHW2hnDLQ2THXKNW9gjTTZ19zRHnW6yT1kh7Tjk8hW74nRLM4sSW2vW87s6YG3
and here

> <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FCY6RYbNXVR6V1s1kkTkBW7T210F2IJcg1W5c0z_h66YJfVW8khXzh601G9hW20_nSW8YJ2-bW6kCzNc4sJc5KW3NK_gn3ldh9DW5VK0rC4NV_FSW3Sf1Zp640xSkVfpNrI7ng6hqW6-bJcs72yFv9W1IXrXD1rVclLW5xCbtD4sF_WBW7kxnrx7ILRvzW81TF-02YVPtYVkT21n27qQXGW6zNk8D8HJXjn3pHR1&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C13d8631b
for examples.)

I know that many of you as parents are finding yourselves in extremely difficult situations, where you feel pressured into giving your children a vaccine that you don't believe is necessary, just so your kids can continue to participate in normal life.

It's up to us, as informed citizens, to fight back against these unscientific and immoral mandates, and protect the health and well-being of our children.

There is no duty that is more sacred.

In health,
Chris

<<https://cmq5z04.na1.hubspotlinks.com/Bto/GB+113/cmq5z04/MWP7Md2PXQ8W25xKV49dfKxcW70RWGE>

From: Facebook
Sent: 1/2/2022 8:45:58 PM
To: DOH WSBOH
Cc:
Subject: Washington Witches and 7 others are new Group suggestions for you

External Email

Dixy, join groups to connect with people who share your interests.

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

Facebook

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

Join groups to connect with people who share your interests.

RECOMMENDED FOR YOU

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

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

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

Washington Witches

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

❏❏ Frozen ❏❏

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

Visit Group

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

Visit Group

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

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

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

Pacific Northwest Birding

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

Thurston County Sirens

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

Visit Group

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

Visit Group

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

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

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

Therapy Memes Group

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

What's New Olympia

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

Visit Group

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

Visit Group

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

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

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

Frozen❑forever fans❑❑

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

Washington Hikers and Climbers

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

Visit Group

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

Visit Group

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

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

Explore More Groups

Was this email: Useful

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Femail_not_useful%3F
| Not Useful

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

This message was sent to wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> . If you don't want to receive these emails from Facebook in the future, please unsubscribe <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Fo.php%3F>> .
Meta Platforms, Inc., Attention: Community Support, 1 Facebook Way, Menlo Park, CA 94025

To help keep your account secure, please don't forward this email. Learn more <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Femail_forv>

<https://www.facebook.com/email_open_log_pic.php?mid=5d4a5e7d76dfbG5af558bac98aG5d4a6316d70>

From: Keiko Backus
Sent: 12/29/2021 1:17:20 PM
To: DOH WSOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\7019D5D91F83440C_3d100a1c70fa425e16af3d707ccfe8ae7_PRDTool_NAMETOOLONG.pdf

External Email

☐

☐ Department of health

☐

I disagreed to mandate/ require covid-19 vaccination for children to attend schools and daycares. Please do not include COVID-19 vaccine to the required vaccination list.

These vaccine don't work for variants. It only worked for original strain. It will not stop anything. Therefore there is no meaning to have vaccines that don't work. Especially new vaccines without long term safety data.

There are so many unknowns about this new therapies.

There are no safe mid and long term data available. Introducing new vaccines developed in hast with new technologies used as vaccination before to the human has so many unknown. Especially young teenagers and children whose body is still developing. We all know this vaccines can cause heart problems to young people to children. So many athletes are dying from heart attacks this year. It is not mild nor rare when caused by this vaccines. Even though you survive from Myocarditis and pericarditis, your heart is damaged for life and have to fear when your heart fails and when you need heart transplant. Certain percentage of People who survived this condition can die within a few years.

These vaccines skipped animal safety studies. New drug without solid and long term safety research always have risks of causing cancers, autoimmune diseases, birth defects and infertility in the future.

I know people who developed cancer shortly after the vaccination.

Please learn from history.

Do you know Thalidomide? It was rapidly approved drug and caused serious birth effect. There is no accurate data to give proper informed consent from COVID-19 vaccination at this time.

We are talking about lives and health of our children, Our future. We should always be extremely careful to introduce children food, education, and especially medical procedure.

Young healthy children hardly suffer covid-19 and risk of mandating children to inject new vaccines that skip animal safety trials could lead to devastating consequences in the near future. Public won't forget your hasty decisions when we find out the consequences.

You might not feel any side effect now but in a year or longer or after several booster shots, you might feel different.

Please review all the data, article and videos I attached here.

☐ thank you for your effort.

☐

□Pfizer document about trials data revealed by foia.

Video, doctor explaining Pfizer document about trial data.

<https://www.bitchute.com/video/BcnWB0VQ1B7I/>

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

Article of lancet.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02243-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02243-1/fulltext)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2F)

6736(21)02243-1%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca27eea69bdc64a3a0f5b08d9cb100ce3%7C1

Video explaining data and fact Covid vaccination available publicly.

<https://rumble.com/embed/voaxg5/?pub=qdzt7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fembed%2Fvoaxg5>

Medical article about Covid-19 vaccines

<https://scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fscivisionpub.com%2Fpdfs%2Fus-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca27eea69bdc64a3a0f5b08d9cb100ce3%7C11d0>

Video about Side effect of heart inflammation rising in young kids.

<https://youtu.be/gJ8t0qQ5R4I>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FgJ8t0qQ5R4I&data=](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FgJ8t0qQ5R4I&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca27eea69bdc64a3a0f5b08d9cb100ce3%7C11d0)

Dr. Byram Bridle: "The More Vaccinated The Country, The More Problems They Are Having..."

<https://rumble.com/vp3dxa-dr.-byram-bridle-explains-why-highly-vaccinated-countries-are-experiencing-.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvp3dxa-dr.-byram-bridle-explains-why-highly-vaccinated-countries-are-experiencing-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca27eea69bdc64a3a0f5b08d9cb100ce3%7C11d0e21>

Yale Prof.Dr.Harvey Risch: Government approach to a children vaccination

<https://www.bitchute.com/video/yDCtcPbiTqWS/>

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

Pfizer Vax Attacks Human Blood Creating Clots Under Microscope

<https://www.bitchute.com/video/XCCLrjzcRhPn/>

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

New vaccine/drugs can trigger cancers and autoimmune diseases.

<https://thehighwire.com/videos/is-there-a-covid-vaccine-cancer-connection/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehighwire.com%2Fvideos%2Fis-there-a-covid-vaccine-cancer-connection%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca27eea69bdc64a3a0f5b08d9cb100ce3%7C11d0e21>

From: mnartea
Sent: 1/3/2022 12:51:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Mandating a covid shot for children to attend school is unnecessary. Covid-19 is not a childhood disease and they are at more risk of damage/death from this shot than if they actually contract C-19. Data has proven that if children died from C-19 they had underlying conditions/comorbidities. They are not spreaders of C-19 and their cells are molecularly immature in terms of facilitating virus replication.

Sent with ProtonMail

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

From: Hideki Mizutani
Sent: 12/29/2021 11:38:36 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory

External Email

Dear TAG,

I'm expressing my concern in the discussion of the C19 vaccine mandate in school occurring.

I just wanted to point out the vaccines are under Emergency Use Authorization and no one is liable for adverse events, unless you would declare yourself as liable.

In the FDA meeting when approving 5-11 years old, there was no real safety data presented. The meeting was concluded to get more data by vaccinating more youths. But data from other countries suggests the risk for myocarditis under 40 years old is higher when vaccinated than the risk from Covid itself.

Also, the emerging Omicron variant is suggested to be more infectious to vaccinated people than unvaccinated, and clearly shows the failures in the vaccine design and mass vaccination.

Please do not mandate this type of vaccine at school. If you would, you would face lawsuits and see more families getting out of WA state.

Hideki Mizutani
(a parent in LWSD)

From: Jason Kudla
Sent: 12/31/2021 5:41:04 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

I am writing this email with regards to children and vaccines. Yes my wife and I are vaccinated. Yes my children have received all their normal vaccines up to date. When it comes to the Covid vaccines this is a vaccine that has not had the 40+ years of studies and oversight that the others have. This is a vaccine that has shown it can have an effect on young boys and their heart. Why would I want to give a vaccine to my son that is in great health and has a better chance of dying in a car crash than Covid? Covid is statistically not a danger to my children. When it comes to my daughter why would I give her a vaccine when she already had Covid, has the antibodies and many stats around the world show natural immunity is much better than the vaccine? Even the WHO says under 18 unless there are underlying conditions should NOT get vaccinated. There is no need for it!!! Let's not force something into the bodies of children that is not tested. When a doctor from the NIH says "the only way we will know side effects of children is to get it in the arms of children", that is scary. We are supposed to allow our children to be experiments? We are to allow our children to be Guinea pigs? That's just wrong!!!! I hope you have taken the time to read this.

Sincerely
Jason Kudla

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.who.int%2Femergencies%2Fcoronavirus-2019%2Fcovid-19-vaccines%2Fadvice&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1fca35a59e4d42b61a1608d9ccc7bcd0>>

Sent from my iPhone

From: Valerie LaRoque
Sent: 12/29/2021 1:36:53 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hi there,

I just wanted to share my extreme concern for adding the covid 19 shot to the school requirements. We have a cousin (in her 20s), perfectly fine and healthy. Immediately after her vaccine, she started feeling sick. She apparently had blood clots in her intestines. She had to be hospitalized and ended up in the ICU for over 3 weeks on a ventilator. She has since lost 90% of her small intestine.

This vaccine has not at all been proven safe and hasn't been around long enough for that even to be possible. A friend of one of my very good friends, young, very health conscious, and fit...died after he received his booster.

It should be up to families to get this for their children, not be made a requirement by the schools!

Thank you,
Valerie

From: Hoff, Christy Curwick (SBOH)
Sent: 1/3/2022 7:30:49 AM
To: DOH WSBOH
Cc:
Subject: FW: Vax

From: Sarah Erickson <brentsaraherickson@gmail.com>
Sent: Wednesday, December 29, 2021 5:55 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Vax

External Email

Christy,

Why are we pushing the covid vaccine on our children when the survival rate is nearly 100%? It makes no sense and is very Unconstitutional!

Sarah Erickson

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:28:45 PM
To: DOH WSBOH
Cc:
Subject: FW: WA state board of health

From: Katrina Negrov <katrinanegrov@gmail.com>
Sent: Friday, December 31, 2021 12:52 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: WA state board of health

External Email

Dear Kelie Kahler,

I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Yekaterina Negrov
Clark County Resident

Sent from myMail for iOS

From: Heather Delaney
Sent: 12/29/2021 1:26:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Covid 19 vaccine should not be required to attend school in Washington State.

From: Loretta Oakes
Sent: 12/29/2021 10:54:15 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for kids

External Email

Dear Board of Health Members,
Hopefully, as you discuss the pros/cons of requiring children to be covid-vaccinated in order to attend school, you will remember that our school registration numbers here in WA are way down. My grandson is now in a combined class because enrollment was down this year by 40%. I believe that a vaccine requirement will further reduce enrollment, and I would like you to be advised that public schools need students in order to thrive.

Thank you.
Loretta Oakes

Sent from my iPad

From: Joanna Bear
Sent: 1/3/2022 7:22:56 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email

Good evening,

I am a parent of two children and I am strongly opposed to any requirements for children to have the Covid vaccine to attend school. Children do not spread Covid easily and they do not get extremely sick from Covid. Dr. Malone, the mRNA vaccine inventor said that kids will die from the vaccine (I have attached the webpage about this). It is an experimental vaccine and it should not be required to go to school. Many parents agree with me and we do not want to send our kids to school if there is a Covid vaccine requirement. My kids have had all of their vaccines, I am not anti-vaccine. I am, however, opposed to the Covid vaccine which has not been out very long and it could harm our children. We may not see the severe side affects for many years.

Sincerely,
A concerned parent

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.armstrongeconomics.com%2Fnews%2Fvaccine%2Fdr-robert-malone-mrna-inventor-kids-will-die-from-the-vaccines%2F%3Ffbclid%3DIwAR0EmAY6XJn_R8emSxFIT2OWJRe-Miizpeljcpfj06jy92quQM5nMnToZ2A&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5475dd4ec4af47

Joanna

From: Tasha Ohnemus
Sent: 12/29/2021 9:55:40 AM
To: DOH WSOH
Cc:
Subject: Re: Comments for the Immunizations Technical Advisory



attachments\044AD8CC5E204452_FHyqYoIXwAkmqJ8.jpeg

External Email

On Wed, Dec 29, 2021, 8:59 AM Tasha Ohnemus <tasha.ohnemus17@gmail.com
<mailto:tasha.ohnemus17@gmail.com> > wrote:

<https://brownstone.org/articles/facemasks-are-not-a-mere-inconvenience/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Ffacemasks-are-not-a-mere-inconvenience%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ceecd247f608d4a65aaa708d9caf43782>>
are-not-a-mere-
inconvenience%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ceecd247f608d4a65aaa708d9caf43782

On Wed, Dec 29, 2021, 8:26 AM Tasha Ohnemus <tasha.ohnemus17@gmail.com
<mailto:tasha.ohnemus17@gmail.com> > wrote:

Are you people absolutely insane or looking to start a war within this state?
It was already released that the vaxxed spread it just as much as the unvaxxed and what
you are doing is exactly against Nuremberg code and you damn well know it. If you do
this, every single one of you will be held accountable. Find the light and your courage. Do
what's right, say hell no to mandatory covid vax for children.

On a side note, I am really curious how much more this state can torture
me. You allowed me to be trafficked. You allowed my trafficker to use the Youth at Risk
program to discipline me to their liking. You allowed Microsoft employers to get away
with buying me. You allowed the state to send me to counseling WHERE THE PEDOS go
to be retraumatized further. And then you said you couldn't be held responsible because
you didn't "profit off me"....oh really? How much money did you get for all the public
services I needed because you allowed it to happen to me. You damn well profited and
now you won't be happy until you can lay your hands on my children. Well, over my dead
body this time.

Tasha Ohnemus

From: Linda Cowin
Sent: 12/29/2021 5:33:01 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

For consideration re school policies mandate for children,

To Whom it May Concern:.

I submitted my concerns to the FDA board advisory committee before they discussed recommendations for vaccinating children aged 5-11. I documented my concerns with the findings and data from health care providers from around the world.

My biggest problem with the way bureaucracy handling this issue is there was too short a time for clinical testing these vaccines, and there is no standard for informed consent for taking these vaccines and clinical knowledge of the contraindications, side effects, adverse reactions and especially the potential for long-term and/or lasting effects on the human body, adult and child. Indeed, the vaccines themselves have been proven to cause death.

Please look into this actual footage at the link at the end of this paragraph:

@ minute 39:36 on the timeline, review expert opinion and the reason Mr. Bill left MS (I watched another video of him saying it on YT). It is all about the money,

and

@45:02 concerning vaccine safety: "... Why are they pushing it on the children?"

and

please continue to minute 51:03 and watch a CBS News Chief Legal Correspondent weigh in on a Face the Nation clip regarding the effect of CoV policies on children right here:

<https://flashpoint.govictory.com/episode/flashpoint-prepare-for-revival-december-28-2021/>

Be encouraged!

Data for Deaths from Covid-19 Vaccines; considering the number being historically underreported deaths and adverse reactions to VAERS:

12/20/2020 - 151 deaths

12/20/2021- 20622 deaths

Risk of adverse reaction from COVID vaccine is 55 times greater than Flu Vaccine.

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

Another source:

Three researchers analyzed data from the Vaccine Adverse Event Reporting System and concluded that 1,300 children have died from the vaccine. The report, titled "Estimating the number of COVID vaccine deaths in America," was conducted by Dr. Jessica Rose, MIT graduate Steve Kirsch, and statistician Matthew Crawford. (<https://headlineusa.com/researchers-estimate-covid-vaccine-deaths-at-150k-including-1300-children/>)

As of December 10, the World Health Organization had reported zero known deaths from the Omicron variant.

Guy Benson | Dec 13, 2021 10:05 AM

Total Number of Confirmed Omicron Deaths So Far: Zero? (Update: One Death, 'With' Omicron?)

Source: AP Photo/Steven Senne, File

<https://townhall.com/tipsheet/guybenson/2021/12/13/total-number-of-confirmed-omicron-deaths-zero-n2600477>

Let's review where things stand on Omicron, vis-a-vis my big three initial questions upon the new variant's emergence: On transmissibility, it does seem quite contagious. On vaccine efficacy, it's a mixed bag. Boosters appear to help, while 'hybrid' immunity (vaccine plus natural immunity) is robust. On virulence, the news continues to be quite encouraging. This is very important stuff:

????? Cautiously optimistic... <https://t.co/YxZAo0JY61>

— Nicole Saphier, MD (@NBSaphierMD) December 12, 2021

Meanwhile,

"It seems inconceivable that no one will ever die with or from the Omicron variant, but the fact that there have been no confirmed examples of this happening thus far is incredibly heartening. If Omicron were even close to as virulent as Delta, let alone more virulent, we would almost certainly know about it by this stage. It's been the dominant strain in South Africa for weeks. It's entirely fair and prudent to say that we still need more information and data. But the available information on the severity of Omicron is good news:

December 11, 2021 - Omicron update from Europe:

- all cases for which there is available information have been asymptomatic or mild
- no deaths so far

"It's the same story everywhere: Too early to draw strong conclusions, but the lack of bad news on severity is good news." pic.twitter.com/FStZ9str4Y

— Derek Thompson (@DKThomp) December 11, 2021

More affirmation from doctors on the ground in South Africa, as flagged by Allahpundit:

"As the omicron variant sweeps through South Africa, Dr. Unben Pillay is seeing dozens of sick patients a day. Yet he hasn't had to send anyone to the hospital..."They are able to manage the disease at home," Pillay said of his patients. "Most have recovered within the 10 to 14-day isolation period." said Pillay. And that includes older patients and those with health problems that can make them more vulnerable to becoming severely ill from a coronavirus infection, he said... "At the moment, virtually everything points toward it being milder disease," Willem Hanekom, director of the Africa Health Research Institute, said, citing the national institute's figures and other reports.

Since then, up to 2 days ago, I read that there have been 2 deaths due to Omicron.

Washington State doesn't need another discriminatory policy against children (who have 1 in a million chance of serious illness with Covid-19, lower than getting killed in a motor vehicle accident on a road trip), and against those who have natural immunity after recovering from Covid-19. Omicron might be the variant that has spread quicker and wider throughout the world, but it is the least virulent as an illness – milder, with low hospitalization rates and only 2 deaths from it to my knowledge.

Thank you for your consideration of my research and deeply felt convictions regarding NOT subjecting children to Covid-19 injected serums.

Most Sincerely,

Linda Cowin

Seattle, WA

From: Stacy Storm
Sent: 12/29/2021 5:05:00 PM
To: DOH WSBOH
Cc:
Subject: We oppose Making COVID 19 vaccination Manditory

External Email

We oppose adding the Covid vaccine to WA state's mandatory childhood vaccine schedule. Covid 19 poses a minimal risk to children. The vaccine is still new and under EUA. Treatments of this type should be voluntary and health care decisions should be made between parents and their child's healthcare provider, not mandated by a third party. Thank you for your time,
Don and Stacy Storm
PO Box 71
Riverside, WA 98849
509.429.7287

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd1742344198a4c1b7>

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd1742344198a4c1b7>

From: Mike Hamilton
Sent: 12/29/2021 5:04:39 PM
To: DOH WSBOH, Mike Hamilton
Cc:
Subject: Vaccine mandates- Really?

External Email

HI, Washington State Board of Health:

The history of smallpox includes both "natural" immunity from contraction and survival from the disease, and "naturally acquired" immunity. The naturally acquired immunity came about because a Doctor discovered milkmaids working on a farm who were passing out the information that a "cowpox" infection was rampant in the dairy where some were working. All the milkmaids in the area were showing up to milk those cows, so that they too could catch cowpox and thereby become immune to smallpox. A 30% death rate is not uncommon from smallpox. Cowpox had almost no deaths from it.

The cowpox virus (same genus, different species than smallpox), when contracted by humans, confers "immunity" to smallpox.

Edward Jenner, a British physician, conducted an experiment on his own son to "prove" that cowpox provides that smallpox immunity. He inoculated his own eight year old son with the fluid from a smallpox lesion, after his son had endured a bout of cowpox.

If Mr. Jenner's eight year old son had died, I suspect that Mr. Jenner would not have ever been tagged as "the father of immunology".

Smallpox is deadly. It has now considered to have been eradicated worldwide. That is a good thing.

The common cold has also been considered deadly, but historically, only a very small percentage of infected people die from it. It is considered a "normal" part of childhood, and most certainly it is credited with a process considered to develop the immune system in young people. It is a fact that without challenges from pathogenic organisms, the human immune system does not develop to as high a level.

This covid-19 virus was and remains problematic. There is no numerical objectivity available on sensitivity or specificity of the testing methods. This leads to utter falsification of outcomes. If no one has any information regarding accuracy of the testing, there can be no truly objective outcome measures- whether people undergo "vaccination" from it or not.

Did they die of covid? We have no idea if the testing is accurate, therefore, we have no idea if covid was even involved in the death.

We do know that "vaccinated" individuals (vaccine is truly an incorrect term) are still dying- different than the cowpox/smallpox connection. We also know that those deaths are attributed to "covid"- but we know that could be completely incorrect, the tiny amount of research that is available is equivocal, and we have no information regarding long-term outcomes. We do know that our national average life expectancy is no longer increasing, and may be decreasing. We know that "autism spectrum disorder" is at higher numbers than ever before in history. Autoimmune diseases have gone up about 15% in the past ten or so years. Why? That information is not yet available.

This new "vaccine" is virtually untested technology, it is RNA based. No "vaccine" in history has been RNA based, it is new technology.

I am not against either new technology, or against untried technology a la Edward Jenner. But I find the fact that he used his own young child as a guinea pig to inoculate with the material from a smallpox pustule reprehensible.

I find your consideration of mandatory vaccination with this unproven new technology especially of young individuals just as reprehensible as the stunt Mr. Jenner pulled on his own son.

Please reject it.

Mike Hamilton, D.C.
360-601-5856

From: Toni Filliger

Sent: 12/29/2021 4:13:33 PM

To: DOH WSBOH

Cc:

Subject: Comments for the Immunizations Technical Advisory Group

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

From: Pamela
Sent: 12/29/2021 11:02:45 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory

External Email

Hello

I am writing in opposition to your proposal to make the Covid vaccine part of the state's child immunization schedule.

1) It is ridiculous that you would add a vaccine to the schedule that is brand new and still under EUA.

2) The injuries being reported, though not covered by mainstream news, are everywhere. My own 28 year old stepson came down with heart inflammation and tremors within 48 hours of getting his first Pfizer vaccine. Do you think I am going to give this to my young children? Absolutely not.

3) My husband and I have traveled all over the country throughout this pandemic. In our classes, we would ask if students knew of anyone who had specifically died of covid. Typically no hands were raised - though once in a while we would get one. We would then ask if anyone knew of someone who 1) had lost their business; 2) committed suicide; 3) had children who were struggling, etc. Typically most of the class would raise their hands. Today when we travel we hear story after story of vaccine injuries. People who have had heart attacks, strokes, killed by hospital protocols, blood clots, etc. If there is this kind of risk involved in a so-called vaccine, parents should have a choice.

4) As a former public school teacher, mandates like this will continue to destroy the foundation of our public school system. I removed our children when the MMR vaccine was mandated. How many parents will remove their children and leave the state as a result of another vaccine mandate?

5) Children have a 99.99% survival rate when it comes to covid. Putting this on the immunization schedule makes less than zero sense.

6) We are 2 years into this mess. Those who wanted to give their children the shot have done so. Those that remain will likely not change their stance. Making this a requirement for public school attendance would be no less than coercion.

Thank you,

Pamela Leslie

Republic, WA

Sent with ProtonMail

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

Secure Email.

From: Mary Small
Sent: 1/1/2022 11:53:38 AM
To: DOH WSBOH
Cc:
Subject: Vaccine for children and school

External Email

From: Mary Small

Subject: Covid Vaccine

I am greatly disappointed that you are even considering this item - the Covid vaccine is not the same as the required vaccines for school. I am retired from 27 years in public health, immunizations, emergency preparedness and planning.

You all have forgotten how viruses work, as well as giving new and still experimental vaccines more credit than they deserve. You have ignored natural immunity, and do not use our common benefit risk analysis to exclude children from vaccines. They have more risk from the Covid vaccines than the virus.

I have never seen this much manipulation from the political health side of life. Falsifying numbers for hospitalizations of children and increasing the death rate in kids from this disease, before being forced to walk it back. Stop buying into the hype of these vaccines saving everyone. The elderly yes not anyone else unless they are already high risk.

People are better off getting and recovering from this virus unless they are over 65-75 years of age or high risk. STOP political health and please go back to Standard Public Health practices and policies...

For kids Covid is easier than the flu!
kids don't need this...

This vaccine has issues-take away the liability protection for the manufacturers and you'll get the real picture. No required Covid vaccines for kids, this is not a solution to this communicable disease problem.

Mary Small, PHN (2016 retired)
Region 7 Preparedness and Response
Associate Admin, Chelan-Douglas Health District
509-679-1629

Sent from my iPhone

From: Tera Mccranie
Sent: 12/29/2021 12:38:19 PM
To: DOH WSOB
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please be informed listen to what this doctor wrote.

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 scientific fact and word correct.

I stand by this statement with a career dedicated to vaccine research and development. I'm vaccinated for COVID and I am 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 child'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

- ☐ The reproductive damage 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

Tera Green

Sent from my iPhone

From: Eva Carper
Sent: 12/29/2021 1:49:51 PM
To: DOH WSBOH
Cc:
Subject: WA BOH Technical Advisory Group Begins Exploring Adding C-19 Shots to School Requirement

External Email

This is a request to NOT enforce the Covid-19 vaccine for children in the state of Washington for attendance of public and private school.

Based on the information provided by the CDC's Covid-19 Response team titled Epidemiology of Covid-19 during a meeting held in October of 2021(<https://www.fda.gov/media/153508/download> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153508/download>>) it noted that children ages 5-11 make up .00012% of total deaths from Covid-19. This does not include the considerations of co-morbidity at the time of death. The actual number of deaths of children from solely Covid-19 aged 5-11 is likely substantially lower than .00012%

The right to a fair and equal public education should be granted to all children in the state of Washington. A large percentage of the US population is not fully vaccinated. For these families imposing a mandatory vaccination will cause another wave of exodus from the public school system. Some of these children may have adequate support at home for schooling, but not all of these children will. Children have already suffered emotionally and educationally due to online school requirements, masking, social distancing and overall destruction of normalcy. Children that have a lack of support at home and unstable family dynamics are at the greatest risks of once again being negatively affected by state requirements.

The level of risk of children being infected from Covid-19 does not justify the state forcing families to vaccinate their children. We've already seen that the vaccinations have not ended this pandemic. In fact, statistics are coming out that show that deaths have actually increased since vaccinations have been put into place especially in Washington state. (DOH tallied 3,736 COVID deaths in Washington in 2020. When 2021 ends in a few days, Washington will probably record about 6,215 annual COVID deaths.) Even with some of the strictest rules in the country regarding masks and vaccine requirements it has shown that these do not actually effectively decrease the spread of Covid-19.

Our state is failing our children. The school system is making decisions based more on potential liability than what is best for the children of our state.

Thank you for your consideration,

Eva Carper

From: Sarah Benjamin
Sent: 12/30/2021 3:33:32 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello, thank you for providing us this opportunity to comment. This is greatly appreciated.

Please do not make COVID-19 vaccinations a requirement. Kids have a statistically low risk from Covid. This risk is so low, in fact, that forced vaccinations completely do not make sense. This must be a choice.

Many parents have strong convictions against the COVID vaccinations, and attempting to force them into this decision will make many parents pull their kids out of school.

Then these children will be put into alternative schooling situations, which may prove to be a hardship on many. Some kids (my son included) absolutely need a school environment. When school was closed, he was losing weight and depressed. (As we have seen with the lockdowns, not going to school regularly can wreak havoc on children's mental health.) Now that schools are open, my son is thriving again. Please don't take this opportunity away from him (as well as the many other kids who view school as an integral and important part of their lives).

COVID-19 vaccinations are by nature experimental because no one knows the long-term effects of mRNA vaccines. And most parents I know don't want to try this new technology out on their kids.

Please give parents this choice. Please make school a place where people of diverse beliefs are included. If people want to get the vaccine, that's fine. But if they don't, that must be okay as well.

Thank you so very much for your consideration,

Sarah Benjamin

Sent from my iPhone

From: Stacy Bourassa
Sent: 1/3/2022 9:13:51 PM
To:
Cc:
Subject: Vaccine Requirements For Elementary Kids

External Email

Can you tell me of any FDA approved COVID vaccines in the USA? If not, how do you think you are going to legally get away with mandating an experimental drug which is clearly against the Nuremberg Code and unconstitutional! Our children are guinea pigs! Expect lawsuits and a mass exodus from public schools. Schools will lose funding for the next year!

Stacy

From: Kd Jojo
Sent: 12/29/2021 2:38:37 PM
To: DOH WSBOH,United States Senate,Rep DelBene,Ericksen, Doug
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\95315AFD94F9409C_1640815353707blob.jpg

External Email

Dear WSBOH,

My public comments and questions are below.

I don't understand why you are even considering this "vaccine" when our children are at ZERO risk for death from Covid?

What is the rush? There are safety signals for myocarditis and pericarditis. These are our children, our most precious commodity. These vaccines take a lot of time to see if they are safe. There is no way around time, so rushing is to our children's peril.

Initially, we were promised that the Spike/MRNA/lipids would stay in the arm, and the body would dispose of these lipids/MRNA quickly. Unfortunately, this isn't the case; the lipids and MRNA are being found to be crossing the blood-brain barrier, it's found attacking the heart (myocarditis/pericarditis). Since this is a significant flaw, why are we moving forward? Wouldn't we be concerned that these particles are free-floating throughout the body and the effect of that?

This shot doesn't prevent you from catching or transmitting Covid, nor does it reduce viral loads. Viral loads in vaccinated and unvaccinated are the same. So what is the purpose of vaccinating with a "warp speed vaccine" with no long-term safety data on children? Dr. Fauci and the CDC have said this themselves.

Since the shot's effectiveness is only a couple of months, are you going to require boosters as well? The CDC is now considering boosters for 12-17-year-olds because this is not a vaccine one and done. Its effectiveness is very short-lived. This can be dangerous because new research shows the spike protein from vaccines stays in the body for up to 15 months.

Are any panel members being paid, or is their place of business receiving grants from Gavi, Bill & Melinda Gates Foundation, NIH, NAID, or Big Pharma?

Are you aware the FDA/CDC takes almost half of its budget from Big Pharma, which does not make them unbiased?

How many people on the board do not agree? Do you have a rounded board, or is it just an echo chamber/rubber stamp?

If you are worried about vaccine-preventable illness and the costs, how does this vaccine fill that since it does not prevent transmission, catching, or viral loads? This seems like a complete failure right here, so this is just a rubber stamp, and you aren't aware that Fauci/CDC said this themselves.

Did you and our Governor already purchase these vaccines before it was even approved?

This paper raises concern over similar pathology occurring in the unusually large number of male athletes suffering sudden death on the playing field in 2021. Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Flabs%2F>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Flabs%2F>

Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination...

We present autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the BNT...

Descriptive paper demonstrating relative proportions of occurrence per product with doses 1, 2, and now emerging with dose 3.

<https://www.medrxiv.org/content/10.1101/2021.11.11.21266068v2.full.pdf>

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

Dr Bhakdi & pathologist Burkhardt confirmed many more dying of injections than attributed, as lymph node cells are being invaded, so millions of people are going to die of unrestrained tuberculosis, Epstein Barr virus, toxoplasmosis, cancer etc etc Dr Sucharit Bhakdi: Organs Of Dead Vaccinated Proves Auto Immune Attack - 22/12/2021

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

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

Dr Sucharit Bhakdi: Organs Of Dead Vaccinated Proves Auto Immune Attack ...

☐☐MORE UP TO DATE CONTENT HERE☐☐: [https://odysee.com/\\$/invite/@SixthSense-Truth-Search-Labs:0](https://odysee.com/$/invite/@SixthSense-Truth-Search-Labs:0) ☐☐COMMENTS TEMPOR...

<https://palexander.substack.com/p/vaccine-effectiveness-against-sars>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpalexander.substack.com%2Fp%2Fvaccine-effectiveness-against-sars&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccdf8ee2f6a7047a47fad08d9cb1ba349%7C11d0e217>

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

We have Nobel Prize-winning scientists and peer-reviewed doctors being silenced and vilified as "anti-vaxxers" for having a dissenting opinion. Doesn't this concern you? They have no financial gain, while the doctors who are given a platform have direct links and financial ties to big pharma. I have posted some of their information for your review. I'm very concerned that our government regulators have been captured by big pharma as well as our Governor and other key figures, including religious leaders.

Please look at ALL of the information, and listen to all of the voices, not just the ones you want to hear or say what you think. We don't learn or grow that way. When you can't question science, it's not science.

Thank you for your time.

Catherine Jodoin

3011 Unick Rd.

Ferndale WA 98248

360.312.1157

From: Kathy Cooper
Sent: 12/29/2021 11:08:53 AM
To: DOH WSBOH
Cc:
Subject: VERY concerned about adding covid vaccine to children's immunizations

External Email

Hello,

I am extremely concerned about adding covid vaccine to our children's list of vaccines. There are still many unanswered questions about their efficacy and problematic issues after taking the vaccine.

The pharma companies don't have to tell us exactly what's in the formula for many, many years.

I object to putting mystery ingredients into children, after all I don't feed food to kids without first seeing what's in it.

Some questions:

1. Does this injection have MRC-5 in it?
2. Is there a possibility of a iatrogenic reaction taking this?
3. If the vaccine is so effective, why are just as many if not more people getting covid?
4. Why aren't any of the government agencies recommending: exercise, taking supplements, eating nutritional food to prevent illness?
5. How much monetary kickback is each State, Health Dept receiving for each dose administered?
6. Many young healthy athletes worldwide are literally falling to their deaths after taking this vaccine , why should I trust any health official telling me the truth, that these vaccines are "safe"?

Sincerely,
Kathy Cooper

From: Sharon Walters
Sent: 12/29/2021 1:45:22 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandates for schools

External Email

Do not impose experimental vaccine mandates on children in public school!

Sharon Walters, grandparent

From: Michael Krahner
Sent: 1/1/2022 10:01:51 AM
To: DOH WSBOH
Cc:
Subject: Vote No on requirement of vaccination

External Email

My name is Michael Krahner and my kids attend school in the federal way public schools. I am writing to have the panel vote no on required covid 19 vaccine requirements. They are not preventing the spread of infection of this virus like other vaccines do, it is simply jabbing them just to get it. It has not had the time to evaluate side effects either. It is too much of a gamble to require the kids to get it. I cannot allow you to give my kids this vaccine. Thanks for listening to my concerns.

Michael Krahner

From: Lisa O'Leary
Sent: 1/2/2022 9:29:10 AM
To: DOH WSBOH
Cc:
Subject: Vaccines for students

External Email

As a teacher in a WA. public school, I urge you not to make the Covid vaccine mandatory for students. We have already faced dropping enrollment, and will continue to lose kids if this is required to attend our schools. Since Covid has less than 1% death rate, and kids are not being impacted like the older populations are, it should be up to parents to decide on this vaccine for their children. Please do not require the Covid vaccine for public school children.

Lisa O'Leary
1st grade teacher in WA State

Sent from my iPhone

Do NOT mandate these vaccines for our children.

Regards,
Sophia Wilson

Sophia Wilson

Sophia.H.Wilson@gmail.com

From: Monica Charter
Sent: 1/1/2022 4:24:56 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate in school

External Email

Washington State Board of Health:

I, along with many other concerned Parents across this State have grave concerns about adding the Covid-19 Vaccine to the list of required vaccinations amongst children of any age.

Requiring an mRNA injection that DOES NOT PREVENT DISEASE was never the intent of the legislature in it's delegation of authority to the State Board of Health to approve a schedule of immunizations for "vaccine preventable diseases". As you are all aware, this vaccine does not prevent one from getting the virus, or spreading it, even with follow up boosters.

Children are not at high risk of death from Covid-19. The latest variant comes to the majority of them as cold symptoms or nothing at all, and that INCLUDES children who's parents made the choice to vaccinate.

Requiring me to put my child at risk by getting a vaccine that offers perceived safety rather than actual immunity- is reason enough for me to pull my child from the public school system, and that is what I will do if this becomes a requirement.

Monica Charter
Spokane, WA 99208

From: Tina Furuness
Sent: 12/30/2021 5:21:39 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Washington Board of Health,

As a parent, I strongly oppose of the possibility of the board including the experimental Covid-19 (mRNA) vaccines for children in the State of Washington to attend school/daycare. After being fully informed of the risks and benefits of a medical procedure, patients have the right to reject or accept that procedure. Governmental preemption of patients' or parents' decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child rearing. I have outlined for you information I am fully aware of in regards to the mRNA vaccines. Please review the information listed.

1. **SERIOUS ADVERSE VACCINE REACTIONS ARE REAL AND ARE UNDERREPORTED** As of 12/15/21, 965,843 adverse events following COVID vaccines have been reported to VAERS, including 20,244 deaths. 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).

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9feb6874adf4768b2c108d9cbfbbef8%7C11d0e>

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Ffindfield.php%3FTABLE%3DON%26GROUP1%3DCAT%26EVENTS%3DON%26VAX%3DCOVID19>

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2Fvaersdb%2Ffindfield.php%3FTABLE%3DON%26GROUP1%3DCAT%26EVENTS%3DON%26VAX%3DCOVID19>

2. **VACCINE MAKERS ARE IMMUNE FROM LIABILITY** Vaccine manufacturers have no incentive to ensure their vaccines are as safe as possible. Established in 1986 with the National Childhood Vaccine Injury Act and reinforced by the PREP Act, vaccine makers cannot be sued even if they are shown to be grossly negligent.

<https://www.congress.gov/bill/99th-congress/house-bill/5546>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.congress.gov%2Fbill%2F99t-congress%2Fhouse-bill%2F5546&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9feb6874adf4768b2c108d9cbfbbef8%7C11dhttps://www.phe.gov/Preparedness/legal/prepact/Pages/default>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phe.gov%2FPreparedness%2F>
. Aspx

3. VACCINE COMPANIES HAVE LONG RAP SHEETS Vaccine makers have paid out tens of billions of dollars for crimes, including fraud and violating the False Claims Act, when they knew products would cause injuries and death. (Think Vioxx, Opioids and more.) If they knowingly put harmful products on the market when they can be sued, why should we trust them to make safe vaccines when they have no liability and rushed clinical trials?

<https://violationtracker.goodjobsfirst.org/industry/pharmaceuticals>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviolationtracker.goodjobsfirst.org%2F>

4. PREVIOUS ATTEMPTS TO MAKE SIMILAR VACCINES HAVE FAILED In one study, vaccinated infants got much sicker than the unvaccinated infants when exposed to the respiratory syncytial virus (RSV) naturally, with 80% of the vaccinated infants requiring hospitalization. Two died. In subsequent studies, vaccinated animals became very sick when they later became infected with the actual virus. Many died. This phenomenon is called Antibody Dependent Enhancement (ADE).

<https://www.nature.com/articles/s41579-020-00462-y#Sec11>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2Fs41579-020-00462-y%23Sec11&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9feb6874adf4768b2c108d9cbfbbef8%7C11dhttps://www.nature.com/articles/s41579-020-00462-y#Sec11>

5. COVID VACCINES HAVE NO LONG-TERM SAFETY TESTING There is no way to determine what these experimental vaccines will do to humans in the medium- to long-term. Not all vaccine injuries manifest immediately. Additionally, given that all current COVID vaccines have Emergency Use Authorization status only, people cannot be subject to mandates under federal and international law.

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Femergency-preparedness-and-response%2Fmcm-legal-regulatory-and-policy-framework%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9feb6874adf4768b2c108d9cbfbbef8%7C11dhttps://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/>
emergency-use-authorization

6. COVID VACCINES DO NOT STOP TRANSMISSION 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.

<https://www.fda.gov/media/144245/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144245/download>>
<https://www.fda.gov/media/144434/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144434/download>>
<https://www.fda.gov/media/146217/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F146217/download>>

7. YOUNG ADULTS HAVE UNDER .04% RISK OF DEATH FROM COVID-19 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%. Consider this low risk from COVID when deciding whether to take an experimental vaccine that causes significant side effects, including death.

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-SexAge-and-S/9bhg-hcku/data>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Death-Counts-by-SexAge-and-S%2F9bhg-hcku%2Fdata&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9febf6874adf4768b2c108d9cbfbbef8%7C11d0e2f8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9febf6874adf4768b2c108d9cbfbbef8%7C11d0e2f8>>

8. mRNA VACCINES CONTAIN PROBLEMATIC INGREDIENTS Both mRNA vaccines (Pfizer's and Moderna's) contain polyethylene glycol (PEG), and J&J's vaccine contains polysorbate 80— structurally similar ingredients associated with hypersensitivity reactions and anaphylaxis. Although the unlicensed mRNA vaccines are the first in widespread use to feature PEG, there are a number of approved vaccines that include polysorbate 80—all of which document anaphylaxis in their package inserts.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/pfizer-covid-vaccine-reaction-fda-peg%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9febf6874adf4768b2c108d9cbfbbef8%7C11d0e2f8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9febf6874adf4768b2c108d9cbfbbef8%7C11d0e2f8>>
<https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/inactive-ingredients-covid-vaccines-allergic-reactions%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9febf6874adf4768b2c108d9cbfbbef8%7C11d0e2f8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9febf6874adf4768b2c108d9cbfbbef8%7C11d0e2f8>>
<https://www.nejm.org/doi/full/10.1056/NEJMra2035343>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMra2035343>>

12. None of these treatments has been approved, but only granted emergency use authorization, hence cannot be mandated nor can informed consent be dispensed with;
13. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year;
14. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models;
15. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, myocarditis, and antibody dependent enhancement leading to death;
16. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials;
17. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting System (VAERS), than deaths in the last 10 years from all vaccines combined;
18. Only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID vaccines is unknown as there is a significant delay in uploading reports to the VAERS database;
19. Breakthrough cases of COVID-19 infections in those who have received COVID-19 vaccines is on the rise;
20. The trials have not proven that COVID-19 vaccines prevent infection or transmission;
21. Safe and effective treatments and preventive measures exist for COVID-19;

AND

22. Students are at nearly zero % risk of contracting or transmitting this respiratory illness and are instead buffers which help others build their immune system. The overall survival rate is 99.997%.

23. Children have already been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, and segregation through the COVID-19 measures and are therefore even more suggestible than their developmental stage would usually entail;

24. It is the job of parents or legal guardians, not of principals, teachers, teacher assistants, school board executives or other adults with influence on children, to make medical decisions for them;

Schools include vaccine and COVID-19 vaccine curriculum, which is biased, prejudicial and is a form of undue influence on any minor child which excludes full disclosure of the known risks of vaccination and the emerging evidence that vaccines do not provide protection as claimed;

25. Vaccine compliance elicited from children under threat of coercion, bullying, or suspension and who are not of fully informed consent that they have the legal right to refuse vaccination, constitutes extreme bullying and coercion and could be construed as a "battery" as well as a violation of constitutionally protected rights.

26. Contrary to misinformation spread by the World Health Organization, "implied consent" is not "informed consent," and "informed consent" is mandatory by law;

27. The Mature Minor doctrine cannot override the wishes and consent of the parents outside of preventing imminent harm or death. Vaccinations do not fall under the Mature Minor doctrine.

28. The engagement of medical experimentation without informed consent further constitutes the indictable offense of crimes against humanity.

For all of the foregoing reasons, I respectfully request that Washington Board of Health give serious consideration to not approve of the COVID-19 vaccine.

Sincerely,

Christina Carrillo Dela Paz

From: Denis Ankuda
Sent: 12/29/2021 1:31:44 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Technical Advisory Group,

I've heard someone was planning to add the COVID-19 experimental, dangerous drug to School Requirement. It is unethical, radical and disgusting! Please think about consequences.

A few facts based on common sense, science and what we've been through last 2 years:

- * COVID-19 = FLU – based on different sources, survival rate is ~99.98%
- * Omicron is nothing – not dangerous at all, not even close – symptoms of a common cold
- * There are absolutely no cases of COVID-19 among kids!
- * Natural immunity is much more effective (1000x times) than any kind of Flu\C-19 shots
- * It is not a vaccine! It is a dangerous experimental drug, technically it's a poison, that kills people and makes the immune system vulnerable – As minimum, please check out the VAERS which has just 1% of registered cases and it's already having ~20K death and more than 1 million adverse reactions where people become disabled in many cases. Ask around and you'll see how dangerous it is!
- * Seems like Fauci lied to Congress and will be prosecuted for that. Hopefully soon and imprisoned for a lifetime.
- * Also, regular masks are 100% useless and do not stop viruses like Flu at all – have never been stopping the spread and each and every doctor knows that fact – or I'd say, those who studied biology in school knows that too. Forcing people to wear masks is a silly idea came from radical and ignorant people who want to show their political power.
- * All VACCINE MANDATES are unconstitutional, radical and extremely immoral. I hope it's clear
- * Do you even know how many people died because of smoking last year? No? So please go and check all statistics before talking about COVID!

COVID-19 'VACCINE' MAKES ZERO SENSE!!!

PARENTS DECIDE, NOT SCHOOL OR GOVERNMENT!

I hope, you will make a good decision!

Sincerely,

Denis Ankuda

From: Yvette Montgomery
Sent: 12/29/2021 2:18:54 PM
To: DOH WSBOH
Cc:
Subject: WA BOH Technical Advisory

External Email

Dear Sirs,

What authority do you have to create a Committee to advise on whether or not Matt vaccine should be mandated for children when the the PCR test itself has been proven to be faulty.

Children have no adverse reactions to Covid themselves so why are you trying to implement mandates for children in school.?

Please provide proof of an isolated SARS-Covid 19 virus

Why does 1 shot not work like originally sold to the public?

Why hasn't 2 shots within 1 year not worked?

Are you implying that any new rule change, ie boosters, would make a child ineligible to revive a standard education?

Are you implying discriminating against children who have not had their dna modified?

What exactly is on these injections?

Full ingredient list. Otherwise, this is not informed consent rather medical Coercion.

Also known as crimes against humanity and children.

Please provide all listed members on this committee.

They will be added to the new Nuremberg list. We understand you're just doing your job.

Therefore it is our job to place the proper restraints on your unchecked powers.

Sincerely

Concerned WA resident

Yvette Montgomery
360-888-4180

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 6:03:04 PM
To: DOH WSBOH
Cc:
Subject: FW: WA school vaccination mandate

From: Oleg Gorenko <oleg.gorenko@gmail.com>
Sent: Wednesday, December 29, 2021 4:33 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: WA school vaccination mandate

External Email

Hello Kelie,

We all are worried about the health and lives of our children, our parents, our families and ourselves.

Many people suffered from COVID, some lost their lives, some lost loved ones.

We are all sharing that worry.

We all want to protect our families and our children as much as possible.

There must be a solution to stop all that.

What is that solution?

After 2 years of trying different approaches from masking to lockdowns to vaccination to treatment there is hardly any conclusive solution.

There is a lack of sources of data that everyone would trust and that we could be based on for decision making.

Some of us believe that if we all were vaccinated including children then we all would live in a safer place.

if the virus didn't mutate that could have been a solution.

Unfortunately the reality is that the virus does mutate.

Vaccines created against Wuhan virus variant provide lesser protection from each new variant.

Omicron is no exception.

Vaccines failed to protect us from getting the virus, spreading the virus, getting into the hospital and beyond.

They are still somewhat reducing chances of severe disease, but vaccine-provided immunity wanes way too quickly.

There are research papers showing that vaccination is reducing chances of getting the Omicron variant only during the first 2-3 month after vaccination or booster.

After 3 month since the last vaccination or booster, people have LOWER protection and a HIGHER chance of catching COVID than those who never get a vaccine.

The actual numbers vary with vaccine brands, but they share the trend.

Other research papers show that vaccination adverse side effects in children are not uncommon. For certain groups of children the risk of getting permanent damage or death from vaccines exceeds the risks from the virus.

Another research paper shows that mRNA vaccine makes the immune system focused on early Wuhan COVID variant, which weakens immune response to all other non-COVID related diseases like cancer, etc.

With a lack of data sources that we ALL could trust there is no scientific way to say if the above researches are scientifically correct or not.

Some of the above research can explain why vaccination rate among doctors is only 55%, which is lower than the national average.

Please be informed that all the COVID vaccines available right now are experimental including the Pfizer vaccine. Emergency Use Authorization for Pfizer from FDA does not change the fact that it is still an experimental vaccine.

There is a reason why Pfizer or Moderna are immune to lawsuits for side effects or death from the vaccines.

As a father of three I am very concerned about mandating my children to get vaccinated with experimental drugs.

Nurbsberg trials after World War 2 declared that no one should get experimental medical treatment without informed consent.

And you do not get informed consent from our side.

So what about a solution to the problem?

I personally can see a solution in treatment.

There are effective COVID prophylaxis and treatment protocols that significantly reduce the risk of severe illness and death from COVID.

A lack of trusted data sources prevents us from making conclusions on that. But everything I am aware of suggests that it could be a viable alternative to vaccination and associated risks.

Thank you for reading all that. I appreciate your patience and hope that WA schools will remain a safe place for our children like it was all these years.

Thank you for your hard work.

Thanks,

Oleg

From: seafof
Sent: 12/29/2021 9:50:03 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for schools concerns

External Email

To whom it may concern.

As I write this please pardon my Grammar as it isn't my strongest point.

I do NOT support covid-19 vaccine requirements for kids. Here are a few well known concerns and I beg you to consider each of them.

1. Child statistically speaking are not at major risks from covid19. Currently according to hhs data 699 deaths with over 4 million cases.
2. We don't know the long term effects of these vaccines. Historically even past vaccines like MMR didn't become required till it was around for a while and had several years of testing and data behind it.
3. If you look around the world other countries have banned vaccines in kids under certain ages due to the possibility of side effects.
4. The political backlash will be horrific. If you look in California a school reversed its requirements because of public frustration.
5. The mRNA covid vaccines still have NOT been fully approved. Despite media claims the Pfizer vaccine being admitted to individuals is NOT fully approved and recent court cases have had ruling pointing that factor out.

These are just 5 topics that we all know to be facts if one simply does the research. And claiming to follow the SCIENCE is a huge mistake as the SCIENCE has continued to change. Just today Dr Focui admitted that isolation may not be the best thing and is harmful to society. Also the CDC has changed guidelines yet again. So to claim you are basing it on science is a easy excuse. I implore you to consider the following along with your so called science

1. Do you want parents to withdraw their kids by the hundreds? Imagine the financial cost to schools.
2. Do you want it on your conscience if down the road these vaccines have caused severe medical issues in kids? Knowing you required it....
3. Would you volunteer your children to receive this vaccine even though we don't know the long term effects? Especially when the risk of death is .004%?
4. Are you aware as administrators that more children die every year from diabetes, cancers, car accidents, and several other health risks? But yet you don't require anything for these kids to attend the school...
5. Religious reasons.. the mRNA vaccines are produced using fetal stem cell walls. Granted it's from the 60s or so they claim. Individuals may have a major conflict from

this.

Look right now everyone is scared and government officials don't want the what ifs or the deaths to be on their hands. I get that. I respect that... but we already know the "science" recommend distance learning and iqs are being reported to have dropped 25% from the start of this. We don't know the effects these masks are having on kids besides the acne, hypoxia, and excessive co2 intake not to mention the health risks from rebreathing the particulates exhaled. Keep in mind the mouth is the dirtiest part of the human body.

Again I understand stand what you are trying to do..... as a parent if required my children will NOT be getting it.... I think it would be best if the DoH didn't require it.... putting it in the same level as the flu shot would be the best. I also feel that should you require it parents will fight you sue you and so on

In conclusion given what we know , given what we don't know. Requiring the covid-19 vaccines right now I feel is too soon too fast. The vaccines don't stop the spread don't stop contracting it and many parents will refuse to get their kids the shots every 6 months. I also feel you need to remove the mandate over masks for students. The so called science on them for kids is b.s their is zero proof they have slowed or stopped covid-19 to start with.... I know you claim to follow the science and I'm just your average jo . But I see and deal and talk with people daily. I am vaccinated also . I am not against recommending it just feel this is one factor one thing you need to leave in the hands of the parents.

Here is what I would recommend and I feel would be better received by parents then a mandate.

1. Recommend the vaccine but not require it.
2. Encourage masks to be worn but don't require it...
3. Provide information to parent as a orientation package for school listing all ingredients all reported side effects both confirmed and not.
4. Provide the vaccines to students on a set day at each school for those who get "WRITTEN" parental consent...
5. Allow children the ability to do social learning if child is sick ...
5. Request proof of vaccines if received it for track purposes only.
6. And continue with the recommend testing prior to return to school if symptoms are at a set threshold.....

This is a very slippery slope and as a committee I implore you to look beyond the so called science. Look with compassion. Look at it as what would you do. People are scared . The government has changed things so much and now new york policy are acting the exact same way the Germans did in the beginning. This is a road we don't want to go down. Leave this to the parents..... Provide you recommend precautions for now atleast until more data is available on the effects on kids.

P.S. I strongly ask everyone to go look at the hash tag protectyourfamily or protectyourkids.. listen the stories see and think before you force tens of thousands of kids to inject something we don't know a whole lot about hell the general public can't even get all the data , all the ingredients. And they want 55 years before its released. This needs to pause for now.

Thank you for your time hopefully it makes sense and hopefully you and your group will just slow down!!!! And wait. Kids are not at risk so don't rush this!!! Their is no reason too and all side-effects will fall on your conscience..... just remember the late night commercials . YOU MAY BE ENTITLED TO COMPASSION.. DO we want to risk that on

our kids.....

Travis.....

Sent from my Verizon, Samsung Galaxy smartphone

From: RecordsTime4Me
Sent: 12/29/2021 12:31:08 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Where there is risk, there must be choice.

Coercion is not consent.

Every child according to the Wa state constitution must be afforded an equal fair and adequate education.

Regardless of medical Choices, sexual preference, religion or race.

Discrimination based on vaccine choice is a violation of constitutional and civil rights.

Please listen to the parents of the children you represent, force and mandates is not choice and is most definitely not informed consent.

Signed

a parent of a child in the wa state public school system.

From: Erik
Sent: 12/29/2021 1:05:41 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for schools.

External Email

As this "vaccine" is still experimental and only has emergency use authorization for all age groups, it is unconscionable to require that students must injected in order to attend school. It is also not an actual vaccine, rather it is a therapy. Under no circumstances should this be mandatory for anyone living in a free society.

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:28:36 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine mandate

From: Lyuba Zherebnenko <lyubaromashchenko@gmail.com>
Sent: Friday, December 31, 2021 12:58 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vaccine mandate

External Email

I oppose the covid vaccine to be mandated for children. This should be parent choice , not the governments! 100% My kids will not be going to school if this happens Shame on America for taking our freedom of religion and freedom of choice away!!!

From: Antoinette Soffes
Sent: 12/29/2021 9:48:32 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please stop considering C-19 shots a requirement for our school aged children. There is so much science data out there to show, that children are not likely to get Sars-Covid-2 or give it, and even if they do happen to get it, they make it through easily. Scientific data shows that no healthy child has died of it.

I think it would be criminal to make an injection for our children with a substance that has possibly so many bad, side effects, some of which are permanent, for an infection that

children sail through, mandatory. Also, even admitted by the CDC, NIH and FDA, the Covid 19 shot does not keep anyone from getting it, or transmitting it. So why would we expose the children to this potential harm, if it doesn't prevent the infection.

Please look up the data yourselves, and don't just repeat what the narrative of the government entities are, which everyone by now knows, is not the truth.

Thank you.

Antoinette Soffes

From: Jennifer Groeneweg
Sent: 12/29/2021 6:13:38 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

TAG,

I appreciate you for taking the time to read this email. I am writing in as a very concerned parent and citizen.

It is unethical, immoral and illogical to place this unapproved product on the children's vaccine schedule. The effects of covid on children are negligible to nonexistent. We need our children's natural immunity to covid to weaken and buffer the virus for the "at risk population" (older, immune compromised) so this pandemic may come to an end.

We would be sacrificing innocent, healthy children to risks of injury and death from a product that has NO longterm safety data.

Thousands of experts at the Global Covid Summit have declared that these vaccines should NOT be used on children.

The Vaers database is signaling risks of heart inflammation, Myocarditis, Pericarditis, period irregularities, blood clots, etc. after covid vaccination.

If placed on the children's vaccine schedule to attend school, we run the risks of uninformed parents assuming "approval" and "safety," neither of which are true. Especially among those with language barriers.

If placed on the children's vaccine schedule to attend school, we run the risk of exemptions being eroded and a future of compulsory experimental vaccination of healthy, innocent children.

If placed on the children's vaccine schedule to attend school, we run the risk of continuous, compulsory, untested booster shots, further endangering healthy, innocent children.

I am attaching part of the Global Covid Summit Declaration:

NOW THEREFORE, IT IS:

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION (view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F%23children&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4e73917260fb4d64d00f08d9cb>>
)

- * 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.

In conclusion, anyone involved in the approval and implementation of an experimental product which causes future injury & death will be morally responsible for harming innocent, healthy children.

If there exists any financial incentives for placing these experimental products on the child vaccine schedule, the immorality increases tenfold.

We need your help now to stop this process. We need your help now to protect our children. We need your help.

Please consider the words of terrified parents everywhere. Parents who are trying to protect their children from unnecessary harm. And with all of my heart, I appreciate you reading this email.

Sincerely,

Jennifer Groeneweg
(425) 236-1014

From: Hoff, Christy Curwick (SBOH)

Sent: 1/3/2022 7:32:22 AM

To: DOH WSBOH

Cc:

Subject: FW: Vax opposition

From: Doug C <550doug@gmail.com>

Sent: Wednesday, December 29, 2021 9:59 AM

To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>

Subject: Vax opposition

External Email

Please do not mandate vaccines for children. I am a pierce county father of three and I strongly oppose this idea.

Doug Clevenger

Bonney lake.

From: Antoinette Soffes
Sent: 12/29/2021 2:42:04 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please stop considering C-19 shots a requirement for our school aged children. There is so much science data out there to show, that children are not likely to get Sars-Covid-2 or give it, and even if they do happen to get it, they make it through easily. Scientific data shows that no healthy child has died of it. I think it would be criminal to make an injection for our children with a substance that has possibly so many bad, side effects, some of which are permanent, for an infection that children sail through, mandatory. Also, even admitted by the CDC, NIH and FDA, the Covid 19 shot does not keep anyone from getting it, or transmitting it. So why would we expose the children to this potential harm, if it doesn't prevent the infection. Please look up the data yourselves, and don't just repeat what the narrative of the government entities are, which everyone by now knows, is not the truth.

Thank you.
Antoinette Soffes

From: Hope
Sent: 12/29/2021 5:48:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Comments for the Immunizations Technical Advisory Group

To: Those who are participating on the Technical Advisory Group of the Washington State Board of Health

Many of my friends, family, and myself are adamant that the Covid-19 vaccines cannot and must not be required by governmental agencies, legislators, courts, governors, or presidents. No person ought to be required to take this vaccine.

Since living and dying people testify of their own experiential results with the vaccines, we ought to face the fact that the vaccines have a high rate of harm. The blood-guiltiness of leaders who continue to require that the American people receive these vaccines should prick our consciences and shake us free of the lies and peer pressures which are compelling them to support something harmful to their fellow man.

The American people say "Fie" on you who stringently impose vaccines on our children. Young people are the greatest wealth of our nation and we who are parents and grandparents must protect their lives from danger using the free exercise of our soundest judgment apart from any state interposition. The young people are God's gift to us! Young people are not the property of an impersonal, inhumane, or synthesized state.

From: Debbie Tatu
Sent: 12/29/2021 3:00:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear TAG,

As you review data and arguments for and against adding the Covid vaccine as a required immunization for school I hope you will consider the following.

Why are we rushing towards the decision for a Covid vaccine to be required when we still know so little. What is driving this need?

The Covid-19 vaccine even with multiple boosters has not proven effective at preventing those vaccinated from contracting Covid and spreading Covid. What other approved immunizations require boosters every 6 months and potentially indefinitely? What does being vaccinated even mean? How can you have a requirement for something that doesn't even have a definition of what constitutes being vaccinated?

We don't know the long term impacts on the health of our children. How is that for the greater good?

Will you sleep at night knowing you voted for a vaccine requirement that has been shown to cause myocarditis with permanent heart impact in a child that had no previous heart issues?

Thank you for careful consideration of this very important decision.

Debbie Tatu

From: Katie Roe
Sent: 12/29/2021 12:19:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\CB7CAF093D1242F4_IMG_0378.PNG



attachments\C064DE3594504EC4_IMG_0379.PNG



attachments\C1047B40F13743D4_IMG_0379.PNG



attachments\08DBD368FCC4425E_IMG_0377.PNG

External Email

To Whom it May Concern:

The minute the Covid-19 vaccine is mandated in schools, our 4 children will be pulled! This is a non-negotiable in our household! This includes our high schooler at Ridgeline HS.

You should not ethically force a vaccine that is still EUA, and has not even completed phase 3 in the FDA's safety trials. I love my children too much to risk a vaccine complication when they have, and will survive Covid with a 99.9 percent rate! The CDC has finally recently acknowledged a correlation between Myocarditis and the vaccine. (Especially in young teen athlete boys! Links from the CDC attached to this email)

It's time we start considering natural immunity. Omicron could be something that ends Covid because its so contagious. Everyone will have natural immunity at that point! The schools should be considering natural immunity. Follow the science, unless it doesn't follow your agenda!!

Sincerely,
Katie Roe

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:24:54 PM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Mandate

From: Marina Borshch <marinaborshch@yahoo.com>
Sent: Saturday, January 1, 2022 6:54 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vaccine Mandate

External Email

Hello,

Wanted to let you know as a parent of 3 children, I am against the mandatory Covid 19 vaccine for all school age children.

May you have a blessed new 2022 year!

Sincerely,

Marina Borshch, RN

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

From: Gerry Bassen
Sent: 12/29/2021 5:31:04 PM
To: DOH WSBOH
Cc:
Subject: Vaccine For Children

External Email

Re: Forcing kids to receive the experimental Covid 19 vaccine. You have no right to force children to take an un-proven, experimental vaccine. The only thing that's proven about this vaccine is it's hit or miss ability to actually stop the virus.

There hasn't been enough testing or time to have discovered the various side effects currently being seen and that will more than likely be found in the future.

Don't possibly harm my grand children or any other children for that matter by forcing this experimental and not fully proven dangerous product to be put into their bodies.

Gerry Bassen
Spokane Valley, WA

Sent from my iPhone

From: John Pavlick
Sent: 12/29/2021 3:00:44 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I was listening in on this TAG meeting to determine adding covid 19 vaccinations for school entry.

A few comments and questions so far:

- as parents of school aged children it is in OUR best interest to determine what is best for our children, not a TAG. This includes medical decisions.
- an early comment was made how "dozens" of Washington children have lost their lives to covid. An exact number was not stated, no reference for this number, no details or distinction if those children died directly from covid or with covid.
- additional comment was made about children being affected by death of loved ones from covid. Again, no details given. This has little impact on determining if we need to require a vaccine be administered to a segment of the population (our children) that the disease has not proven fatal to the overwhelming majority of children in our state and nationwide.
- most of the TAG group are somehow aligned and/or associated with the Washington state Board of Health and are policy wonks, not practicing pediatricians.
- how much personal bias will be entering into the TAG members voting? How will this be mitigated?
- how much of a legislative influence will there be on the TAG? How will this be mitigated?
- how were the TAG members chosen?
- who are the SMEs that will be presenting data to the TAG?
- will the TAG be evaluating the long term effects of vaccines that have not been through Phase 3 testing on children? If so, how since there is no data to evaluate?
- will the TAG consider the financial burden of the state and parents/caregiver if the children do suffer adverse reactions to the vaccines? - - to what extent will the BOH to include this group be held accountable if such a thing occurs?
- what recourse does a parent/caregiver have if a child does suffer a severe or fatal reaction to a vaccine?
- will the TAG consider natural and "herd immunity"?

There are many more questions I have as a concerned and very angry parent, but I will hold them for now.

This continued government overreach into our privacy and its authoritarian demands are doing very little to manage this disease. The desire to "do something instead of nothing" and to "err on the side of caution/abundance of caution" is causing more damage than covid.

The willingness to disregard parents and violate our privacy and that of our children disgusts me utterly.

The statement made by one TAG member to "not worry about perfection to prevent the good" and other comments clearly signals that this TAG has already come to a conclusion and they are just going through the motions. Science, data and long term repercussions to our children be damned.

I hope I am proved wrong.

Sincerely,
John Pavlick

Get Outlook for Android

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

From: Nikki Tomka
Sent: 1/3/2022 6:04:28 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for children

External Email

Good morning,

I am writing to you in opposition to the covid 19 mandate for school children. I am asking for this vaccine not to be added to the required vaccines to attend schools.

If this is mandated many will seek private schools that do not require this vaccine, will homeschool or leave the state of Washington.

This vaccine should not be included until there are years of data to show possible side effects. Many countries are banning this vaccine for children due to the amount of side effects. I am not anti vaccine - I am asking for time and data before it's mandated for children.

Thank you for your time
Nikki Craig

Sent from my iPhone

From: Sarah Sigler
Sent: 1/4/2022 6:53:40 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 comment that Covid shots should absolutely NOT be a requirement for our children. Children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorization). Please do not require them. Please allow parents and guardians to make that decision after consulting with medical professionals.

Sincerely,
Sarah Sigler

Sent from my iPhone

From: Rachel Bennett
Sent: 1/4/2022 5:11:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please consider requiring the COVID-19 vaccine for the upcoming school year for all children in public education K-12 schools.

Thank you,

Rachel Bennett

Sent from my iPad

From: Todd Johnson
Sent: 1/5/2022 8:39:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Greetings,
Say NO to covid shot requirements for kids. Kids are very low risk to C19 and the "vaccine " is under A EUA and is NOT approved. The only "approved" is corminity , which is not available in the US. There are already over a million adverse reactions documented on VAERS, the Lazerus study shows that only about 1% are reported. That was before reporting was actively discouraged or forbidden. The so called vaccine presents more hazards than the disease itself. Thank you.
Todd Johnson

Sent from my iPhone

From: Christy B
Sent: 1/5/2022 10:45:28 AM
To: DOH WSBOH
Cc:
Subject: No vaccine requirement!!!!

External Email

Dear Washington State Board of Health,

I beg and plead you to NOT allow this covid vaccine to be added to the list of required school vaccines!!! This "vaccine" is experimental and has had NO long term studies done at all!!! We cannot be requiring kids to be test subjects for an experiment!

Again, as a concerned parent of 3 kids, please do NOT add the Covid vaccine to the required list for schools.

Sincerely,

A very concerned parent!!

Christina Blakeley

From: Elizabeth Thiede
Sent: 1/4/2022 3:36:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom it May Concern,

I received information that the Board of Health in Washington is considering imposing a Covid-19 vaccine on children as a requirement for attending school.

This is unreasonable and foolish.

The vaccines are still experimental, children are largely unaffected by the virus, and the efficacy of the vaccine has severely diminished as new variants have come into play.

If you do this, it will prove to everyone that the Board of Health is only a political tool, and wholly unconcerned with the actual health of Washington residents. We already suspect that because of the ridiculous and harmful mask mandates.

If tyranny is the real goal here, then by all means lay aside science and reason, and stick it to the kids.

Sincerely,
Elizabeth Thiede
Mother/Grandmother

From: Danette Jones
Sent: 12/30/2021 9:40:09 PM
To: DOH WSBOH
Cc:
Subject: Required Covid 19 Vaccination for students



attachments\103F7793416840B8_Washington State Board of Health (1).pdf

External Email

To Whom It May Concern,

Thank you for all the work you continue to do behind the scenes. I have attached the following letter to support many of the parents whose children attend my school. Many parents do not feel comfortable with vaccinating their children for Covid 19 yet and I can understand their concern. My family and adult children have all chosen to get vaccinated 3 times over now, but I do not know how I would feel if I had young children and feel strongly that I need to share their concerns with you. Thank you for taking the time to read the attached letter.

God bless and stay well,
Danette M. Jones, MA in Educational Leadership
Principal, Centralia Christian School
djones@centraliachristianschool.org <<mailto:djones@centraliachristianschool.org>>
<https://www.centraliachristianschool.org>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.centraliachristianschool.org%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.centraliachristianschool.org%2F)

(360) 736-7657 school
(360) 237-4437 cell

School Mission
Pursuing Christ in character, academics, and service

School Vision
Training our future leaders to use their hearts, heads, and hands for Christ

December 29, 2021

Washington State Board of Health –
Technical Advisory Group
PO Box 47990 Olympia, WA 98507-7990
wsboh@sboh.wa.gov

Dear Washington State Board of Health Board - Technical Advisory Group Members:

I am writing this letter in opposition to adding Covid-19 to the list of state required immunizations for school entry at this current time or in the near future. My primary concerns are the facts that the current vaccine that is being used for children does not eradicate Covid 19 and the long term effects have not been studied. From what I have personally witnessed and documented, most children have only mild to moderate symptoms from Covid-19 and appear to recover quickly. I can understand why many parents are apprehensive about their child receiving the Covid-19 vaccine and their concerns should be listened to. I'm strongly opposed to the Covid-19 immunization being required without the option for parents to write an exemption for their child based on personal, philosophical, religious, and medical reasons.

Many parents are uneasy about having their children vaccinated for Covid 19 and many may pull their children from the educational institutions they are attending if it becomes required without the opportunity to opt out. One reason parents are nervous is because of the expedited timeline. It was just on October 29th that the Covid-19 vaccine, by a single manufacturer, received emergency use authorization only for the 5–11-year-old age group. The trials for this drug were minimal at best including approximately 3,000 children and lasting only two months. Requiring a Covid-19 immunization for school entry could cause some school age children to be put in the middle of the state's recommendations versus what their parents believe to be best for their child. This tug and pull is not good for children's mental health which has already had a significant negative impact by the pandemic. Children have not had significant issues with Covid-19 and I think it is important that we allow parents to decide what is best for their child when it comes to the Covid-19 vaccine as the state has always allowed this simple liberty for the annual Flu shot. Furthermore, parents and educators can attest to other research that there is no significant mortality among children. For the past two years, parents and schools have navigated Covid-19 and have been successful without mandatory immunization. There are established protocols within schools to keep students with fevers, runny noses, and other symptoms at home. These actions along with social distancing, cleaning procedures, and testing have proven successful. There are many other things that pose a far greater risk to the health of children such as injuries, motor vehicle crashes, suicides, suffocations, drownings, and fire. Likewise, the most recent strain – Omicron – has been found to be far less severe, with symptoms similar to the common cold – and could greatly increase natural immunity amongst all age groups, particularly in younger populations.

Part of the criteria you use in the review process is vaccine effectiveness, safety, and an acceptable level of side effects.

- We continue to hear daily about the ineffectiveness of these vaccines, with efficacy diminishing after only months. Those who have had Covid-19 vaccinations are coming down with Covid-19, 100's of thousands of individuals.
- Safety is and should be a huge concern for the Washington State Board of Health as decision makers as well as for parents. There are so many unknowns in vaccinating children for Covid-19. The trial was too small and the outcomes and long term effects on this age group are still unknown.

Disease Burden is another criterion used in your review.

- Covid-19, particularly among school aged children, does not have significant morbidity. The chance of death is less than one percent.
- Because of the many break-through cases amongst the vaccinated, vaccination is not a key factor in reducing person to person transmission..

Implementation is also considered.

- The Covid-19 vaccine is acceptable to some in the medical community and the public, but definitely not to all. There should not be a division like we see or as much uncertainty amongst medical professionals and citizens.
- Mandating this for school age children will place a huge burden on parents as it will force them to have to make very difficult decisions about the health of their children and an education for those children. Just as adults have been forced out of their jobs for making a personal decision regarding taking the vaccine, requiring a Covid-19 vaccination for children at school will force kids out of school. Consider the devastating impacts of a year plus of on-line school on students. Suicide is already the 2nd leading cause of death in those ages 10-18. If your decision is based on what is best for children, it will be against any **forced** requirement for the Covid-19 vaccine.

Education is a great equalizer and a right for all children. A decision to require a Covid 19 immunization for school entry will be disadvantageous for many and unethical. Again, I ask you to listen to the parents who have valid concerns. Many highly educated medical professionals, firefighters, and business owners are just a few amongst those parental demographics who deserve for their voices to be heard and respected. Please allow parents the choice to choose what is best for their children when it comes to the Covid 19 vaccine.

Sincerely,
Danette Jones
Centralia Christian School Principal
djones@centraliachristianschool.org

From: kim hadden
Sent: 1/4/2022 7:39:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom it May Concern,

As a constituent with children I desperately ask for you to NOT mandate the covid experimental vaccines upon the children of this state! There are many reasons this should not be mandated upon our children. 1) it is illegal for you to mandate an experimental drug on anyone even in the name of "public safety". 2) continuous evidence since the beginning of the pandemic show that children are at little to no risk of serious side effects due to covid. So why would we mandate an experimental drug on them when what they are having injected does nothing to lower their risk and only increases the risk of side effects? 3) the covid jab was not designed to stop the transmission of covid or the infection of covid to the person vaccinated. Therefore, they can still be infected and transmit the virus. So there is no need to give it to children. 4) there is increasing evidence that those who have received the jab are having heart and reproductive issues after being injected....we must not do this to our children. Because the risk to children is great and there derives no benefit to them or to others (point 3) by injecting them with this experimental drug, one can only assume you would mandate this for children for nefarious reasons and not for the health of the public. DO NOT EXPERIMENT ON OUR CHILDREN! As a constituent and a parent, I say STOP THIS MADNESS! I will protect my child. The Protection of my child is NOT your job!

Defending the children,
A parent who actually is concerned for public health

Kimberly

From: Elizabeth Soliday
Sent: 1/4/2022 7:42:37 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My husband and I are against the COVID shots for school attendance. In the 5th Circuit Court on October 12, 2021, the judge questioned the compelling interest and urgency of the government mandating these shots because employers with less than 100 employees do not have to comply with OSHA's rule on them. Children are at a very low risk of serious complications from the disease and questionably higher risk from the shots. Parents should decide whether their children get these shots, not the government.

Thank you,

Eric and Elizabeth Soliday

Sent from my iPhone

From: Maureen Crabtree
Sent: 1/4/2022 7:09:35 PM
To: DOH WSBOH
Cc:
Subject: No to Vax mandate

External Email

Dear Board members,

There is absolutely no scientific basis for the policy to mandate vaccination of children. This vaccine neither prevents infection, nor transmission...and as the efficiency weans over 90 days, there has been shown negative efficiency, which actually makes a vaccinated individual MORE susceptible to infection. It is unconscionable to hold a child's access to education hostage with an experimental EUA biological injection.

Our children have sacrificed enough for politics this past 2 years. Please don't fail them again.

Regards,
Maureen Crabtree

Sent from my iPhone

From: brandon0217@gmail.com
Sent: 1/4/2022 6:51:56 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please don't make the COVID 19 vaccine mandatory. It'll be detrimental to the schools. The attendance will be cut down so much and it'll put a strain on a lot of families. There is way too much controversy over this and I feel like we're jumping to conclusions way too fast on this. This vaccine is will not stop COVID like the polio vaccine stopped polio. It's 100% different. There will be different strains of COVID each year, just like the flu. I don't understand why everyone can't see this. COVID is here to stay, just like the flu and we as humans will adapt naturally. Please please please don't mandate the vaccine for schools or sports. I have a career and family and friends and my whole life here in this great state, but I'm willing to give it all up to protect my and my children's freedoms. I don't want to move, so I beg again please don't make this mandatory.

Thanks,

Brandon Michaelson
509-496-2890

From: Josh Stendera
Sent: 1/5/2022 9:04:55 AM
To: Jenn Stendera,DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members

External Email

To whom it may concern:

I urge you to NOT take any sort of action on the matter of mandating child vaccinations in public schools. The data for Covid-19 is not anywhere close to supporting any such action. Frankly it would be reckless and only exasperate harm to our children's education and mental health, which is incredibly fragile right now... and not because the virus has harmed our children but because of our reaction to it. Please stop the suffering of our children and the decline in their education. Not only is their mental health and quality of education concerning but I believe this only further widens the wealth gap.

While your intentions on this matter may be good please consider the actual data and risks involved in children. I believe confidently there are much bigger unintended consequences looming if you were to take action on this issue.

Regards

Josh Stendera
Lifelong Washingtonian... thus far
Father of 3 kids
Supporter of public education... for now

From: Shelby Davis
Sent: 1/5/2022 8:49:50 AM
To:
Cc:
Subject: NO Vaccine Mandate!

External Email

Dear Washington State Board of Health,

Please DO NOT make the Covid 19 vaccines mandatory for school children in Washington state.

Science tells us that these vaccines aren't effective in stopping the spread of Covid, nor have they been studied enough to show their inevitable negative, long-term effects on the body.

There is no reason to put our future generations at risk, when they're faced with catching an illness that is 99.9% survivable.

End the insanity surrounding Covid NOW.

Respectfully,

Shelbey Davis
A concerned parent of school-aged children in Washington

From: Karen Shockley
Sent: 1/4/2022 7:09:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please vote NO on mandated Covid vaccines for children. Children are at very low risk of severe disease . Thank you

Sent from my iPhone

From: aimeedennis@olypen.com
Sent: 1/4/2022 1:54:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello - I wanted to submit my written comments about this topic. I do not agree with mandating a vaccination for school children and I do intend to remove my children from the district if this is forced. Please contact me if further commentary is needed.

Aimee Dennis
360-808-1700
aimeedennis@olypen.com

From: candice.bennett09@yahoo.com
Sent: 1/4/2022 1:45:26 PM
To: DOH WSBOH
Cc:
Subject: NO to Covid inoculation requirement for public school attendance.

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

a viral gene will be injected into your children's cells. This gene forces your child's body to make toxic spike proteins

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-vaccine-spike-protein-travels-from-injection-site-organ-damage%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C1>>
. 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.
- * 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.
- * 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.

Thank you for your time.
Candice Bennett - Auburn WA

Sources/links for above claims:

- * <https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386/download>>

- * Doctor analyzes death rates in Pfizer's trial:
<https://m.youtube.com/watch?v=crAyJvyDygm&feature=youtu.be>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3DcrAyJvyDygm>>

- * Pfizer's 6-month data shows they do more harm than good:
<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>
<[http:// https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html](http://https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html)>
- * <https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media->

didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Fthings-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C1

* <https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12-25-vaccines-through-12-17-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C11d

* <https://www.law.cornell.edu/uscode/text/21/360bbb-3>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb-3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C11d0e21726

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
*

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2F1776985%2F000119312519241112%2Fd635330df1.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C11d0e21726

* <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2F1682852%2F000168285220000017%2Fmrna-20200630.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C11d0e21726

* <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fdocs%2Fpublication%2Fr18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C11d0e21726

* <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fdocs%2Fpublication%2Fr18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5d6ac7d525574328e89308d9cfcb294b%7C11d0e21726

From: Nora Tapia
Sent: 1/4/2022 3:33:00 PM
To: DOH WSBOH
Cc:
Subject: STOP covid vaccine mandates!!!

External Email

Enough is enough !! Pls stop covid vaccine mandates for children and everyone !!! We deserve to be listened to and stop taking our freedom of choice !!!

Nora Tapia monroe
PCO 7th district spokane

From: nicole mclean
Sent: 1/4/2022 4:36:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I absolutely do NOT believe that COVID shots should be mandatory for children. Medical freedom has always been a choice of the American public and a virus that generally is not dangerous to otherwise healthy children should not be the exception to that freedom.

Thank you,

Nicole McLean

Get Outlook for iOS

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

From: Megan Dockins
Sent: 1/5/2022 8:30:34 AM
To: DOH WSBOH
Cc:
Subject: Public meeting 1/12/22

External Email

To whom it may concern:

Our family DOES NOT support the covid vaccine for children. If it becomes a requirement for our students they will be pulled from public school and we will find other avenues for education.

Thank you,

Megan Dockins

From: Bowentherapy
Sent: 1/4/2022 10:45:26 PM
To: DOH WSBOH
Subject: NO to Covid Vaccine Requirement for students

External Email

Dear WA school board committee,

I am writing to oppose any and all Covid vaccine requirements for school children. Vaccine requirements/mandates should NEVER be allowed. Children/students are the responsibility of their parents and NO government authority should ever have a right to decide what is best for a child. Only their parent or legal guardian should by law have that right. If a parent/guardian wants to take this risk with their child, that should be their doctor's and their own personal choice. NO ONE ELSE's.

This also includes all adults. By saying you have a right to force vaccinate or put anything into another person's body without their full consent, you are NO BETTER THAN THE NAZI GERMANS. We still have Nuremberg laws, and if you haven't read them and actually looked at the FDA's 'supposed approval' you will see these covid 'vaccines' are STILL EXPERIMENTAL. They are injuring and killing thousands of children, teens, and adults in the United States alone. Look at the latest numbers from the life insurance companies. Deaths in people 18-40 are up 40%. 100,000 extra/abnormal deaths every MONTH since these shots in the USA alone. Insurance figures, not mine!

I know of 15 people who have DIED as a direct result of the covid vaccine within 5 days of the shot. I know of several with neurological damage.

You can not in ANY GOOD CONCIENCE actually think the WA State citizens will not hold each and everyone of you personally responsible if you even think to make these shots/vaccines a requirement for children and students.

Sincerely,

Diane Gerig

From: Summer Pruitt

Sent: 1/5/2022 2:59:12 PM

To: Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlin.donahoe@sboh.wa.gov, Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public school mandates

External Email

>

> ☐ To Whom it May Concern,

>

> My name is Summer Pruitt and I am a wife, a mother, and a life long resident of Washington State. I am completely OPPOSED to any mandate of the Covid vaccine for public school children. This is unconstitutional and would be of great detriment to the Washington State public school system. With enrollment already down by nearly 60,000 this would cause an even greater nose dive as I fully believe a majority of parents would pull their kids from public schools immediately. I want my voice to be heard! The parents of Washington State will not sit by and let this happen. We will stand our ground for our freedoms and the freedoms of our children!

>

> Sincerely,

> Summer Pruitt

> Okanogan County

>

From: Megon R
Sent: 1/4/2022 3:06:44 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I feel my kids are being subjected to something that shouldn't be applied to them!! This has all be being forced onto the kids because adults are more scared of a man made virus that does affect certain people more then others, but this vaccine SHOULD NOT BE FORCED onto children! I use to support the views of the school board. But now. All I see are bullies, pushing their "beliefs and fear" onto children that have no voice because they are under 18 years old! And you undermining the PARENTS choice for our children, religious views or beliefs are thrown ou the window without us even being herd in the first place.....and if this continues my children WILL NOT be a part of mead district from here on out.

From: Christine Cranston
Sent: 1/4/2022 2:52:04 PM
To: DOH WSBOH
Cc:
Subject: STOP ALL COVID-19 VACCINE MANDATES FOR CHILDREN

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccines adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Christine Cranston, Seattle, WA

Sources/links for above claims:

<https://www.fda.gov/media/150386/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386%2Fdownload>

Doctor analyzes death rates in Pfizer's trial:

<https://m.youtube.com/watch?v=crAyJvyDyGM&feature=youtu.be>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3DcrAyJvyDyGM>

Pfizer's 6-month data shows they do more harm than good: <https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638>

<https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Funcategorized%2F2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638>

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F25%2Fvaers-summary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638>

<https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2Ftext%2F21%2F360bbb-3&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638>

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fdocs%2Fpublication%2Fr18hs017045-lazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638>

<https://www.sec.gov/Archives/edgar/data/1776985/000119312519241112/d635330df1.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2Fdata%2F1776985%2F000119312519241112%2Fd635330df1.ht>

<https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.ht>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sec.gov%2FArchives%2Fedgar%2Fdata%2F1682852%2F000168285220000017%2Fmrna-20200630.ht&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2172638>

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Flazarus-final-report-2011.pdf&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d

https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm#faq-45610
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fseason%2Fflu-season-2021-2022.htm%23faq-45610&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2939578001d94930ada208d9cfd4824c%7C11d0e2

Christine Cranston
cpcranston@gmail.com <mailto:cpcranston@gmail.com>
206.355.7811

From: Tracy B
Sent: 1/5/2022 5:17:13 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

It is my understanding that the next meeting is to discuss involuntary isolation and quarantine of individuals at a quarantine facility with communicable diseases. Also, that you are considering using this to force people into compliance to become vaccinated. I hope the board realizes the territory they are treading on. It has been shouted down as "conspiracy theory" that the unvaccinated would be forced into quarantine camps much like the Jews in WWII. But this Board of health seems to be very interested in exactly that. Building quarantine facilities in WA state and discussing how to involuntarily quarantine people?!

Covid-19 has been a farce since the beginning. Has anyone been able to supply an isolated strain of covid-19? The state and local health boards really like to count numbers of cases without taking into consideration how sick those individuals actually are. Counting hospitalizations and deaths has also been skewed. Simply being covid positive is counted as a death or hospitalization whether or not it has anything to do with the death/hospitalization. If someone goes to the hospital for surgery they are required to take a covid test. If the test is positive it is counted as a covid hospitalization even though that has nothing to do with why they're in the hospital. You've done the same thing with counting deaths. Covid positive? Count it even if covid had zero bearing on why they died. I personally know more people who have died from remdesivir than covid.

And now you want to further your power hungry, corrupt agenda and involuntarily detain people. This virus is not nearly as dangerous as you want everyone in this state to believe. Everyone I know has had covid. Some barely sick at all. Some about the same as a typical influenza virus. Some hospitalized and murdered by the treatments they received.

It is also my understanding that you want to discuss adding the covid vaccine to the school immunization schedule. We all know very well by now that you can not claim the vaccination prevents anyone from getting or spreading the virus. But you're still making the unvaccinated out to be villains. Forcing them to lose their livelihood. This vaccine has ZERO long term studies. The VAERS reports have gone through the roof. The FDA isn't even willing to release their data for 55 years!! And you want to require people to shoot this into their kids to get an education?! I read a lot of comments online from parents. This is their line in the sand. Even vaccinated parents are not willing to give this shot to their kids. If you require this jab as a condition to go to school, you will see a mass exodus of students from public schools across the state. Mine included. There will be some who feel like they have no other option and they will feel forced into getting their kids these shots and there WILL be kids harmed. Are you going to be personally liable for their injuries and deaths? Because that blood will be on your hands. Are you ok with that? For a virus that is mostly asymptomatic for kids? For a "vaccine" that does more harm than good?

Also, omicron is now our most prevalent strain. It's symptoms are widely reported to be that of the common cold. Your propaganda has people terrified of the common cold?! Do you believe that these measures of forced isolation and forced vaccination are acceptable for the common cold?!

I beg of you to stop this madness. This all needs to end. NOW.

Thank you.

Sent from my iPhone

From: Jonathan Anderson
Sent: 1/5/2022 10:14:39 AM
To: Jonathan Anderson
Cc:
Subject: No more mandates!

External Email

Happy New Year! It is now 2022 and we are still pretending there is a state of emergency related to a virus from 2019. It is time to move on. Most of us have already moved on and it is time for the board of health to try to keep up. It is time to end the emergency declaration and all associated mandates. It is definitely not time to add more mandates to the list. It would be a particularly bad idea to mandate COVID vaccinations for children. Those of us who are opposed to the idea will not be complying anyway, so don't waste your time. Please review the declaration and information at the following link as you consider your decisions: <https://doctorsandscientistsdeclaration.org/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org>>
. It is important that you get this decision right for the sake of our society and for the sake of your own credibility and reputation.

Thank you.

Jonathan
Tacoma, WA

From: Karli Hiam
Sent: 1/4/2022 10:11:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My name is Karli Britt. I am completely against making the COVID-19 vaccine mandatory for school-age children. I do not believe that should be a requirement for children to go to school. The flu vaccine is not a requirement for school and Covid is much like the flu. If this becomes mandatory I myself will pull my child out of the public school system.

Sent from my iPhone

From: Ann Lapinsky
Sent: 1/4/2022 7:23:56 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may concern,
I would like to express my concern and issues regarding making vaccines mandatory for kids. They should NOT be mandatory and it should be something that is determined by parents, not the state. My kids both had Covid a few months ago, my son having very mild symptoms and my daughter being asymptomatic. There is not enough research done to show the long term effects it has on kids, especially for an illness that is mild in kids. I am not anti-vaccinations, but I do not agree with making them mandatory. It is taking away the rights of parents.
Thank you for your time

Sent from my iPhone

From: Martina Collom
Sent: 1/4/2022 1:01:43 PM
To: DOH WSOBH
Cc:
Subject: Public Comments

External Email

To WSDOH,

I am writing in opposition for mandating Covid vaccines in our school children. If this is mandated we will lose a large portion of students which will lead to many teachers and administrators losing their jobs. With the Omicron variant doing what viruses typically do, become less virulent but easier to spread we are finally heading out of the pandemic according to many epidemiologists. Children should not be forced into taking a vaccine that does not prevent spread (that is well known now) to protect their elders or immunocompromised individuals.

Recently, a study came out showing that the risk of myocarditis is actually larger in vaccinated males under 40 than it is from natural infection. There is also currently a study going on through Johns Hopkins regarding various menstrual issues being seen after vaccination in women. If we do not have answers yet about why these things are happening and how we can prevent them, how can we mandate this for our children? The answer is we can't in good conscience. The fact that there are no long term studies and the BLA for Comirnaty

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15171>) requires these over the next 5 years is very telling. We cannot have informed consent without the knowledge obtained from these studies. The data on the AAP shows that Omicron is not more severe in our children, "In states reporting, 0.00%-0.02% of all child COVID-19 cases resulted in death" (AAP Report: 12/30/21) furthermore, .8% result in hospitalization which includes those that are in the hospital for other reasons but are asymptomatic and test positive for Covid.

I don't think anyone wants to do anything that may be a danger to our children. Unfortunately, like Eric Rubin said in the FDA panel meeting before the 5-11 age group was approved for the vaccine, "We're never going to learn about how safe the vaccine is unless we start giving it, and that's just the way it goes." (Vaccines and Related Biological Products Advisory Committee – 10/26/2021)

Thank you,
Martina Collom

From: Kevin Barquest
Sent: 1/5/2022 9:16:38 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: NO Vaccination Mandate

External Email

To Whom It May Concern:

There is absolutely no reason to be considering a vaccine mandate for kids of any age in this state for this ridiculous COVID situation for many reasons starting with it is completely unnecessary. Kids are not causing or part of any outbreaks in the schools in Washington where they are forced to wear a mask or even in states or countries where kids are not and have not been wearing masks. Our state since the beginning of this so-called pandemic has been inept in the handling of this situation. There are states around the country that have had fewer mandates and restrictions with lower infection rates and death rates than ours. With that said, mistreatment of cases with ventilators has been a huge cause of deaths around the world per numerous studies found on NEJM, NIH, Harvard Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health.harvard.edu%2Fdiseases-and-conditions%2Fcoronavirus-outbreak-and-kids&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1552df2adfd545cd62b908d9d06f20e6%7C11>>
, and real studies in countries that actually care about healthcare instead of money.

If kids were transmitting and causing major outbreaks which they are not part of, it would make sense, but not only are they not transmitting or part of major outbreaks, our state is still using PCR tests that the CDC has long been admitting does not even work as a valid source of determining a true positive test nor can it differentiate between Covid19 and the flu. A Yale study states that there are positive tests when no genetic material is even on the swab, FDA states that the test frequently shows false-positive results, I could go on, but that should be adequate.

The point of this email is not actually to point out the inconsistencies and level of incompetence shown in our state but to point out that vaccination for kids is completely unnecessary. Let those who choose to vaccinate their kids do so and those who do not wish to do so to not vaccinate their kids. If this was a plague or something that is actually medically significant, that would be one thing, but this is not the case here. I encourage you to stop and look at the actual data, not what the state is telling you, but the actual medical journals from around the world as well as comprehensive data from all states. What you will find is my argument to be valid. I do not email my representatives just because, I have done a significant amount of research from the beginning of this pandemic, have talked with doctors and experts here and around the country to base my decision on. You owe us at least that before you start mandating things as serious as this.

Thank you for your consideration of my request for you to do the right thing and not approve a vaccine mandate for our youth.

Sincerely,

Kevin Barquest

From: Elizabeth McCabe

Sent: 1/5/2022 10:53:45 AM

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

Cc:

Subject: NO VACCINE REQUIREMENTS FOR CHILDREN

External Email

Vaccine requirements for school-age children are a terrible idea. It should be up to the individual parent(s) to make the decision about whether or not vaccinate their child for COVID-19.

Furthermore, if a child has already had COVID-19, they should not be required to have a vaccine, as they now have natural immunity.

Understand that if this vaccine requirement goes into place, you will have many children withdrawn from your schools statewide.

I urge you to fight this mandate.

Sincerely,

Elizabeth McCabe
Concerned Parent

From: Rich Shockley
Sent: 1/4/2022 7:18:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please vote no on Covid vaccines for Children. They have a very low rate of getting Covid and the testing is extremely limited when compared to traditional vaccines. This is a vaccine trial / test on our children.

Sent from my iPhone

From: Amy Ayers
Sent: 1/5/2022 3:59:11 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public School Mandate

External Email

To Whom It May Concern:

My name is Amy Ayers.
I am a mother of 2 & a lifelong resident of Washington State.

My family & myself are completely OPPOSED to enforcing the covid vaccine for K-12 students.

We are already homeschooling our youngest & should this pass, we will 100% pull our oldest out of public school as well.

There has not been nearly enough time to see what potential risks could occur from these vaccines on children. Please don't roll the dice with our children's future.

Sincerely,
Amy Ayers
King County

From: Pete Dahlgren
Sent: 1/4/2022 11:00:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom It May Concern,

Children should not sacrifice themselves or be put at risk of any kind for the greater good of adults. Let what you just read sink in. As adults, we have the responsibility to protect our children, not put them in potential danger that could be avoided. Per the CDC website, as of January 4th 2022, children ages 0-17 in the US have a 99.99918% survival rate against COVID. Statistically, children have a higher probability of contracting Myocarditis or another adverse side effect from the vaccine than they do of contracting COVID and dying. That being said, how do we as adults with any shred of moral compass or conscience mandate this?

The COVID protocol for students i.e. masks, isolation, remote learning, social distancing, etc. pose a far greater threat to the current generation of children than the disease itself does. The silence amongst the health and school officials regarding this issue is deafening, however the erosion of our youth, suicide numbers and drug overdoses speak at unmeasurable decibels.

My wife and I have three school aged children. A vaccine mandate in Washington schools is our line. Our kids will be pulled from public school without question, without hesitation if a COVID vaccine mandate is imposed.

Follow the science. Read the data. Do what is right. It is time we put a stop to this and start living again.

Pete Dahlgren
Gig Harbor, WA

From: Natalya Zhuk
Sent: 1/4/2022 11:53:38 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am an emergency room nurse. I worked through hot and cold of CoVid pandemic. Children remain low risk, and recover extremely well from CoVid symptoms. As a nurse I strongly discourage CoVid vaccination for children as the vaccine is still under emergency use and there is no long term data available about it long term side effects! Every human should have a choice in what they choose to have in their body!
Thank you.

Sent from my iPhone

From: ROB ERT
Sent: 1/4/2022 8:17:49 PM
To: DOH WSBOH
Cc:
Subject: No Vaccine mandates for our kids!

External Email

I am very much opposed to any COVID vaccine mandate for any kids to attend public school! Since children have an almost zero chance of getting very sick at all from COVID there is absolutely no reason for them to get The Jab! If required to do so we will have to remove our kids from the public school system. Rob Leach Mica WA 99023

From: Chris Evers
Sent: 1/4/2022 3:40:15 PM
To: DOH WSBOH
Cc:
Subject: No vaccine mandates for children

External Email

Parents have sole right to make decisions for their children. Scientifically children are almost impervious to serious illness from Covid.

A mandate is unconstitutional, illegal and immoral.

You will be sued into oblivion - Save yourselves.

Sent from my iPhone

From: Stephanie
Sent: 1/4/2022 8:07:16 PM
To: DOH WSBOH
Cc:
Subject: School vaccine Mandate

External Email

I do not support the vaccine mandate for children.

There are no long term randomized studies therefore you cannot tell me this vaccine is safe. There needs to be proof of the efficacy of these vaccines in children.

I feel if it is mandated you're going to see where parents hard line is and a lot of children will be kept home. We're already seeing the effects of children having missed a year of school please don't make it mandatory and cause more hardship on these poor kids. Let us the parents decide whether it's right to vaccinate our children.

Stephanie Brown, BSRDH

From: Dave Myron
Sent: 1/4/2022 3:21:06 PM
To: DOH WSBOH
Cc:
Subject: No to vaccine mandates for children

External Email

I recently heard that the Washington State BOH was considering a requirement for the covid vaccination. This is very disturbing! Not only are children at effectively zero risk from covid, there are considerable non-zero risks of adverse reactions.

Do not put this mandate in place. The blood of our children will be on your hands.

Dave Myron

From: Sara Scheidt

Sent: 1/4/2022 5:37:20 PM

To: DOH WSOH

Cc:

Subject: Public Comments for WSOH Members from March EH Committee Special Meeting



attachments\1066C62C1EE2463E_Screenshot_20211206-173714_Facebook.jpg

attachments\3497A916B33B4CEE_Screenshot_20210911-122920_Facebook.jpg

attachments\843ED507F56544E7_Screenshot_20210911-131936_Facebook.jpg

attachments\940776DDFEDA490E_Screenshot_20210910-055106_Facebook.jpg

attachments\915FA321B852418C_Screenshot_20211114-070132_Facebook.jpg

attachments\F6AE238BD1C34B7F_Screenshot_20210910-105617_Facebook.jpg

attachments\8B24A24D2E614C2C_Screenshot_20210909-060623_Facebook.jpg

attachments\BDF027C2B6D7477E_Screenshot_20210909-185958_Facebook.jpg

attachments\B5F74F3E726D4B74_Screenshot_20210909-072751_Facebook.jpg

attachments\CD57CCB05AE948BE_Screenshot_20210914-162948_Facebook.jpg

attachments\CFC65687CF324216_Screenshot_20211204-004717_Google.jpg

attachments\E27E533B387F4E5F_Screenshot_20210911-123025_Facebook.jpg

attachments\34A54445DDBC43AB_Screenshot_20210912-202014_Facebook.jpg

External Email

Some thoughts that seem pretty reasonable not to consider when making decisions on this matter. Please reconsider and give families the freedom to choose.

Sent from Yahoo Mail on Android

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

From: Jody Bishopp
Sent: 1/4/2022 1:40:59 PM
To: DOH WSBOH
Cc:
Subject: Public Comment re: vaccinating children

External Email

To Whom it May Concern,

I am writing on behalf of my child and the upcoming decision regarding a potential vaccine mandate for students to attend public schools. We have been battling this pandemic for nearly 2 years now and science has proven that the vaccine does NOT protect us from nor prevent the spread of the virus. ALL of our vaccinated friends have had a breakthrough case - many of them worse than their unvaccinated family members. Not only that, the vaccine has caused far too much damage to be considered safe, especially among healthy children who are capable of getting over Covid in a day or two and are better off with natural immunity. In addition, nearly every person I know - from young and healthy to old and extremely unhealthy- has already had the virus, and not a single one of them was hospitalized. Those who have experienced Covid have natural immunity and absolutely should not be forced to be injected with a vaccine that has the potential to cause injury and/or death. We know that social distancing, masks, and vaccines have NOT been successful, and have actually caused more harm with their continued implementation. Ask school counselors about the impact of these mandates and you'll discover the astounding number of suicides that are being contemplated and/or attempted each day. Kids want to live normal, mask-free lives again without being forced to be vaccinated when it has proven to be not only unsuccessful but dangerous. You have the power to stop the divisiveness and fear mongering and help us get back to a place where kids have the freedom to hug and be hugged without fear, shame, or guilt. Science has proven that there is power in physical touch, but fear is crippling. In schools right now, kids are yelled at, shamed, and even disciplined for being in close contact with their friends and/or removing their masks. Ironically, most of them do these things outside of school and/or have already had Covid, and these mandates have gone on far too long. If you mandate the vaccine for students, it will undoubtedly be the final straw. We - and most, if not all, of our friends - will pull our children from their public schools if the vaccine is mandated in Washington.

Thank you for your consideration, and please allow kids to be kids again without the weight of these mandates on their shoulders.

Sincerely,
Jody Bishopp

From: Dawn Larson

Sent: 1/5/2022 10:30:12 AM

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

Cc:

Subject: No to mandatory covid vaccine for children

External Email

Dear WSBOH members,

Please do not make Covid vaccination a requirement for children to attend school. Unlike all the other vaccines required for children, covid is not a deadly childhood disease. The data is clear that covid is not a threat to children. My children barely had any symptoms when they had covid and they now have natural immunity. The vaccine has not had the benefit of long term testing for children to know if there are any adverse long term effects. Also, as is clear from surging cases across the globe, the vaccine won't prevent them from getting covid, so what's the point?

Sincerely,
Dawn Larson

Sent from Yahoo Mail on Android

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

From: Jonny Holmes

Sent: 1/5/2022 5:41:01 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: SAYING NO TO MANDATORY VACCINATIONS

External Email

To whom it may concern,

Mandatory vaccinations to children is like child abuse when we do not know the damage it can cause that we are not aware of yet. If someone has already had COVID and they get the vaccine their chances of having adverse reactions is 4 fold and unnecessary.

I am asking you all to consider this and let it be up to families to make these choices for their children.

Sent from my iPhone

From: Lydia Sanders
Sent: 1/4/2022 1:23:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

The Washington State Board of Health (WSBOH) will have it's January meeting on Wednesday, January 12th @ 9:30 am. On the agenda: Immunization Criteria for Child Care and School Entry. (making Covid shots mandatory for child care and school admission)

I am a state licensed family home childcare for over 30 years in Tumwater WA, and I have 2 grandchildren, currently in a public school in Tumwater, WA.

I say NO to state mandated Covid-19 shots for children!
Covid shots should absolutely NOT be a requirement for our children. especially since they are at an extremely low risk for Covid. The vaccines are still only EUA (emergency use authorization). Please protect our children from experimental vaccines. Parents are the only ones that should be deciding if their children should get vaccinated for Covid.

Sincerely, Lydia Sanders

Sent from my iPhone

From: Alison Merten
Sent: 1/4/2022 12:57:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comment: January Meeting | Immunization Criteria for Child Care and School Entry

External Email

To Whom It May Concern,

I am writing to oppose mandated Covid vaccines for school age children. It should absolutely NOT be a requirement for our children to attend public or private school. I'd like to remind the BOH that children are at extremely low risk for Covid-19 and that the vaccines are still only emergency use authorization. Quit the fear mongering and lets move on with our lives, and please leave our children out of this.

"All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

Sincerely,

Alison Merten
360.791.0425
Olympia, WA

From: Mickey Ambeau
Sent: 1/5/2022 7:11:02 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I Mickey Ambeau and my husband William Ambeau are opposed to mandate this vaccine for our 2 children. This is our right as parents in our country that my husband served in the military. There are medical and religious reasons. Please listen to parents concerns and pray that you make the right decision children are not at risk for the covid 19 and the vaccine is not needed for them. We have already had it and the natural immunity that our bodies have is best and needs to be considered.

Mickey Ambeau
360 388 1664 mickeyambeau@gmail.com <<mailto:mickeyambeau@gmail.com>>

From: Ashley
Sent: 1/4/2022 4:16:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hi! I oppose the vaccine mandate for children! For one, children are at an extremely low risk of having complications with Covid 19. The vaccine also does not "cure Covid". Most of the patients I see infected with Covid are indeed vaccinated. This vaccine has only been out for a year now. In the past have you seen experiments involving children? Have you researched it? I am a healthcare professional and in the American medical association encyclopedia the coronavirus is labeled as the common cold. My children are not required to get the influenza vaccine so why would the Covid vaccine be any different? The impact to schools will be detrimental if this passes. Many people will consider homeschooling and districts will lose funding. Again I say NO to the vaccine mandate for children. As you can see the virus is mutating and turning into the common cold, example, Omnicron. I hope you can take a stand and do what is right for our children.

Sent from my iPhone

From: Katy Shaheen
Sent: 1/4/2022 7:29:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello-

Covid shots should not be required for anything, especially school. There is simply not enough data to be able to ensure how "safe" they are. You cannot guarantee how safe they are nor will you take responsibility for any adverse reactions.

I will pull both of my children out of the Seattle public schools if it is decided that COVID shots (much like a flu shot) is required.

Katy Shaheen

Sent from my iPhone

From: Meegan Normandeau
Sent: 1/4/2022 8:55:24 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

After experiencing Covid myself as well as taking care of many family members, add to that seeing & watching many friends who have it & are now fine. It is absolutely unconscionable to mandate anyone, especially children to be mandated in receiving this injection which is NOT FDA approved! In fact I have witnessed more family & friends getting severe side effects from these shots & yet still get Covid. Most of these side effects are life changing & will eventually lead to their death. The fact that myocarditis is a side effect should be extremely concerning. And let's get this straight, there is no such thing as mild myocarditis! And the fact that the mRNA & the spike protein goes straight to the ovaries should be extremely worrisome too! I would love for any one of you to experience a week with my autistic grandson. Because if this is our future, we are in serious trouble! The key to Covid is early treatment, which has been neglectedly ignored by our government. The fact that a cheap drug that is safer than aspirin is banned is an absolute travesty. Do Not. I repeat, Do Not in any way or form mandate these shots for our children! They should not be mandated for ANYONE!

Sent from my iPhone

From: Buffy Spargur
Sent: 1/4/2022 11:07:17 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am a resident of Clark County and my child attends the 7th grade in La Center School District. I strongly encourage the WSBOH to NOT require any of our children to have to take the Covid vaccine in order to attend in person school. Please take into consideration that children are at an extremely low risk for Covid and these vaccines are still only authorized for emergency use. These vaccines are still new and there is insufficient time to measure the long term affects that these vaccines will have.

Thank you
Buffy Spargur
La Center WA

From: Dean Furr, P.E.
Sent: 1/4/2022 8:14:10 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear WSBOH,

I am writing this email to you in opposition to the recent developments that WSBOH will give guidance on COVID vaccinations for children and as a requirement for enrollment in the "PUBLIC" education system. You may be convinced that we are in a "PANDEMIC", but what we are in NOW is an endemic. Tests have shown that children are completely unaffected by COVID, additionally, children once vaccinated are susceptible to the many adverse affects (myocarditis, thrombosis, etc.). If Washington State fails to protect MY children from a vaccine that I feel is unwarranted, then I have no choice, but to pull both my children out the public school system and provide homeschooling.

Dean A. Furr

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: Maria Eng

Sent: 1/4/2022 4:43:36 PM

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

Cc:

Subject: No to vaccine mandates in schools

External Email

Dear Washington State Board of Health,

I absolutely oppose of any Covid vaccine requirements for school age children. If this occurs, I know of many families that will pull their children out of the school districts. This is a gross over reach. Vaccinated individuals can still spread and catch the disease. Also, the vaccine is still being tested and we don't know the full range of side effects. The variants are proving to be mild. Please let this be a personal family decision.

Sincerely,

Maria Eng

From: Heather Cline
Sent: 1/4/2022 11:37:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear WA State Board of Health,

Hello. I'm writing as a WA state educator (Spanish) and a parent to an immunocompromised child. Prior to the Covid outbreak, I taught at Lincoln HS in Seattle and my daughter attended Olympic View Elementary. However, because of Covid, I resigned my position as I simply didn't feel safe interacting with and teaching over 160 students/day coming home to an immunocompromised child who wasn't yet eligible to get vaccinated.

As such, we are currently staying with my parents in Spokane, where I grew up. I was watching the local news tonight and saw the story on the upcoming vote by the Board of Health on mandating covid-19 vaccines for school children and how the Mead school district is asking families to speak out against the mandate. However, I found it striking that the only people being encouraged to reach out and voice their opinion are those opposed to vaccination mandates. I am writing in strong opposition to that stance.

As a native Eastern Washingtonian (grew up in the Palouse Country south of Spokane and attended Freeman Elementary, Middle, and High school and Whitman College in Walla Walla for my undergraduate studies), a teacher, and a parent, I implore you to please require Covid-19 vaccination mandates not only for students but for ALL who work in schools—students, teachers, administrators, food service workers, librarians, administrative staff, janitorial crews, and support staff. This virus is so highly contagious and has disrupted so much of our student's childhood (and learning) that we need to do everything possible to ensure not only continuity of education but minimize the collective trauma of all involved in education. There are many ways to do this but vaccination and mask mandates, coupled with investments into air purifiers and updates HVAC systems in schools are proven ways to ensure that our students AND teachers can attend schools in as safe a manner as possible.

As a teacher, I know I won't feel safe in the classroom, interacting with over 160 students daily, until I know that the my are vaccinated. As a parent, I won't feel comfortable sending my daughter back to school in a classroom with 25ish other students until I know they, too, are vaccinated. What might manifest as a minor illness for one person might result in death for someone else. Sadly, my daughter (who has spent over 2 weeks at Children's Hospital in Seattle this year alone) falls into the latter category.

Please help keep my daughter and other children like her safe and healthy. People who are at higher risk are not disposable. They are the most vulnerable on our society and we should be doing everything in our power to help protect them and ensure their health and well-being. Many of these families (mine included) have been living like hermits for the past two years and returning safely to the classroom is one way we can start to have some sort of normalcy in our lives.

Please prioritize the health of the most vulnerable. Please prioritize minimal interruptions and in-person education done safely.
Please help all who work in schools feel safe and protected.

Please vote to require a covid-19 vaccination for all students who attend WA state public schools.

Further, please vote to require a covid-19 vaccination for all who work in WA state public schools.

Thank you for your time and consideration.

Sincerely,

Heather Cline

509-990-9180

clinehm@hotmail.com

From: Al Brauer
Sent: 1/4/2022 4:19:59 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Regarding Mandating child Covid vaccine for daycare and school entry....

First, the Covid vaccine is still under Emergency Use Authorization (EUA), which means it is still EXPERIMENTAL. Animal studies have never been done, and human studies were very brief, and did not include children prior to the release of the vaccine over a year ago.

Second, the risk of Covid to children is vanishingly small, as well documented by the CDC, and children are not spreaders of the virus.

Third, the toxicity of the vaccine in children is now clearly manifested, most alarmingly with the particular serious and persistent side effect of myocarditis (heart inflammation). This is seen in numbers orders of magnitude more than ever before—and filling the offices of pediatric cardiologists. Therefore, the risks far outweigh benefit in children, and thus the vaccine is NOT indicated medically nor ethically—and certainly should NOT be mandated.

Fourth, a mandate for children (or any age) is unethical, illegal and unconstitutional, and contravenes the Nuremberg Code, which expressly forbids any form of coercion for medical experimentation, which the Covid vaccine still remains under the EUA status.

I am a retired MD, and can provide the Board with documentation from world-class scientists and physicians detailing the above points.

Albert Brauer, M.D.
Republic, WA

From: Ann's Email
Sent: 1/4/2022 1:56:03 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom it May Concern-

Covid is a reality. As we can see today the vaccine has done nothing to help stop this pandemic. I am a teacher and have no fear from getting Covid from my students. They are not the ones at risk and as science shows. They are not the ones spreading it nor are they the ones getting very ill.

Requiring children, innocent children, from getting a vaccine that still has not been properly tested. Today, we already have 1 in 25 with autism yet no one is asking why?? So now we throw another "wait and see" the effects vaccine into young children. Washington, committee, governor and all those involved you must let families make their own choices of what is safe for them. We live in a free country that must let this virus run it's course and stop letting \$\$\$ and control be your guide.

Do the right thing for children's sake.

Ann

Sent from my iPhone

From: Rhonda Tatum
Sent: 1/4/2022 1:49:46 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 vote NOT to include the Covid shot in the immunization criteria for children.

Children are extremely low risk and the Covid shots are still emergency use authorization.

Children are experiencing more adverse reactions to the shot than Covid itself.

Even if you get the shot you still get Covid and pass it on.

In order to keep this short that is all I'll state for now. If you'd like more information and where I got this information from, please let me know and I can provide my research.

Thank you for your consideration,
Rhonda Tatum

From: Amy Kummer
Sent: 1/4/2022 10:34:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

In regards to the upcoming meeting topic of possible requirement for Covid vaccines, as a parent I absolutely oppose requiring this vaccine. Prior to Covid, best practice in the healthcare setting is to follow evidence practice research. Not only is forcing a vaccine in trials and under emergency use onto all children unethical, but the school district would be setting themselves up for legal ramifications. There should be at least 7-10 years of research (even more with children) looking at the long term effects. There is no way to "fast track" research. So many students have already been pulled from public schools due to some of the teaching practices, why add another reason for parents to pull their kids and decrease funding that is already strapped?

The expressed views in this email are solely my own as a parent and do not express the views or opinions of my employer.

—Concerned Parent NTHS

From: Monica Spence
Sent: 1/5/2022 9:00:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am asking that NO vaccine requirement be placed on our children for school admissions. This vaccine by definition is still emergency use only. There have been thousands of cases reported of adverse reactions in young, healthy people. Including severe heart and blood clot issues. This shot is more harmful to children than the virus is. Please do not force this on our most beautiful and vulnerable. Thank you.

From: ROB ERT

Sent: 1/5/2022 6:23:55 AM

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

Cc:

Subject: No Vaccine mandates for our kids!

External Email

I am very much opposed to any COVID vaccine mandate for any kids to attend public school! Since children have an almost zero change of getting very sick at all from COVID there is absolutely no reason for them to get The Jab! If required to do so we will have to remove our kids from the public school system. Rob Leach Mica WA 99023

From: Cabiles, Verree
Sent: 1/5/2022 8:07:07 AM
To: DOH WSBOH
Cc:
Subject: NO to state mandated Covid-19 shots for children!

External Email

Honored Board of Health,

Shots/Vaccines should and always be a parents decision and responsibility. The government is overreaching when it comes to Covid-19 and students receiving shots. Heard immunity has worked in the past and it's a FACT that children are the least likely to die from this. There are MANY doctors and scientist that rebuke Dr. Fauci.

Please do not make it a mandate for children. Let parents make their choice for their kids. Period.

Verree Cabiles

From: Ann Stout
Sent: 12/28/2021 9:02:46 PM
To: DOH WSBOH
Cc:
Subject: Public comment regarding mandatory covid vaccinations for school children



attachments\2964D730774746D1_Anns Letter to Board of Health - 12-28.docx

External Email

Please find my comments regarding your decision on mandatory Covid 19 vaccinations for school children attached.

Thank you.

Ann Stout
360 520 9612

"But God demonstrates His own love toward us, in that while we were yet sinners, Christ died for us." Romans 5:8

From: Alinda Baker
Sent: 1/5/2022 7:37:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good day ,
Please do not have mandatory covid shots for children. It doesn't stop the spread . They are a very low risk . And we don't know the long term effects that this will have on their future. This shot hasn't had YEARS of trial and they can't prove that it is safe. I believe it is our right to say what we put into our bodies. It should be a CHOICE if the parents feel the need then let them make the choice for themselves and their family. And the ones that don't want the shot it should be their choice for them and their family's. PLEASE DONT MANDATE THE SHOT.
Please don't
Thank you
Alinda

Sent from my iPhone

From: Lindsey Dearfield
Sent: 1/4/2022 6:11:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello all from Spokane Board of Health,
I am grateful that you are taking out your time to hear my opinion and voice about the possible mandate of the COVID-19 vaccine for children who attend Spokane public schools. I know that our children's health is important to us all as a community, however in my opinion I feel COVID-19 is just like the flu. The children are already in a mask throughout the whole entire class session and it still does not stop the transmission or spread of the coronavirus. The coronavirus is just as easily transmittable like the influenza and children did not have to wear a mask for the influenza. My child has already been through enough by wearing the masks for two years and being shut down from school for almost a year and the science behind the vaccine is not substantial for me to honor the mandate of children to get the vaccine. there have been so many adverse vaccine reactions for children who have gotten this vaccine and I am scared for my child to have to get one. I do not think that this mandate should be implemented for children to attend school when the parents help pay the teachers to teach our children. It is not fair that my child will get denied an education because they do not have the COVID-19 vaccine. You are punishing the children and the parents who elect to keep their children unvaccinated until the science proves otherwise that this vaccine can be helpful to the children. Please take into consideration of my thoughts on not making this vaccine mandatory for children to attend public schools.

Lindsey Dearfield

From: Shay Foster

Sent: 1/4/2022 4:01:18 PM

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

Cc:

Subject: Reject Covid Vaccine Requirement for School Aged Kids

External Email

To All Whom This Concerns:

I am writing to urge you to reject the notion of requiring school aged kids to have the Covid vaccine. Please consider the facts below.

* 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.

Please remember that children are not a one size fits all, or even most. We do not require children to receive a flu vaccine to attend school, why would we require a Covid vaccine. The Covid virus has a 99% survival rate in children, the vaccine is not necessary and if required is an overstep of power.

Thank you for your time.

Shay Foster

From: Hal Stokes
Sent: 1/4/2022 4:50:26 PM
To: DOH WSOH
Cc:
Subject: Public Comment RE: JAN 12th Meeting

External Email

To whom it may concern:

I have come to understand that the upcoming meeting on January 12th will prompt a discussion regarding the forced injections of the EUA mRNA inoculations for attending school and related events. Besides being fundamentally wrong, there is no scientific basis or common sense whatsoever in this policy.

1. Inoculated or not, both individuals have the same propensity for becoming infected and consequently shedding the virus to other individuals, regardless of their personal choice for, or against, inoculation of this Emergency Use Authorized mRNA prophylactic. By extension it could be argued that the non-inoculated students are more easily identifiable while the inoculated students may continue to spread this disease unabated, thus rendering your policy moot.
2. Students are required to wear masks and remain distanced. This policy alone implies that viral spread is limited or eliminated altogether. Therefore, why would any student be forced to quarantine because a fellow masked, socially-distanced, asymptomatic and potentially inoculated/naturally immune student is in the vicinity of a student that has tested positive?
3. I have also been informed that a negative test for a non-inoculated student is disregarded, while an inoculated, and potentially infected student, may continue with their regular schedule without a test. If this is true, and please refer to my first bulleted statement, then this policy is most asinine and hypocritical in the heap.

Lastly, natural immunity surpasses inoculated protection exponentially. Why does this not apply? Why would a parent risk exposing their children to myocarditis, blood clots or any of the other debilitating side affects that the inoculation has been proven to cause, especially to our young men, following a recovery from the fairly benign infection that the youth experience? And why is the public school system so adamant in their efforts to force the injection of this EUA substance into our children? If your answer is that the benefits outweigh the risks then I must assert to you that this is not your choice to make. Given the limited efficacy of this EUA prophylactic injection and the never-ending requirement to achieve "Full Vaccination" then this risk is now indefinitely multiplied and inherently more dangerous and risky for our children and young adults.

As you are probably aware I have used the term inoculation in place of vaccination. While these have been historically interchangeable I believe that this subtle nuance in terminology is prudent. I am referencing the alteration of the definitions on the CDC website. Why would we, as a society, actively choose to take steps backward from full immunity to limited protection? Why would we prefer an endless cycle of "protective injections" to full immunity? Personally, I have never experienced the following: Chicken Pox, Small Pox, Measles, Mumps, Polio, Pertussis, Yellow Fever, Tetanus or any other of the diseases for which I have been "vaccinated" against as an infant. I have traveled the world and have never encountered a single disease from which I was "vaccinated" against in my very first year of life.

These games have to stop. Now.

CDC Definitions until only recently:

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce immunity to a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

CDC definitions now:

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

Sincerely,

Hal Stokes

From: purehealingwarrior
Sent: 1/4/2022 9:41:20 PM
To: DOH WSBOH
Cc:
Subject: No to EUA products for school children

External Email

I oppose COVID-19 shot mandates, period!

I desperately urge you from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies to the school required list. Let the choice be for the parents.

Sent with ProtonMail

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

From: SAM
Sent: 1/4/2022 4:14:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

As a parent to 5 children ranging from 13 to 28, I have always chosen to vaccinate when given the opportunity. You see, the science was always there to support the facts. But in this case- the covid vaccine- absolutely NOT. The science is just not there. The polio vaccine eradicated polio. The chicken pox vaccine eradicated pox. The COVID vaccine has NOT eradicated ANYTHING! I was vaccinated myself, and I got covid. It was just as bad the second time as it was the first time before I had the vaccine. And on top of that, I spread it to my whole family. The science is not there. You have absolutely NO BUSINESS pushing the vaccine on children, let alone adults.

Sherri Murphy

From: Kurt and Julie EDMARK

Sent: 1/5/2022 7:22:37 AM

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Need more time re vaccines for children, the numbers are still so low and doesn't seem to be an emergency response.

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 12/29/2021 6:04:59 PM
To: DOH WSBOH
Cc:
Subject: FW: No vaccine mandates for schools

From: Carri Coe <carricoe@yahoo.com>
Sent: Wednesday, December 29, 2021 5:25 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No vaccine mandates for schools

External Email

I would like to say I am not for or against the vaccine. But I do not think this vaccine which is causing more harm than good should be placed on our children to be forced to have it to have a public education. It should be a choice and a parents choice if they decide to have their kids vaccinated with the Covid shot. They shouldn't require anything if the parents do it want to take a chance on giving this shot to their kids. No one knows the long term effects this will have on anyone. There are no long term studies done, what if they give it to their kids and this causes long term effects or are infertile or worse die because you are requiring it? This is ridiculous and taking away our choice and freedom as parents and our childrens rights. You should be ashamed at yourselves for taking away a child's right to have an education- get the shot or get the education.

Please do not vote for this and do not support this.

We the people need to take back our freedoms as we are losing them and will not stand for this!! If you vote for this there will be thousands of kids pulled from schools and homeschooled. The education system will fall apart. Just as our jobs are going to fail if this is mandated on the job markets as well. Do not be one who will let this country fall apart, please!!

Thank you,

Carri Coe

Sent from my iPhone

Sent from my iPhone

From: Compton
Sent: 1/4/2022 1:39:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am encouraging everyone involved with this to please consider the fact that none of these vaccines have been tested to the degree that other vaccines have been tested before in the fight against other flu like viruses. There is no way of knowing what the long term affects will be on anyone, from children to adults. Please do not force this on children. They will have to live with your decisions for them. Let them make the choice later in life when it is possible to obtain more information about these vaccines. Thank you for your consideration.

From: Delia Orozco
Sent: 1/4/2022 10:16:10 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I personally do not agree with the new mandate they are trying to pass. This vaccine is way too new to try and enforce. Parents as myself are going to start pulling kids out of school if they try to mandate this vaccine, and in the long run it will affect schools with funding and resources.

Sent from my iPhone

From: Christi Chang
Sent: 1/4/2022 9:37:39 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I am writing to give feedback about the consideration of required vaccinations for children in Washington State. I am writing as a citizen, a teacher and a mother.

Please do not require vaccinations of children in Washington State. I know you have three buckets that you are considering in making this decision: vaccine effectiveness, disease burden and implementation.

Regarding Vaccine Effectiveness:

This vaccine is not proving to be effective, as seen by the many "break through" cases. More and more boosters are being required and sunseting.

Additionally, people are carriers of covid regardless of their vaccination status.

Regarding Disease Burden:

Children without co-morbidities have not suffered severe symptoms with covid, and the symptoms are lessening with the onset of Omicron. Children with co-morbidities should talk to their doctor, instead of having the shot blanketedly mandated by the state.

Implementation:

Many parents view this as an affront to their parental choices. Implementing this will be difficult in many communities across the state.

Let parents make their own decisions where their family is concerned. A required vaccine mandate is not right for our children.

Thank you,

Christi Chang

Kent, 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: Mindy Faley
Sent: 1/5/2022 9:12:13 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Mandatory shots for kids (for anyone) is not ok. It wasn't ok before covid 19 and it's not ok now. Make the shots available for people but please do not make it mandatory. The more you push the harder people will push back. We are asking nicely for you to make the right decision. Thank you!
Mom of two littles.

Mindy Faley

From: DOH Information
Sent: 1/4/2022 11:04:45 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Recommendations, mandatory vaccination



attachments\5F7F624C356B413D_image002.png

Hello Nathan!

I think this one is for you all over there at the Board. Could you take this one?

Hope you are well.

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: Sunday, January 2, 2022 1:46 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

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

I have just been made aware that the BOH is meeting to form recommendations regarding mandatory Covid vaccinations for all students in Washington state. The information I received also stated there has been no input allowed from educators and the general public from all regions in this state? If so I feel like there should be consultation from all regions of this state regarding this issue especially as to how it affects the involved professionals and public citizens. Furthermore another source has stated the voting to be held will not include how each member of the board voted on this issue. If so, what is the purpose for this? It's very disturbing at the least that public officials would not have accountability (to the many involved professional and private lives) and will have left them without any form of due process on an issue that is one of the most important issues that I have ever encountered in my lifetime. As a citizen of this state I request that there be allowed an opportunity for all regions of this state be represented before forming any guidance on this issue. Thank you for your time and consideration, Sincerely, John Batts

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:

John Batts

Email:

Jkbatts@Comcast.net <mailto:Jkbatts@Comcast.net>

Telephone:

253 678-3005

From: Troy ISAKSON
Sent: 1/4/2022 10:06:56 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Vaccine mandates for school age children to attend public school are simply NOT necessary!

Children are NOT at risk of adverse health effects of any significant degree with Covid19, therefore it is absolutely NOT necessary to vaccinate them.

Any adult has had ample opportunity to obtain a vaccine against Covid and it is NOT the children's responsibility to assure all adults' health when they can chose themselves to get the vaccine or refuse it.

These vaccines are still very new with many unknown long term effects still unknown! It's just not necessary at this point. Covid is not a serious threat to health at this point.

Please say NO to this particular requirement. It's not necessary for children, so WHY mandate it?

Troy Isakson

Get Outlook for Android

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

From: Jan Slansky
Sent: 1/5/2022 11:13:05 AM
To: Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: NO VACCINE MANDATE FOR CHILDREN

External Email

Dear members of the Washington State Board of Health,

Due to the following reasons and many more, ethical & moral, I demand that you refuse to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have 99.995% survival rate for COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

Sincerely,

Janis Slansky

Puyallup, WA 98371

From: CJ Thomp
Sent: 1/5/2022 8:41:37 AM
To: DOH WSBOH
Cc:
Subject: STOP Covid "mandated" shots

External Email

Mandates are NOT law! I oppose COVID-19 shot mandates. This is government over reach and goes against our US constitution and WA state constitution. You are not acting in the best interest of its people by making this trial and error crap-shot of a mess be some immunization. We can see that nearly everyone is getting the flu or cold and many times some variant of Covid as there are more being shot with whatever is in these "declared Covid-19 vaccines." Our local hospital ER says it's 50-50 at this date of unvaccinated and vaccinated coming in with Covid concerns. A friend who works in ER said that the biggest issue now is the young men with blood clots who have taken the Covid-19 shots.

Health care is not able to operate upon TRUE data. Therefore this is not science. It needs TIME and the 2 years we are coming upon is not enough for TRUE scientific research.

There must be FREEDOM! All vaccines are not alike nor are all our bodies! We have had the right to choose what we would like for ourselves and our children. Get a new rule that prohibits adding any Emergency Use Authorized product, or any licensed one that hasn't completed Phase 3 trial studies.

Cris Thompson
Bellingham, WA 98226

From: Steve Storgaard
Sent: 1/4/2022 9:59:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good evening,

I am asking that the Washington State Board of Health vote NO to mandatory Covid-19 vaccine for children (both for school entry and child care). Children should not be forced to take a vaccine that is designated only as emergency use authorization (EUA).

The long term health concerns are very real and have not been proven as safe and effective, therefore could be very damaging to a child's body for the rest of their lives.

I, as a parent, and a grandparent, am 100% AGAINST a Covid-19 vaccine mandated requirement any child in Washington state (or any other state), and ask that the board vote NO on this important matter.

Respectfully,
Steve Storgaard
Auburn, WA

Sent from Yahoo Mail on Android

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

From: Dario Vargas
Sent: 1/5/2022 6:47:50 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My children will NOT be getting vaccinated! NO TO THE MANDATE!!

From: Art Swannack
Sent: 1/4/2022 3:52:04 PM
To: DOH WSBOH
Cc:
Subject: State BOH proposal for Covid Mandate for school children

External Email

Dear State Board of Health,
I believe it is not acceptable for the State Board of Health to enact a covid vaccination mandate for school children. If such a mandate is necessary, that is the duty of the Washington State Legislature to enact as the elected representatives of the citizens of Washington State. As they will start the 2022 legislative session January 10th, two days prior to your meeting on January 12th, they will have ample time and opportunity to pass such a law if needed and to debate and decide if this measure is necessary. I urge you not to attempt acting on behalf of the legislature, especially when they are in session.

Sincerely,
Art Swannack

--

Arthur D. Swannack
1201 Cree Road
Lamont, WA 99017
509-990-8876
artswannack@feustelfarms.com <mailto:artswannack@feustelfarms.com>

Bringing Honesty, Integrity, & Leadership to Whitman County

From: LISA MEEHAN PAUL MEEHAN
Sent: 1/5/2022 10:54:40 AM
To: meehan5
Cc:
Subject: No Vaccine mandate

External Email

WA state simply needs to stop this tyranny.

Masks are ineffective & you continue to dehumanize students and school staff by requiring them: https://www.poverty-action.org/sites/default/files/publications/Mask_Second_Stage_Paper_20211108.pdf.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.poverty-action.org%2Fsites%2Fdefault%2Ffiles%2Fpublications%2FMask_Second_Stage_Paper_20211108.pdf.pdf&

The latest version of covid--the omicron variant proves without a doubt the vaccination does not stop transmission. Our children are not dying, aside from the death of a normal childhood and school experience which was stolen from them by the governor of WA, the state superintendent, and I can only assume teacher's unions.

Stop, please, just stop. I attended the WA board of health meeting and it is clearly a sham--one person has vaccinate WA on his screen the whole time and a grandfather celebrates his grandbabies having gotten the shot. This is unfair & unjust. We are Americans in a free country.

Lisa Meehan
Bremerton WA since 1996 & praying I can stay

From: Dennis Knippel
Sent: 1/4/2022 2:57:59 PM
To: DOH WSBOH
Cc:
Subject: public comments

External Email

RE: state mandated Covid-19 shots for children in Washington state

Dear Sir or Madam,

Covid shots should absolutely NOT be a requirement for our children. Please remember that children are at extremely low risk for Covid and that the vaccines are still only EUA

Sincerely,

Dennis Knippel

From: Jackie Harvey

Sent: 1/5/2022 9:51:15 AM

To: Hoff, Christy Curwick (SBOH), 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 WSOH

Cc:

Subject: Public Comments

External Email

I am a parent of 2 kids in the Fife school district. My children are my life and I would do anything to protect theirs. There is currently NO FDA approved "vaccine" for adults or children and I would never give them an experimental dose of anything that could potentially cause them harm. Pfizer's website states the only claim of benefit of the vaccine is that it can protect from transmission of Covid-19, which has proved to be false with so many vaccinated people infected. Children have been shown to be very low risk, especially healthy ones. I have not seen/heard of one healthy child that has died from Covid. Our whole family just had Covid and it was nothing more than a mild cold/flu and now we have natural antibodies to fight it. My husband is vaccinated and he caught it as well.

To be blunt...If vaccine mandates are passed knowing full and well the harm that it can cause to children and that they are NOT FDA approved, I will pull my children from the school districts and home school them myself. I'd rather live in a tent, in the woods, off grid than put something in my kids body that can give them heart problems, which is being shown in their age group.

PLEASE think of ALL these precious kids lives that you are putting at risk by contemplating giving them and experimental injection for the sake of learning! What happened to FREEDOM and parental choice?!?!?!? The government needs to know it's place and this is beyond an over step.

Jackie

From: Allison Gossett
Sent: 1/5/2022 8:52:04 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am writing to urge you not to require children to have the COVID or Flu vaccines in order to attend school. COVID poses very little threat to children. The vaccine could do more harm than good. The vaccine is still in emergency use authorization so it's against the Nuremberg code to coerce people to take an experimental drug.

Please don't take away parental rights to choose what's best for our kids. Vote NO on requiring the COVID vaccines for our children.

Sent from my iPhone

From: rich gockley
Sent: 1/4/2022 1:05:11 PM
To: DOH WSBOH
Subject: SBOH is hosting its next public meeting

External Email

As part of Pfizer, Moderna and Johnson & Johnson's plan to increase their revenue on the backs of us the U.S. taxpayer, we know you (WSBOH) are going to force 'vaccines' on kids no matter what is said at your next meeting. FYI, they're not vaccines, it's an experimental gene therapy drug (let's call it what it is)

You're all completely brainwashed lemmings with no capacity for critical thinking and you're violating many laws by blindly complying with everything that's come out of Inslee's office since March 13 2020.

Remember when natural immunity was a thing? Remember when Doctor/Patient confidentiality was a thing?

Below is the survey response I sent the school district.

Mead School Board, WA DOH and Governor Inslee,

As we begin year 3 of 'two weeks to flatten the curve', anyone who still believes the lies propagated by the media and our government will get what they deserve when this is all said and done. We in the Mead community have answered multiple surveys and spoken for hours upon hours at school board meetings. The President of the Mead School board (Burchard, along with Denholm and Olson) lack the ability to represent their constituents and will continue to do whatever the SRHD tells them to do instead of representing the people of Mead who voted them into office. This is yet another survey that will fall on deaf ears.

It's extremely disheartening to see our School Board, our elected officials, stand by and let the Governor overreach his authority by abusing his power under a completely fabricated "pandemic". You were elected to represent the people of this community. 73% of your constituents replied to "your survey" and said they wanted medical choice. You have a moral obligation to sue the Governor for his egregious overreach. When asked (at the 16 August School Board meeting) if you'd be willing to stand up for our children if "the State wanted to inject them with an experimental drug", Mike Cannon was the only person who said he would object to that. This is completely horrifying. Parents had the courage to speak for two hours on medical freedom at the 16 August meeting, because they knew they were in the right. Your response was to move the next meeting to a Zoom call (that had "technical difficulties" and therefore you wouldn't have to listen to parents), and you could hide behind technology. You know what you're supporting is evil. I believe most people are good, therefore I can only conclude you are uninformed about what is happening to this country.

At first (during the two weeks to flatten the curve), I thought this was a political stunt (left vs. right, D vs. R, etc). Now it has become completely clear, this is a battle between good and evil. We know Fauci said there would be a "surprise pandemic" during Trump's first term. We know the virus was funded in part by the American people (via Fauci and the NIAID) in a bioweapon lab in China. We know China released it 9 months before a presidential election. We know that Joe Biden has prostituted his son to China and

Ukraine, therefore compromising his ability to lead. We know the recipe for the experimental gene therapy drug came from scientists in China, and it possesses nano lipid technology and many toxic chemicals such as SM-102.

In 1938, good men started rounding up Jews and conducting medical experiments on them because they were "just following orders". Now YOU are going to stand by and allow thousands of children in our community to be coerced into taking a Chinese developed, untested experimental gene therapy drug. I believe "good" will prevail in the end and we will see similar Military Tribunals to hold people like you accountable for these crimes against humanity. I believe that all elected officials, politicians, and military members who promoted these tyrannical mandates will be held accountable.

Friday marks day 666 of Inslee's 14 days to "flatten the curve"; you have run out of time to stand up for "Good".

Good Luck and God Bless you all...

On behalf of 73% of Mead families,

Rich Gockley

All that is required for evil to succeed is for good people to stand by and do nothing.

[The Nuremberg trials were a series of military tribunals held following World War II by the Allied forces under international law and the laws of war. The trials were most notable for the prosecution of prominent members of the political, military, judicial, and economic leadership of Nazi Germany, who planned, carried out, or otherwise participated in the Holocaust and other war crimes.]

Anyone who supports mandatory injections of 5-year-old children, with Chinese developed experimental gene therapy drugs that are neither safe nor effective, is sick in the head.

Cheers,

Rich Gockley

From: Mead School District <meadschooldistrict@mead354.org>
Sent: Monday, January 3, 2022 5:38 PM

To: richgockley@hotmail.com <richgockley@hotmail.com>
Subject: Message from School Board of Directors

Resending with updated link to public comments. Our apologies for the broken link in the initial message.

Dear Mead School District Families,

At their October meeting, the State Board of Health (SBOH) directed their staff to begin the process to convene a Technical Advisory Group to consider the COVID-19 vaccine for inclusion in chapter 246-105 WAC

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftrack.spe.schoolmessenger.com%2FJMQRj~%2FAAAAAQA~%2FRgRjtNiCP4SoAWh0dHBzOi8vZ2NjMDIuc2FmZWxpbmtzLnByb3RIY3Rpb24ub3V0>>
. This link

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftrack.spe.schoolmessenger.com%2FJMQRj~%2FAAAAAQA~%2FRgRjtNiCP4SoAWh0dHBzOi8vZ2NjMDIuc2FmZWxpbmtzLnByb3RIY3Rpb24ub3V0>>
describes the process being undertaken by the State Board of Health.

The SBOH is hosting its next public meeting (virtual meeting - link and pre-registration required here

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftrack.spe.schoolmessenger.com%2FJMQRj~%2FAAAAAQA~%2FRgRjtNiCP4SoAWh0dHBzOi8vZ2NjMDIuc2FmZWxpbmtzLnByb3RIY3Rpb24ub3V0>>
) on January 12, and we wanted to connect you with the opportunity to provide public comment. If you are interested in providing feedback regarding this potential new vaccine requirement, you can submit public comments here

(<https://sboh.wa.gov/Meetings/ProvidePublicComments>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftrack.spe.schoolmessenger.com%2FJMQRj~%2FAAAAAQA~%2FRgRjtNiCP4SoAWh0dHBzOi8vZ2NjMDIuc2FmZWxpbmtzLnByb3RIY3Rpb24ub3V0>>
) prior to the SBOH meeting. In order for your comments to be included in the materials for the January 12th meeting, the SBOH must receive them by Friday, January 7th, at noon.

The Mead School District Board of Directors is also seeking your input in order to accurately represent our families concerning required student vaccinations. Feedback you provide to our school board will be sent to the State Board of Health so they can be informed regarding our community's stance on this issue. The purpose of this survey is solely to gather feedback from our community to share with the State Board of Health and does not necessarily determine what the district will or will not do once a decision has been made at the state level.

Please click here to complete this short survey.

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftrack.spe.schoolmessenger.com%2FJMQRj~%2FAAAAAQA~%2FRgRjtNiCP4SoAWh0dHBzOi8vZ2NjMDIuc2FmZWxpbmtzLnByb3RIY3Rpb24ub3V0>>

Sincerely,

Mead School District Board of Directors
Chad Burchard, President
Denny Denholm, Vice President
Bob Olson
Michael Cannon
Brieanne Gray

Mead School District 354 would like to continue connecting with you via email. If you prefer to be removed from our list, please contact Mead School District 354 directly. To stop receiving all email messages distributed through our SchoolMessenger service, follow this link and confirm: Unsubscribe

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftrack.spe.schoolmessenger.com%2FpVXw9Ls8xXw%2F%2FAAAAAQA%2FRgRjtNiCP0RRaHR0cHM6Ly9nby5zY2hvb2xtZXNzZW5nZXIuY29tLyMv>

SchoolMessenger is a notification service used by the nation's leading school systems to connect with parents, students and staff through voice, SMS text, email, and social media.

<[http://track.spe.schoolmessenger.com/q/MSPV-](http://track.spe.schoolmessenger.com/q/MSPV-UMvTbcUrXsWpzIw2A%2F%2FAAAAAQA%2FRgRjtNiCP0RRaHR0cHM6Ly9nby5zY2hvb2xtZXNzZW5nZXIuY29tLyMv)

[UMvTbcUrXsWpzIw2A%2F%2FAAAAAQA%2FRgRjtNiCP0RRaHR0cHM6Ly9nby5zY2hvb2xtZXNzZW5nZXIuY29tLyMv](http://track.spe.schoolmessenger.com/q/MSPV-UMvTbcUrXsWpzIw2A%2F%2FAAAAAQA%2FRgRjtNiCP0RRaHR0cHM6Ly9nby5zY2hvb2xtZXNzZW5nZXIuY29tLyMv)

From: Lori Hubbard
Sent: 1/4/2022 10:50:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Thankfully children are extremely low risk of harm from COVID 19. The vaccines are still under EUA and can pose a health hazard. They are not proven to be safe in all instances. They should be not be required for children.

Sent from my iPhone

From: Gabrielle Holten
Sent: 1/5/2022 7:47:04 AM
To: DOH WSBOH
Cc:
Subject: No recommendation for vaccine Mandate

External Email

Good morning,
as a parent to four children in the Washington State schools, I do not recommend you mandate the vaccine to children. We will not stand by your decisions to mandate our children for a vaccine that has caused disfunction to children's health. We used to pull vaccines if they had a high chance of health concerns towards children and now you are looking at expecting parents to vaccinate their child with a vaccine that does not even have a full 1 or 2 year (normally five year) study done on it to make sure it is healthy for our kids. As I am a high believer in vaccines, this is not one I accept that our children should be sacrificed to.

We already mask our children. We already have taught them being antisocial and not being near each other is okay when in fact it is not. Humans are meant to be social. You are teaching kids that mental health does not matter and neither does their physical health if you are okay mandating this vaccine to them.

You need to leave this choice to parents and parents only. Not the school boards or the school districts. We will be pulling our children from the school districts as my children are not going to be receiving this vaccine or we will keep accepting our exemptions as my children's medical information is not your business or anyone else's.

Your goal is for a safe environment. But you're also denying the choices of freedoms to these children. Next you will be trying to take away consent from all children in this state. Children deserve informed consent. If you explained to your children that you were going to give them a vaccine that has a low chance of working but a small chance of a cardiac heart arrhythmia which could be a lifetime issue that is not covered by health insurance and you will be financially responsible for, do you think they would choose that? Do you actually understand the problems you see by mandating this vaccine? In five years, let us reconvene and look at the statistics to see if this vaccine is worth giving to children. Are the side effects worth it? Did you give it to your children?

It is not my child's responsibility or my responsibility to take a vaccine to prevent the spread of COVID-19. It is MY responsibility to look at the best interest of my children and their health. My children know in detail what informed consent is and how important it is. My job is to protect my children. My job is to raise them into consenting adults who know the difference in right and wrong, and safe and not safe. My job is to let them make informed decisions in their life to be better human beings to this world. My job is to make this world a better place with these kids as they grow. I will do that by teaching them they have to stand up for what is right (morally), even if they stand alone. They will be strong enough to do that. Just like my mother did.

I hope you see that most parents' can make this decision for their family on their own. If they want to vaccinate their children, they have the ability too. If they choose not to, they made the decision to protect their family how they see fit.

Thank you,
Gabrielle Abbott
253-569-6601

From: nskwilson
Sent: 1/5/2022 6:23:38 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear WSBOH Committee Members,

I urge you all in the strongest terms possible to drop immediately any consideration of mandating COVID-19 vaccinations for children (or anyone else) attending WA State schools. If you haven't yet watched or listened to Joe Rogan's interviews of Dr Peter McCullough (Internist and Cardiologist) and Dr Robert Malone (inventor of mRNA vaccine tech) during which they discuss COVID-19 vaccines and the current global situation, you should. Both of these doctors have been vaccinated, yet neither recommend it. Dr Malone in fact was injured by the vaccine. You can view or listen to both interviews at the links below.

<https://open.spotify.com/episode/0aZte37vtFTkYT7b0b04Qz?si=vri4pbZXSbO3e49ZKNQ7Gg>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F0aZte37vtFTkYT7b0b04Qz?si=vri4pbZXSbO3e49ZKNQ7Gg>>

<https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCeYt?si=1wda4c1CTwqXFqfVgoUnPw&context=spotify>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F3SCsueX2bZdbEzRtKOCeYt?si=1wda4c1CTwqXFqfVgoUnPw&context=spotify>>

Sincerely,

Nathaniel Wilson
(509) 539-0706

Sent from my iPhone

From: Jacy Christensen
Sent: 1/4/2022 11:22:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Shots against Covid should NOT be mandated for school or daycare entry for children.
Children are at low risk regarding Covid, and this shot only has EUA for children.
I am AGAINST COVID VACCINE MANDATES.
Thank you,
Jacy L. Christensen

Sent from Yahoo Mail on Android

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

From: Margaret Tolleshaug
Sent: 1/4/2022 7:46:29 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: NO VAX FOR CHILDREN!! NOT SAFE - NOT NECESSARY!!!

External Email

PLEASE HEED THE WARNING FROM A RESPECTED PHYSICIAN & SCIENTIST THAT HELPED CREATE THE MRNA TECHNOLOGY IN THESE UNSAFE VACCINES.

DON'T BE A PART OF HARMING OUR CHILDREN'S FUTURE!! GOD GIVES CHILDREN A WONDERFUL IMMUNE SYSTEM THAT WILL PROTECT THEM. THEY HAVE VERY LITTLE CHANCE OF GETTING THE VIRUS OR BEING HARMED FROM THE VIRUS.

Dr. Malone's statement in its entirety and his video:

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. 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.

WATCH DOCTOR MALONE HERE:

<https://wsau.com/2021/12/16/leading-researcherinventor-of-the-mrna-vaccine-dont-vaccinate-your-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwsau.com%2F2021%2F12%2F16%2Fleading-researcherinventor-of-the-mrna-vaccine-dont-vaccinate-your-children%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ce61646fb568a44cf612508d9cffdeae3>

From: Rachel Marie Brown
Sent: 1/4/2022 2:11:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am vehemently opposed to requiring vaccinations for children. In doing so you are failing the children and the community you claim to serve. This is an absolute abuse of power which has already overreached by allowing implementation of far more strict isolation/quarantine protocol than the CDC has established. Children are impacted with much less severity and Covid continues to demonstrate rapid evolution that the current vaccines will not keep up with. In my particular situation, my family has Covid as I type. Oddly enough, being the only ones vaccinated, my husband and I were hit far harder with illness than our three children. How can you justify requiring the vaccine when that is the case? Children are at low risk and the vaccine is still under emergency use only. I have abided by every rule and protocol there is the entirety of Covid but I refuse to sit idly by and allow such an egregious overstep of boundaries for our community.

Cancer and heart disease and diabetes kill people left and right but do you require healthy requirements for our food? Do you require people to take ownership of their own health and refuse service/medical care when they don't? Do you put absolute regulations on chemicals that are found in everything that seep their way into our water? NO. You don't. Until you can have sweeping reform for these items that have been impacting our communities for far longer than Covid you have zero business even discussing vaccine mandates for children. It is shameful that I even have to write this email.

Rachel Magnoni

--

Sent from Gmail Mobile

From: Gary Dore
Sent: 1/4/2022 10:22:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Covid shots should absolutely NOT be a requirement for our children. Children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorization).

It should be criminal to force children to take this!!!

gd
Gary Dore
doresgd@nwi.net
509-663-2197
Sent from my iPhone

From: ANDREW T PENNEY
Sent: 1/4/2022 9:35:39 PM
To: DOH WSBOH
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email



To whom it may concern:

I do not believe school age children should be vaccinated in order to attend school. My reasons are listed below. This is an excerpt from the Mercola newsletter. One of many that I have researched about vaccinating children. I find that the risks of injury and deaths to children do not warrant this response.

Children are the future. Over the centuries, many have suffered atrocities at the hands of adults. Yet the recent push to inject children with a genetic experiment may be one of the worst public health offenses perpetrated on a population of people who are unable to speak for themselves, do not have a legal voice and depend on adults to protect them.

In the push to ensure there is a shot in every arm, Pfizer recently announced the clinical trials for the COVID jab in children has hit a snag. And yet, you would be hard-pressed to call the "Warp Speed" creation, testing and manufacture of this shot anything but implausible.

At no other time in history have "vaccines" been created and distributed with such impunity. Despite low rates of infection and death, we do know that the risk to children birth to 17 years is so small as to be inconsequential.

The CDC reports a total number of deaths in 2020 and 2021 from COVID-19 in this age group as 668 as of December 23, 2021. One study posted July 7, 2021, looked at deaths in the U.K. during the first 12 months of the pandemic and found that 99.995% of children survive.

Between March 2020 and February 2021 only 25 children under the age of 18 had died in the U.K. as a direct result of the infection. The researchers found there were 61 children with positive test results, but 36 deaths were attributed to other causes. ***This is a 2-in-1 million absolute mortality rate for children.

Health officials are telling parents that children should be vaccinated for the sake of herd immunity. What is largely ignored are the studies that show children are not driving the pandemic and, in fact, appear less likely to transmit the virus than adults. The Children's Health Defense notes:

"In short, public health leaders say, parents must 'vaccinate the young to protect the old.' Given the federal government's estimate that one vaccine injury results from every 39 vaccines administered, it seems clear that officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit."Should society be considering vaccinating children, subjecting them to any risk, not for the purpose of

benefiting them but in order to protect adults? We believe the onus is on adults to protect themselves."

In the case of COVID-19 injections, children cannot benefit, seeing how they only have a 0.005% risk of death in the first place. Healthy children have died shortly after the jabs and dozens of cases of heart inflammation have been reported. Since when, in the history of public health, have children been sacrificed to protect the sick and elderly? Public health authorities have completely reversed the conventional risk/reward analysis.

Sincerely,

Pamela Penney

Kent, Wa

Sent from my iPhone

From: Jessica Anderson Emtman
Sent: 1/4/2022 6:02:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly disagree that COVID-19 vaccine should be mandatory for school age children. It is in the same class as the flu vaccine which is not mandatory. For the balance of required vaccines for children, there are broad exemptions available such as personal, religious and medical.

This vaccine has no long studies on children. The risk reward for children is not a factor because kids do not statistically get severe illness from COVID-19 nor do they carry heavy viral loads to spread the illness.

Let families decide what is the best for them within their own family environment.

Best Regards,
Jessica Anderson Emtman
509-230-8971

From: Liz Southwick
Sent: 1/4/2022 7:19:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hi. My name is Elizabeth Southwick.

I have two children in public school.

I am writing with my concerns about making the Covid vaccine mandatory to attend school. I don't believe it should be a requirement because my children have natural antibodies as they have already had covid. They should not be forced to receive an injection. My children as most, do not need a vaccine forced upon them, if they want to get it, that should be their choice, discussed with their parents, not coerced or made to, just to get a basic education. They have immune systems that are capable of fighting off illnesses. I understand for some, the vaccine may prevent harsher symptoms, however it does not stop the virus. This vaccine can create issues for some as well and I don't believe it's right for all.

Thank you for listening & considering my family's health.

-Elizabeth Southwick & boys ☐☐

Sent from my iPhone

From: Stacie Garza

Sent: 1/5/2022 9:33:44 AM

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

Cc:

Subject: NO to covid vaccines.

External Email

Good Morning,

I am writing today to express my view regarding mandating Covid Vaccines for youth in order to attend school in person in Washington State.

I would like to start off by stating the risk of death associated with COVID-19 in healthy children is virtually non-existent, as children have significant immunologic advantages relative to the older adult population (> 65 years) which comprises the high risk cohort for COVID-19. The risk of death and disease in children has become even more rare with Omicron. Yet even prior to the advent of Omicron, a peer reviewed study clearly demonstrated (using safety data accumulated during past variant circulation) that the genetic COVID-19 vaccines carry a risk/benefit ratio of five deaths in the older, high risk cohort for every one life saved from COVID-19 (and those data did not account for the reporting bias inherent in US deaths due to COVID consequent to inappropriate use of PCR tests). See "Why are we vaccinating children against COVID-19?" (Toxicology Reports, Volume 8, 2021, Pages 1665-1684).

The new variant of COVID-19, Omicron, has exploded onto the scene. What was already an inverted risk benefit ratio for genetic vaccination in children and adults (greater risk of death from vaccine than from COVID-19) will become even more inverted since the risks of COVID-19 are further reduced with Omicron. The Omicron variant is different in five essential ways:

More infectious and will soon be the dominant variant in the USA

Less pathogenic

Poorly matched to currently available vaccines

Natural immunity is providing good protection against Omicron

Disease symptoms are more similar to the common cold

The International Alliance of Physicians and Medical Scientists (16,000+ physicians from around the world) released a resolution concerning these exact issues. [HERE](#) is the link to that resolution where 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.

With this information, it is my strong belief and the data empirically shows that using COVID-19 Gene Therapy in children has a strong probability to do more harm than good, and attempting to force said therapies on the children of our state would be a gross violation of medical ethics, individual rights, and parental rights. In addition, it would inevitably force families to remove their children all together from public education. This action would not only affect children in general, but would disproportionately affect minority and economically challenged families across our state.

It is in the best interest of our state, our people, and most importantly our children, that there is no further attempt to force COVID-19 Gene Therapy on our children!

Sincerely,

Stacie Garza
Othello, Washington

From: jamie mckillop
Sent: 1/4/2022 8:02:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



attachments\C2D617ED469D4C27_8D6C6E0AAECE40FDB04CAB789D5A2126.png



attachments\8D4A7A3F11E843B8_FF24AD2C67684C3A93245088C70735C1.png



attachments\E36E119931A74EC6_7BD1BE777FF6481DBC73A787E6363FC6.png

External Email

Washington State Board of Health

PO Box 47990

Olympia, WA 98505-7990

Dear Board Members,

I respectfully submit the following comments for the board meeting regarding decisions to be made for mandating the COVID vaccine for school aged children.

Facts

First and foremost, the risk of death associated with COVID-19 in healthy children is virtually non-existent. When considering Omicron, the risk and death and disease in children has become even more rare. Children have significant immunologic advantages relative to the older adult.

It has been stated by Dr. Fauci himself that the Covid-19 Vaccine does NOT prevent the spread of Covid-19 virus. The vaccine's main purpose is to reduce severe cases and life-threatening effects of the virus if one were to get it. Let me re-iterate, the purpose is to protect the person who received the vaccine. It has no direct relationship with any other person aside from the person who received it. While I appreciate that our community and schools heightened care about the well-being and safety of its populous, I do not agree with the mandatory restraints that are being placed on how individuals choose to keep themselves safe.

The CDC's Morbidity and Mortality Weekly Report (MMWR) shared data demonstrating that Covid infections resulted in similarly high SARS-CoV-2 viral loads in vaccinated and unvaccinated people. Vaccinated people infect and transmit the virus the same as unvaccinated people. [1] Let me reiterate again, the PURPOSE OF THE VACCINE IS TO

PROTECT THOSE THAT RECEIVE IT. IT HAS NO DIRECT EFFECT ON ANY OTHER PERSON.

Ugar Sahin, CEO of BioNTech warns, "We must be aware that even the triple-vaccinated are likely to transmit the disease..." [2] COVID-19 vaccines will not withstand the new covid variant Omicron. BioNTech is the German company behind the mRNA vaccine produced with Pfizer.

We know COVID numbers have not been accurately reported. Hospitals have been reporting positive COVID cases regardless of what the person is in the hospital for. On December 20, 2021, Dr. Anthony Fauci told MSNBC's Ayman Mohyeldin that "The important thing is that if you look at the children who are hospitalized, many of them are hospitalized with COVID as opposed to because of COVID and what we mean by that-if a child goes in 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 over-counting the number of children who are, quote 'hospitalized with COVID,' as opposed to because of COVID."

Vaccine Injury

As of December 17, 2021 the CDC VAERS (Vaccine Adverse Events Reporting System) has reported 20,622 deaths post vaccination and over 983,000 adverse events. Between January 2021 and October 2021, more than 1,000 deaths were reported per month.

As of November 19, 2021, 14,428 cases of myocarditis have been reported to VAERS following COVID injections.

Currently it is estimated that only 1-10% of injuries are being reported to VAERS worldwide.

It is all risk and no benefit for children to receive unnecessary experimental vaccines. There have been no recorded deadly school outbreaks and no child-teacher transmission to warrant placing our children in this dangerous situation.

A peer reviewed study, "Why are we vaccinating children against COVID-19?" clearly demonstrated that the genetic COVID-19 vaccines carry a risk/benefit ratio of five deaths...for every one life save from COVID-19. "Thus, our extremely conservative estimate for risk-benefit ratio is about 5/1. In plain English, people in the 65+ demographic are five times and likely to die from the inoculation as from COVID-19

under the most favorable assumptions! This demographic is the most vulnerable to adverse effects from COVID-19. As the age demographics go below about 35 years old, the chances of death from COVID-19 become very small, and when they go below 18, become negligible." [3]

Dr. Peter McCullough, a board certified cardiologist, internist and epidemiologist says, "Children aged 12 to 17 are five times more likely to be hospitalized with COVID jab-induced myocarditis than they are to be hospitalized for COVID infection."

Dr. Louis P. Coates states, "Vaccinating school age children definitely should NOT be mandated. Particularly knowing that the risks of myocarditis are more than initially thought ..., parents need to make this decision not politicians or school boards. In a study in the New England Journal myocarditis was found in 2.5 per 100,000 in all ages and 10 per 100,000. Parents need to have the chance to weight these risks themselves, not have someone else tell them what they have to do."

As a common person and a matter of public information you have access to run reports on Covid-19 vaccine total injuries, total deaths, deaths/injuries by age, death/injuries by Vaccine maker etc. I encourage each person sitting on this board to take a look at <https://vaers.hhs.gov>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C> and do appropriate investigation as I am doing to make intelligent decisions based on risk vs reward. If the estimated reporting is as low as some are suggesting then the potential injuries caused by this vaccine is so much greater than the actual reward in my opinion. I am attaching several individual VAERS reports of the age group that I am following in case you don't have the capability to research. This is just a tiny sampling of what I am documenting. I can easily provide you with hundreds more at your request. If I run reporting on all age classes of vaccine injured then I can supply you with thousands more, in to which I will more than happy to do for you.

Rights

Parents have the basic right under common law, basic morality, and The Constitution to raise their children and live according to their religious or spiritual beliefs without interference from The Federal Government, as stated in The First Amendment.

Covid-19 has a 99% recovery rate. The vaccine injuries, deaths and adverse side-effects of mRNA technology far exceed this risk. Risk should never exceed the benefit. The vaccines are "still in research" and our children should not be mandated to participate in research.

Summary

There is no benefit for our children to be vaccinated against the small risks of this virus, given the known health risks of the vaccine. The mRNA vaccine is irreversible and injury from this vaccine are what our children may have to live with for the rest of their lives.

Thank you,
Jamie Peterson

[1] Brown CM, Bostok J, Johnson H, et al. 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;70:1059-1062.

[3] Ronald N. Kostoff, Daniela Calina, Darja Kaduc, Michael B. Briggs, Panayiotis Vlachoyiannopoulos, Andry Asvistunov, Aristidis Tsatsakis. "Why are we vaccinating children against COVID-19?"[Toxicology Reports Volume 8 (2021) 1665-1684 / 1193]

From: heather chadwick
Sent: 1/4/2022 10:30:53 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am writing in response to the conversation of mandatory vaccinations, specifically the COVID-19 vaccine, for children to attend school and daycare. They should absolutely not be mandatory as data shows that children have an extremely low risk to getting Covid-19 or becoming severely ill from the virus. There are zero long term studies to show the impact of these vaccines.

This vaccine should not be mandatory for children, or anyone else.

Sincerely,

Ryan & Heather Chadwick

Sent from my iPhone

From: Stephanie Stetler

Sent: 1/4/2022 10:12:30 PM

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

Cc:

Subject: No Vaccine mandate

External Email

Dear Washington State Board of Health,

I absolutely oppose of any Covid vaccine requirements for school age children. If this occurs, I know of many families that will pull their children out of the school districts. This is a gross over reach. Vaccinated individuals can still spread and catch the disease. Also, the vaccine is still being tested and we don't know the full range of side effects. The variants are proving to be mild. Please let this be a personal family decision.

Sincerely,

Stephanie Stetler
425.760.1061

Sent from my iPhone

From: Haley Kauzlarich
Sent: 1/5/2022 10:54:40 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: School-Age COVID-19 Vaccine Requirement Recommendation

External Email

Greetings -

I respectfully request a NO as a decision on requiring the COVID-19 vaccine for school age children. COVID-19 has become endemic, like the flu and colds. Immunizations are meant to be preventative. Per WAC 246-105-020 item 13 immunizing agents are for vaccine-preventable diseases. The COVID-19 vaccine is NOT preventative. It does not prevent the infection of or the spread of the COVID-19 virus. Much like the flu shot, the COVID-19 shot may, however, reduce the severity of the virus - which is a great option for those that feel they may have a greater risk. The hospitalization & death rate for children because of COVID-19 is so small, the CDC isn't even reporting the numbers.

While I am not making light of what can be a very serious virus, I urge you to reconsider your recommendation of a new requirement and keep the COVID-19 vaccine optional, like the flu shot. Children with underlying conditions or comorbidities should probably get it, or anyone that WANTS to get it should. But that is a choice that a parent should be able to make with the guidance of their child's health care provider.

Thank you for your time.

Best Regards,
Haley Kauzlarich
Cle Elum, WA

From: Kay Hibbard
Sent: 1/4/2022 10:33:41 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I want to urge the Washington BOH not to make COVID 19 vaccinations mandatory for children to attend public and private schools Very few children get the virus or are severely affected by it. Also, the vaccines are not EUA approved nor has there been sufficient time to ascertain the adverse effects of the vaccines.
Healthcare decisions need to made by the parents, not the government.

Sincerely,
Kay Hibbard
11411 34th Dr SE
Everett, WA 98208
956-451-8361

Sent from my iPhone

From: Amber Ficek
Sent: 1/4/2022 1:24:11 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may concern,

As a parent of a multiple students enrolled in a public school district within the state of Washington, I strongly urge you to steer away from vaccination requirements related to COVID-19. The reasons are simple:

1. It has been proven from the CDC recently that COVID will be considered repetitive as the modern day flu. We should treat it as the flu where we have the freedom to choose to put any vaccination in our bodies for illnesses related to the flu (such as COVID). Public schools currently require vaccinations but they also allow parents to be the decision makers for their kids and they can exempt from vaccinations without conflict.
2. The vaccination for children under 12 is not FDA approved. Period.
3. There is no way to properly test. It's common that those vaccinated are asymptomatic. If we have asymptomatic kids going to school not knowing they are "sick", the virus is still spreading. If a child gets COVID and has symptoms then as a parent you simply keep them home as any other illness they may get. If they are asymptomatic then the odds of spreading the virus heightens. Isn't the point of all this to lessen spreading the virus? Testing is not easily available and if so is taking 3-5 days to get results back. Per the CDC, it's only a 5 day quarantine now so what is the point to test if your results are received at day 5.
4. The survival rate for children with COVID is 99.98% of all positive cases in kids. Per the CDC, there have been more flu deaths in children than COVID deaths and flu shots are currently suggested but optional.
5. There are MANY parents who are against the schools making long term health decisions for kids. We are paying taxes and voting for public schools to provide education and not health care. Public schools only survive where tax payers are willing to vote in favor of schools and willing to purchase homes or rent in desirable areas that have schools they strive to have their kids be enrolled at. A vaccination require will absolutely drive families out of public schools and/or out of WA state. It's already happening. Public districts are hurting for enrollment and funds because nobody wants to support the districts nor live where they have no freedom of their child's health.
6. The last dashboard numbers provided from Tumwater School District shows that the most recent cases show that only 21 students out of 6599 were positive for COVID. That is only .312% of students. There are more students with disabilities or mental health issues or bullying or drugs or violence or home abuse or obesity in the schools that aren't addressed. We are going to change requirements because of the chance that less than 1% of students may be affected? Let's say someone was creating a school lunch menu and one student out of 300 didn't like pizza, does that mean you will refuse to serve pizza because that 1 student doesn't like it? Highly doubtful. I know that COVID affects families but does that stop families from making the decision to smoke or eat healthy to protect their families? Most likely no.

It's all about choice, why do YOU get a choice? Why can't I choose for my kids? Why do YOU get to choose for my kids? Give us the choice.

From: Lauren Ahn

Sent: 1/5/2022 11:12:13 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: School vaccines for children

External Email

Dear Washington State Board of Health-

I am a WA state resident and mother of public school elementary aged children.

My husband and I are against requiring the COVID vaccine for children. Please consider these reasons why:

1) Dr. Robert Malone, MD, who helped create the vaccine, said himself that this particular vaccine could harm or hinder the development of children's hearts, nervous systems and reproductive systems.

2) Not all vaccines are created equal. The COVID vaccine does completely prevent people from getting COVID like, for example, the polio vaccine prevents people from getting polio. Children (and anyone else) can contract COVID AND spread it to others whether they are vaccinated or not. There have been many "breakthrough" cases of vaccinated people who have still contracted COVID.

3) COVID is usually mild in children and does not pose a significantly dangerous health risk. The flu is actually more of a risk for young, healthy children than COVID is. I understand that COVID is potentially fatal for those with preexisting health conditions and older adults. Those people should get vaccinated if they wish. However, if the "at risk" group is already vaccinated, then why do our children need to be?

4) There have not been long term studies in how the vaccine affects children and therefore it seems reasonable not to mandate all children to get the vaccine in order to go to school. Many doctors and vaccine researchers agree that at least five years is required to sufficiently study the effects of a vaccine, especially in children.

I sincerely hope that you will listen to the concern of parents on this issue. Please do not mandate the COVID vaccine for children to attend to school.

Thank you,
-Lauren Ahn

From: Davis, Michelle (SBOH)
Sent: 1/5/2022 7:39:08 AM
To: DOH WSBOH
Cc:
Subject: FW: No vaccine mandate for our kids

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

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

From: Comcast Home <jdjjadair@comcast.net>
Sent: Wednesday, January 5, 2022 7:14 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: No vaccine mandate for our kids

External Email

This is a step too far. People, and especially parents, should make decisions on their children's health.

From: Kerri Fairbairn
Sent: 1/4/2022 10:02:55 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I DO NOT support the mandated vaccine to youth. I am personally am vaccinated, but am not comfortable with my children being vaccinated. I feel it should be a choice that families can make individually. PLEASE listen to the people in the entire state, not just the populated Seattle area! Thanks for your time!

Kerri

Sent from my iPhone

From: Kylee Win'E
Sent: 1/4/2022 1:21:58 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

I am providing commentary based on the agenda item for immunization criteria for children. I do not believe children should be required to have the COVID 19 vaccine (assuming that is the topic of this particular discussion). My reasons include the fact that children are mostly unaffected by the virus, the shot has not been tested properly nor is it FDA approved and there have been too many adverse reactions including myocarditis. This vaccine is not considered "safe" in my book and should therefore not be a requirement of public schools where all families and children should have the opportunity to attend without this burden.

Thank you for your time,

Kylee Win'E

From: kierasue@aol.com
Sent: 12/29/2021 6:49:34 PM
To: DOH WSBOH
Cc:
Subject: No vaccine mandates for students

External Email

Dear Washington State Board of Health,
As a parent, educator, and Washingtonian, I implore you to not mandate a COVID vaccine or any variation/booster for any variant of COVID for K-12 students. Public schools are founded on the guiding principles of equally educating our future and this vaccine is already separating students from opportunities in the classroom, fields and courts, along with service opportunities due to vaccination status or quarantines, that mandating something that takes away control of the body and rights of the family to guide what goes into the body of their child will only further segregate our future leaders, thinkers, and doers. Parents will pull their kids from our public school classrooms when given no choice, which will further change the landscape of the learning space. All schools are doing great jobs with COVID protocols and mitigating the spread of the virus with masking, social distancing, contact tracing, HEPA filters, and open windows/doors year round that a vaccine that is not proving to prevent the spread of the virus being mandated will only do more harm than good and counteract the processes in place in our classrooms and schools as well as divide our communities. Leave the choice with parents and families and let the schools do their job of educating our students without mandating what qualifies the student to receive access to our free education system that is supposed to be for all of our students, not just the vaccinated. We don't turn away students based on language needs, special education needs, or with housing needs so why start using medical status as a discriminatory barrier to the one thing that unites us as a state and a nation, freedom to learn uninhibited and without fear of discrimination? Thank you for your time and for considering all viewpoints.

Sincerely,
Kiera Wright
624 S. Pine St.
Burlington, WA 98233

From: Kacee Means
Sent: 1/4/2022 5:55:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do not make the Covid shot mandatory for any child. The shot is very new and we do not have enough information or research on it. It is too dangerous to administer it to any child. Parents have the right to choose if they want their child to have the Covid shot or not.

Thank you,
Concerned WA Resident

Sent from my iPhone

From: Sarah Holt

Sent: 1/5/2022 4:55:20 PM

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

Cc:

Subject: No more mandates!

External Email

Please no more mandates regarding vaccinations!

They are not a "one size fits all" thing. They are not safe for everyone. Please let parents and their pediatrician make these health decisions.

Sent from my iPhone

From: Jennifer McLaughlin
Sent: 1/4/2022 5:34:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please keep all covid vaccinations for children optional. This is a private matter best left up to parents and the child's physician.

Thank you,

Jennifer McLaughlin
Walla Walla, WA 99362

From: Ashley S
Sent: 1/4/2022 10:31:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may concern:

Vaccines mandated for school age kids and daycares,—— Absolutely not! It's still under EAU and we think this is safe?Our kids are not experiments!
Kids are very low risk for even contracting the virus.

If we wanted to get the shots we would get them. Mandating is unconstitutional and worrisome that this would even be considered.

No, no, no.

Thanks!

Sent from my iPhone

From: rooster z
Sent: 1/5/2022 7:32:19 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I will home school before my child ever gets a shot that has more of a chance of hurting him than covid does.

From: xavier.figueroa
Sent: 12/29/2021 5:45:59 PM
To: Kahler, Kelie (SBOH),DOH WSBOH
Subject: Request for clarification item 11



*attachments\5470AA3BB1F547DA_new.Addendum to Petition to BOH
1_PRDTOOL_NAMETOOLONG.docx*



*attachments\7CEF3CF88EDB4653_XAF.ICWA Petition For New
Rule.12.28.2021.pdf*

External Email

Dear Ms. Kahler,

I wanted to follow-up on the agenda for the January 12th BoH meeting.

I recently submitted, on behalf of Informed Choice Washington, a petition to adopt changes to the state administrative rules.

I have not received any communication from the Washington State government offices that this petition will be discussed at the meeting and I have only seen the item 11 on the agenda (Notice of Public Meeting, Wednesday, January 12, 2022 - 11. Rulemaking Petition – Chapter 246-105, WAC, Immunization Criteria, Child Care and School Entry – Possible Action) published, but have not received communications that it will be this specific petition. Could you confirm that the petition I submitted will be discussed in item 11 of the draft agenda? I have included the petition for your reference.

I would also like to receive clarification on the TAG board. In the PROCESS FOR REVIEWING ANTIGENS FOR POTENTIAL INCLUSION IN WAC 246-105-030, Section 2 states the following:

"2. If the Board determines that the assumptions above have been met, the Board will establish a TAG to review the antigen against the nine criteria below. For antigens that are part of a combination vaccine, each antigen will be considered separately against the criteria. The TAG must include representatives from the fields of public health, primary care, epidemiology, medical ethics, and representatives of diverse communities in Washington State. At the discretion of the Board sponsor, the TAG can also include consumers (parents); community members with diverse perspectives on immunizations; and representatives from the fields of school health, school administration, child care, child advocacy, immunization administration, and others important to the discussion and review. In addition to providing the TAG with current literature and other relevant information such as survey data, the Board will ask the Department of Health to supply current information about the antigen that is specific to Washington State."

Who is the board sponsor? How do we contact the board sponsor the be included in the TAG. As a trained scientist in Toxicology and community member, I want to be on the TAG.

Finally, I am making a request to extend the time for item 11 and to include a

*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.

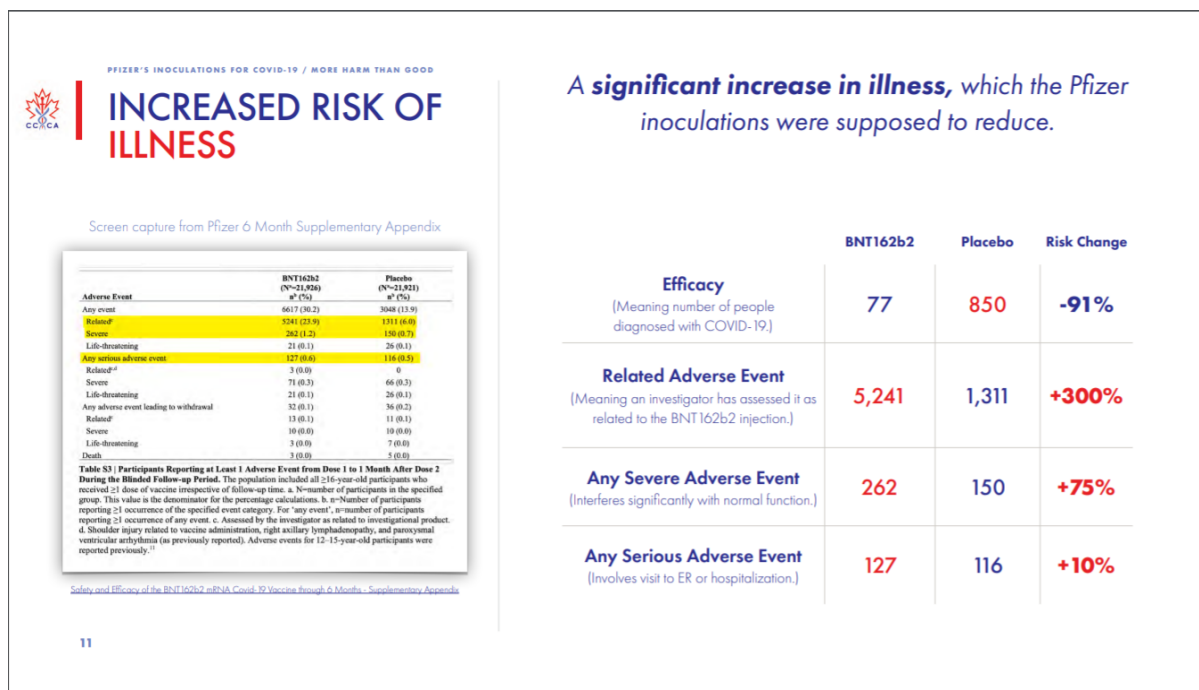
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

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.

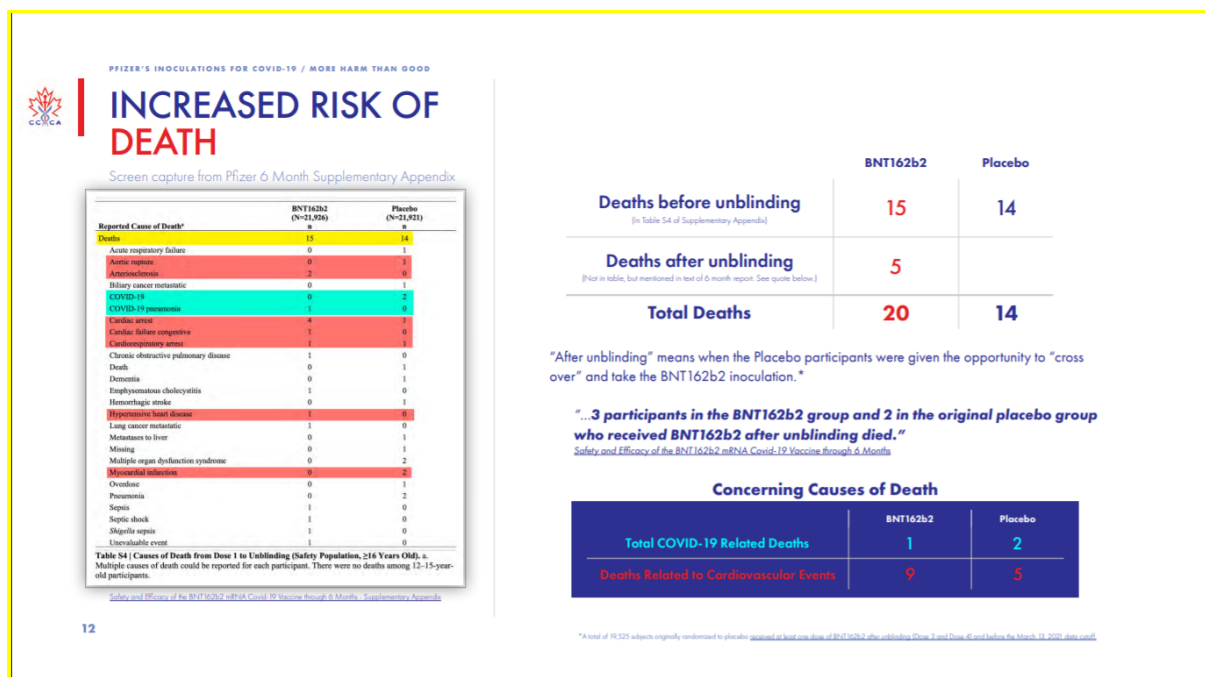
While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

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.

presentation for item 11.

Very respectfully,

Xavier A. Figueroa, Ph.D.

From: Kristen Mendenhall
Sent: 1/4/2022 9:18:11 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hi WA State Board of Health Members,

I am writing to you regarding the agenda item: Immunization Criteria for Child Care and School Entry. Covid shots should absolutely NOT be a requirement for our children to attend school or child care. Children have less ACE2 receptors (which the coronavirus binds to for infection) and are at an extremely low risk of disease and disease severity. The Covid shots have not received full FDA Approval and are only allowed at this time under the EUA (Emergency Use Authorization). There is no data regarding how these shots will impact our children in the long term. The spike proteins in the shots cause inflammation throughout the body and can cause long term harm including death. Therefore, this shot should NOT be required for our children to attend school or child care. It should remain optional.

Sincerely,
Kristen Mendenhall

From: TAMARA Tanis
Sent: 1/4/2022 11:35:56 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 saying NO to the mandate for vaccination for children. Children are at extreme low risk for Covid and the vaccines should still only be emergency use authorization.

Thank you for your time.

-Tamara

From: Susan Krueger
Sent: 1/5/2022 7:37:50 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Greetings,

Regarding the question of vaccinating children against Covid to attend school and daycare, I say the following:

1. The current vaccines do not cover the Omicron variant which is now the dominant strain.
2. Children have very mild symptoms when they have any form of Covid. This isn't smallpox, folks.
3. This vaccine is still for emergency use only and is considered experimental. Mild cold symptoms are not an emergency use situation.
4. Omicron is more mild (I've had it) than the common cold even for adults. We don't require vaccines for the common cold so requiring it for a variant that's mild AND that the vaccine doesn't address, is ridiculous and unnecessary.
5. You will see an army of parents pulling their children out of public school if you choose the path of mandatory vaccines to attend school. So consider how your school levies will look going forward in the years to come. It won't go well for school funding because everyone will be using online schooling at home. Except the low income people who don't have the same resources, that is. So you will end up with a public school system largely comprised of low-income families which makes this whole idea ultimately discriminatory against low income children who will be left with a shell of the current public education system.

Susan Krueger, Pierce County Voter

From: Mullaney, Cari
Sent: 1/4/2022 10:05:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Do not. Absolutely do not. Do not require children get this emergency-use-only-injection to attend school. Children are at extremely minimal risk to COVID but are at risk for a lifetime of possible complications, especially young males with myocarditis. I implore you - allow this to be a personal choice, not a forced coercion (which is specifically outlawed in the Nuremberg Code !!). These injections are not stopping the spread but are acting as a personal therapy (to potentially lessen severity). To mandate this would be a crime.

From: Tricia Madison
Sent: 1/4/2022 5:17:04 PM
To: DOH WSBOH
Cc:
Subject: NO Vaccine mandate!

External Email

I strongly encourage and request that you leave our children out of the COVID vaccine mandate! There is not enough research behind this vaccine and complications can be severe. As a family, our girls, 9 and 15, do not want the vaccine and that should be theirs-and ours as parents-choice and decision. I nearly died from a rare autoimmune disorder and cannot be vaccinated for anything any longer or I risk relapse and death. To force a vaccine on our girls frightens them on numerous levels, especially since they know what I went through-paralyzed for two months because of my autoimmune disorder and battling to get back to normal! To risk this side effect happening to our children is not acceptable to me. We have a special needs child that thrives in school and a teenager getting ready to do running start through her high school. A mandate would've force us to withdraw them from school and homeschool. This places a burden financially on our family. Many friends we have spoke with would do the same. This would cause teachers to lose their jobs and schools to lose funding. In addition, some children may not receive an adequate education, nutrition, and much more if families feel forced to homeschool. Make it a choice but don't force our kids!

Tricia Madison

Get Outlook for iOS

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

From: Ryan & Iudita Trotter
Sent: 1/4/2022 5:53:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may Concern,

You are stealing our rights as Americans and as parents. We do not need others to make a judgment on whether we should vaccinate our children or not. This should be a freedom of choice. You are destroying everything that America stands for. Absolutely against vaccinating our children just so they can attend public school. Please seriously consider this decision to FORCE vaccinations on our children.

I was raised with parents who came from communism and nothing ever turns out right when one or two people decide to make a choice that most people do not want. God have mercy on our country.

Ryan and Iudita Trotter

Sent from Yahoo Mail on Android

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

From: wren wiley
Sent: 1/5/2022 8:15:41 AM
To: DOH WSBOH
Cc:
Subject: Public school COVID vaccine mandate meeting on Jan. 7th 2022

External Email

Hello,

I am writing to you with my parental input on requiring COVID vaccinations for public school children ages 5 - 18. This email has been sent on Wednesday, January 5th, 2022. In regards to the board meeting scheduled this Friday, January 7th, 2022.

My son attends the Medical Lake School district in Eastern Washington.

I do NOT believe schools should require this vaccine for attendance, and this vaccine should be optional as the FLU vaccine is for staff and students.

If this requirement is passed, my child will never again attend public school in Washington state. I will home school.

I have left the field of Education in this state, due to the teacher COVID vaccine mandates. This choice is parental and personal, I will not give my child this vaccine. And if the Washington DOE loses funding from the government due to low enrollment, then that is their loss.

Again, I am highly against the COVID vaccine mandate for students to attend public schools in Washington state.

Thank you for your time,
Wren Wiley

From: Barbee and Jay Andrew

Sent: 1/5/2022 9:03:03 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),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: Public Comment-Vaccine Mandate For Children

External Email

LEAVE OUR CHILDREN ALONE! Our children should never be forced to wear masks or to get any vaccine if their parents are against it. And making children sit outside in the cold to eat lunch is criminal. You and Washington school districts are abusing our children and soon we will have more children being home schooled than going to school, but maybe that's a good thing as they have forgotten to teach reading, writing, and arithmetic. Healthy children have very little or no risk of dying from Covid and it has been found that they do not infect their older relatives. Asymptomatic spread has been proven to be false. Please listen to the doctors who are not trying to sell vaccines or are not afraid of losing their licenses. We will not comply!

Sincerely,

Barbee Andrew

(Grandmother of Three)

Mount Vernon, WA 98273

360-840-6079

From: Sara Tapio

Sent: 1/5/2022 9:52:07 AM

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

Cc:

Subject: No to mandatory Covid vaccine for children

External Email

It has come to my attention that you are planning to vote on a decision whether or not to make the Covid vaccine mandatory for children. I am asking you to please vote NO to this requirement! There are no long-term safety studies and the ones that have been done are extremely alarming. It is well-known that one thing that is definitely affected in many recipients is female ovaries. Making a shot mandatory that has the potential to affect the health and fertility of our girls is heinous! The reports of myocarditis in young healthy male athletes is another alarming report. Please DO NOT make a vaccine with such serious potential side effects mandatory. It should be left the personal choice. I for one will not be vaccinating my children with this shot so if it becomes mandatory my children will not be attending anymore public schools in the state of Washington, and I know many others feel the same. Make your decisions carefully! Saying yes to this vaccine is saying NO TO OUR CHILDREN'S HEALTH and WELFARE.

Thank you for your consideration.

Sara M. Tapio

Psalm 139

From: Schreiber, Tracy N (SBOH)
Sent: 1/5/2022 7:49:11 AM
To: DOH WSBOH
Cc:
Subject: FW: No recommendation for vaccine Mandate

Tracy Schreiber (she/her/hers)

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

360-463-9069

From: Gabrielle Holten <bgabbott222@gmail.com>
Sent: Wednesday, January 5, 2022 7:47 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: No recommendation for vaccine Mandate

External Email

Good morning,

as a parent to four children in the Washington State schools, I do not recommend you mandate the vaccine to children. We will not stand by your decisions to mandate our children for a vaccine that has caused disfunction to children's health. We used to pull vaccines if they had a high chance of health concerns towards children and now you are looking at expecting parents to vaccinate their child with a vaccine that does not even have a full 1 or 2 year (normally five year) study done on it to make sure it is healthy for our kids. As I am a high believer in vaccines, this is not one I accept that our children should be sacrificed to.

We already mask our children. We already have taught them being antisocial and not being near each other is okay when in fact it is not. Humans are meant to be social. You are teaching kids that mental health does not matter and neither does their physical health if you are okay mandating this vaccine to them.

You need to leave this choice to parents and parents only. Not the school boards or the school districts. We will be pulling our children from the school districts as my children are not going to be receiving this vaccine or we will keep accepting our exemptions as my children's medical information is not your business or anyone else's.

Your goal is for a safe environment. But you're also denying the choices of freedoms to these children. Next you will be trying to take away consent from all children in this

state. Children deserve informed consent. If you explained to your children that you were going to give them a vaccine that has a low chance of working but a small chance of a cardiac heart arrhythmia which could be a lifetime issue that is not covered by health insurance and you will be financially responsible for, do you think they would choose that? Do you actually understand the problems you see by mandating this vaccine? In five years, let us reconvene and look at the statistics to see if this vaccine is worth giving to children. Are the side effects worth it? Did you give it to your children?

It is not my child's responsibility or my responsibility to take a vaccine to prevent the spread of COVID-19. It is MY responsibility to look at the best interest of my children and their health. My children know in detail what informed consent is and how important it is. My job is to protect my children. My job is to raise them into consenting adults who know the difference in right and wrong, and safe and not safe. My job is to let them make informed decisions in their life to be better human beings to this world. My job is to make this world a better place with these kids as they grow. I will do that by teaching them they have to stand up for what is right (morally), even if they stand alone. They will be strong enough to do that. Just like my mother did.

I hope you see that most parents' can make this decision for their family on their own. If they want to vaccinate their children, they have the ability too. If they choose not to, they made the decision to protect their family how they see fit.

Thank you,

Gabrielle Abbott

253-569-6601

From: Becky Hernandez
Sent: 1/5/2022 7:56:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly oppose forced covid shots for children to be able to attend public schools. These shots have proven to have serious adverse reactions and we still don't know the long term effects. To put at risk our most precious children for an experimental risky shot is unbelievable to me. If this moves forward many parents will pull their children from public schools and have to figure out alternatives. I request that you all vote no on these mandates for the future of our kids.

Respectfully,
Becky Hernandez

Sent from my iPhone

From: Nicole Axton
Sent: 1/4/2022 8:27:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I do not approve of this agenda! I will be pulling our family out of this state if this becomes their new normal! Please disapprove of this agenda and keep wa the incredible state that it is! Freedom of choice!!

Sent from my iPhone

From: Dustin Taylor
Sent: 1/4/2022 8:38:39 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Government,

You will not be making health decisions for my children, you are not their parent. Their mother and I will make those decisions you nor any other government official will ever make those decisions for my children. It is highly presumptive to think that making that kind of decision for anyone's child is your responsibility or your right. You as government officials work for the people, know your place. My child's health records and anything related is none of your concern. Should you make a ridiculous decision to require a vaccine that your beloved "science" has shown to be ineffective, FYI denial of the obvious is not an effective political strategy. I will effectively withdraw my children from public school.

Again, anyone's medical decisions, that includes yours, are no business of the government's. Stop politicizing ailments for financial gain and coercing people through fear, the gig is up and everyone knows it. Look into the miraculous return of influenza A and B, weird.

Deep down you know the correct answer and if you don't you lack a conscience, any kind of moral turptitude, have completely lost any reverence for the Constitution, the rule of law, and the freedom that makes this country successful.

A mandate is not a law.

From: Alethea Kruger
Sent: 1/5/2022 8:23:05 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

NO TO VACCINE MANDATES OF ANY KIND!! NO TO MASK MANDATES OF ANY KIND!!!
I have 4 children, 2 are out of school because masks, 4 will be out of school if there is a vaccine mandate.
These vaccines are Emergency Use Authorized! They do not belong on the schedule.
Several European countries are not even recommending them to children at all!!
THEY DONT STOP IN TRANSMISSION OR INFECTION AND CHILDREN ARE THE LEAST LIKELY TO END UP GRAVELY ILL REGARDLESS OF VACCINATION STATUS!!
Furthering, vaccine clinics shouldn't be help at or by schools. How are they providing informed consent!
NO MANDATES!!! NO MANDATES!!!

From: Shawn Hansen
Sent: 1/5/2022 12:11:56 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am writing to you regarding mandating the covid vaccines for day cares and for entry into school for school age children. It is completely unconstitutional and against the very fabric of our country and its freedoms. I am for everyone's rights to choose. I am asking you to vote NO on mandatory vaccines.

Shawn Hansen

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

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

From: Melissa Gest
Sent: 1/4/2022 8:19:34 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I do not agree with requiring Covid vaccines for children to attend school. Children are rarely affected by this virus and at way less severity if they are. The numbers are so drastically low for this age group that requiring a vaccine for it would be asinine. I stand for choice and what is best for individuals and families.

From: Jenn Dery
Sent: 1/5/2022 7:32:46 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To the board,

Please consider this, the reason we as parents have gotten our children vaccinated from poliovirus, chickenpox, measles, and the list of viruses they Prevent them from getting is simply because they Prevent them from getting those viruses.

My husband is a police officer and he and I were both vaccinated by choice back in March and April of 2020, we chose to be vaccinated knowing it would help us from getting sick, and knowing when adults get Covid it the result is much worse.

Our daughter has had 4 colds in her entire 7 1/2 year life, she goes to public school, rides the bus, participates in lots of extra activities with groups of different children and has not gotten sick. Please don't make her have to get vaccinated from a virus it is not going to Prevent her from getting. If the vaccine would Prevent Covid, and was FDA approved, of course I would give it to my child. But being that her body is changing and I didn't develop my severe allergies until I was an adult I'm not putting it in her body. She doesn't need it.

Please put yourselves in our shoes as parents and consider how we feel.

Thank you for your time.

Jenn Dery

Have a great day! ☐☐

From: Summer Pruitt
Sent: 1/5/2022 2:53:17 PM
To: DOH WSBOH
Cc:
Subject: Public School mandates

External Email

To Whom it May Concern,

My name is Summer Pruitt and I am a wife, a mother, and a life long resident of Washington State. I am completely OPPOSED to any mandate of the Covid vaccine for public school children. This is unconstitutional and would be of great detriment to the Washington State public school system. With enrollment already down by nearly 60,000 this would cause an even greater nose dive as I fully believe a majority of parents would pull their kids from public schools immediately. I want my voice to be heard! The parents of Washington State will not sit by and let this happen. We will stand our ground for our freedoms and the freedoms of our children!

Sincerely,
Summer Pruitt
Okanogan County

From: Michelle Evans
Sent: 1/4/2022 9:52:10 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

We need to look long and hard before mandating a vaccine that has no long term studies and for something that will continue to mutate, requiring constant boosters, as it is beyond illogical. Historically, many other vaccines have been pulled from the market due to complications after seeing long term effects that had not shown up during short term testing. We have family that are still dealing with the consequences of the Zostravax fiasco, so we know too well what bad science can cause.

We are responsible for our children, including looking out for their futures, not just the short term "safe feeling" regardless of side effects.

Thank you for your time.

From: ... segdoh
Sent: 1/4/2022 3:04:58 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Board Members,

I am writing to express my concern about the decision to mandate covid vaccines to school age children.

- * As you know, children are at extremely low risk of contracting covid.
- * The unreliable vaccines are only for emergency use, they are not FDA approved.
- * There is no long term research on these vaccines regarding what could happen down the road. Especially for children.

Please wait on your decision to allow the research to be acknowledged.

Thank you,

Teresa Hodges

From: Brett Sandstrom
Sent: 1/5/2022 4:44:31 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No vaccine requirements for school children!

External Email

I am a parent of two school children, one primary and one secondary, and I am writing to you to oppose any vaccine requirements for children to attend school.

Thank you Kindly ~ Brett Sandström - Sedro-Woolley, WA

From: Mickie Postier
Sent: 1/4/2022 6:16:34 PM
To: DOH WSOH
Cc:
Subject: Public Comments for WSOH Members from March EH Committee Special Meeting

External Email

WSOH Members,

This meeting to propose mandated vaccines for our children to attend school is total insanity!

These vaccines are still in the trial stages. There is NO vaccine currently approved by the FDA. With all the injuries and yes, even death from these vaccines it's not even being discussed to give people the chance to make an informed decision. You are causing division and I would ask that you get informed before turning our State into an authoritarian socialist State that is not operating under the Constitution!

Many Doctors and Scientists are speaking out to what is happening to people who take these vaccines. There have been hearings held by Senator Ron Johnson from people damaged permanently from these experimental vaccines. These brave people are being deplatformed, canceled, losing their jobs and professions to get the truth out.

These vaccines being forced on unwilling individuals and are clearly against the Nuremberg Code.

I beg you all to stop forced vaccines to our children.... If I had school age children, I would pull them out from School and homeschool or move from this terrible authoritarian socialist State! I do have grandchildren and this is not somewhere I would want them growing up.

Please I beg you, do the RIGHT THING..... NO MANDATES FOR VACCINES!

Mickie L Postier
mmpostier@me.com
360-275-9652 home
360-710-6060 cell

From: Sophia Niggemeyer
Sent: 1/4/2022 4:33:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom it may Concern;

We are parents in Mead School District in Spokane Washington, and we feel that parents should have the right to choose which vaccinations are appropriate for our own children. The Covid vaccination has not had enough years to be proven safe. There have been many side effects even in adults. We will not be injecting this into our children.

If a mandatory Covid vaccination is required for all school children then we will withdraw all of our children from the district, as I know many other parents will do as well!

Thank you,

Sophia Niggemeyer

From: Abby Vargas
Sent: 1/4/2022 10:20:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

There is no way I will allow my 4 young children to remain in public school if the vaccine is mandated! Kids have a very high recovery rate, low to spread and this is emergency approved. We do not know long term affects and my children will not be an experiment!

Sent from the all new AOL app for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplay.google.com%2Fstore%2Fapp>

From: Jenny Crichton
Sent: 12/29/2021 2:39:03 PM
To: DOH WSBOH
Cc:
Subject: No Vaccine Mandates Please

External Email

Thank you for being concerned about taking care of kids in Washington State. I understand this is a hard place for everyone right now. It is a super hard place for parents especially. We are responsible ultimately for our children. It is us who will face the ramifications of any vaccine injury. Please take that into the utmost consideration. As a parent of 5 children, four grown and one in school, I would like to request that you do not mandate children to take the C-19 vaccine. There are too many questions on this product, a product in Emergency Use Authorized (EUA) and a product that has not yet completed Phase 3 clinical trials. It is so important that humanity be given informed consent. Where there is risk, there must be choice! Please recognize the best care for children is found in freedom not coercion! Government is never the best decision maker for children, parents are. Thank you!

Concerned mom,
Jenny Crichton

From: Leah White

Sent: 1/5/2022 10:56:37 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: School aged children

External Email

I have heard that you all are trying to quietly pass a recommendation that school aged children be mandated to get the vaccine.

I'm here to tell you as a parent and educator in Washington that you are overstepping more boundaries than ever before. This is NOT about safety, but about power and everyone in this corrupt stage is abusing it.

Keep your government mandates and "recommendations" and give people freedom of choice. Enough is enough.

Sent from my iPhone

From: Ashley West
Sent: 1/4/2022 8:28:22 PM
To: DOH WSBOH
Cc:
Subject: School Vaccine Mandate Parental Input

External Email

Hello,

My input to you as a mother of 3 young children and my oldest about to begin kindergarten this next school year, please do not mandate the covid vaccine.

I received the vaccine and had numbness and tingling in my arm for two months after the vaccine and I do not want my child to have to endure any symptoms she may have from it. My husband had a 104 degree fever from the vaccine as well.

I believe exposure to covid in our young children is essential for their bodies to create immunity and for their bodies to already recognize this virus before they age.

Also, this vaccine is not covered under the National Childhood Vaccine Injury Act. If anything were to happen to my child due to the force of our state and schools imposing this requirement, there could be liability issues.

Please, no additional vaccine requirements.

Best,
Ashley West
Mica, WA

From: Heather Dawson
Sent: 1/5/2022 10:48:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

This comment is for the January 12 State Board of Health Public Meeting

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools. My body, my choice!

Heather Dawson
Marysville, WA

I want a world that values truth, honesty, and justice

From: Jacqueline McQuown
Sent: 1/5/2022 9:06:42 AM
To: DOH WSBOH
Cc:
Subject: School Districts Vaccination Requirement

External Email

To whom it may concern;

My name is Jacqueline McQuown, and I currently have two children enrolled in the Mead School District #354 in Washington State. I work for the Department of Social and Health Services as a Mental Health Technician at Eastern State Hospital. My husband also works here, as a Psychiatric Security Attendant. We have both worked for the State of Washington for multiple years and enjoy our work. We have both worked throughout the duration of the Covid Pandemic, many times working in direct contact with those infected with the disease. While neither of us argues the dangers of this illness, we do argue the effectiveness and danger of the vaccination as given to our children. This vaccine's protection is minimal at best. My husband was diagnosed with Covid-19 early 2021. He had very mild symptoms (headache and loss of taste), and amazingly, no one else in our household caught the infamously contagious virus from him. He remained in direct close contact with the entirety of our family for the duration of his quarantine. Conversely I have family who have been placed in the hospital on life support and almost succumbed to the virus and they have all been young (mid 20s) and healthy. This virus is unpredictable at best.

My husband and I both have been fully vaccinated. It's a requirement now where we work. We are also in danger every single day where we work, and NOT because we are in contact with this virus. Not any more than we were before. The virus still takes just as many staff down as it did before, and just as many patients. We have been lucky enough to see very FEW deaths as a result of it. Our danger comes in the form of SEVERE understaffing. We are at critical levels. Today, on a ward where we should have a minimum of 12 staff to maintain safety and care for our patients, we have four. Weather conditions are terrible, and at 8:30 am (1 hour into shift) we were already told that the hospital was understaffed for evening shift by 15 people. That number results in mandatory overtime for employees who are already overworked and tired. People who have children at home that they won't get to see at all today, which adds to stress levels. This hospital is dangerous, and our patient count is only increasing. Our staff count steadily decreases. When the state employee mandate went into effect we lost SO MANY people, many more than have been reported.

With that all being said, we now face mandatory vaccinations for our children. I know for myself, with the first hand experience I have with a child who's vaccination complications became so severe, so quickly that she died at the age of five... that I will NOT have my children vaccinated. Under any circumstance, until it has been properly vetted and these side effects and complications are brought to a minimum. I will not put my children in danger. I will NOT put something into their bodies that may or may not give them protection against a virus that may or may not infect them and may or may not make them extremely ill with the chance that the vaccine may or may not KILL them. The risk is too high.

My husband and I will remove our children from the public school system here in Washington, as I am sure many other parents will opt to do if vaccination is forced upon them. Will this cause stress on our family? Yes. Will it be difficult to do? Yes. Will this put my children's future in jeopardy? Yes. Will this put a harder strain on Washington's work force as a result of all the parents who will have to quit their jobs to educate their

children from home? Yes. Will this put further strain on our public assistance programs that are already stretched so thin they're close to a breaking point? Absolutely yes. Will it kill my children? No. Would they be safer at home, in a structured and loving learning environment? Yes. Would it be worth all the negative impacts I mentioned above and more to home school my kids if a vaccine is forced? Absolutely yes. Beyond a shadow of a doubt.

Pulling my children from public school is not something I am prepared to do by any means. I don't know where to begin and it scares me, but if there is one thing that I have learned as a result of this virus, it is that I am resilient, I can handle so much more than I ever thought possible, and I can face my fears head on and hold my head high knowing that I am doing what is right for my family. Removing my children from Public school would be the right decision. I don't believe that the loss of support for public schools would be something that the state could absorb. Many of us opted to get vaccinated in order to retain our jobs, I know that for the safety of my family, that is not something I am willing to do with my children. I will not be forced. They will not be forced.

The decision to require vaccination is up to you, but it stops there.

Thank you for your time, and with kindest regards,

Jacqueline McQuown

From: Thomas Meacham
Sent: 1/4/2022 7:57:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Committee,

I respectfully request that you absolutely do NOT make Covid-19 vaccinations mandatory for children to attend or for access to the "public" school system that we, the citizens pay for. The overreach of our government has grown out of control with "public" servants acting only in the interest of the hands that feed them. NOT in the best interest of this State or people that live and work in it daily. As a 17-year military veteran & local Firefighter/paramedic with a wife & 4 children, I believe having our constitutional rights remains absolute, and we should be teaching this. Not succumbing to an experiment. I'd be happy to communicate with anyone willing to reach out. NO MANDATE!

Very Respectfully,
Thomas Meacham

From: Amy Ayers
Sent: 1/5/2022 3:44:05 PM
To: DOH WSBOH
Cc:
Subject: Public School Mandates

External Email

To Whom It May Concern:

My name is Amy Ayers.
I am a mother of 2 & a lifelong resident of Washington State.

My family & myself are completely OPPOSED to enforcing the covid vaccine for K-12 students.

We are already homeschooling our youngest & should this pass, we will 100% pull our oldest out of public school as well.

There has not been nearly enough time to see what potential risks could occur from these vaccines on children. Please don't roll the dice with our children's future.

Sincerely,
Amy Ayers
King County

From: danielle Johnson
Sent: 1/4/2022 3:25:16 PM
To: DOH WSBOH
Cc:
Subject: Regarding COVID vaccine for public school

External Email

To whom this May concern:

I am writing in to voice my concern regarding a possible vaccine requirement for Washington state public education attendance.

My 5 students will not be attending public education if this mandate for students becomes a policy. I will not bend to the government mandates that impede on my right and my children's right to medical freedom. My Unvaccinated children pose no more of a threat to the vaccinated than they do to my children. After all, their vaccine works so how are my unvaccinated Children imposing any threat/risk to them?

Futhermore, the public education system will not dictate what I can or cannot do with my children and their bodily autonomy. I refuse to inject a experimental drug into my children's bodies in the name of public safety/science.

When the FDA and other government agencies address the injuries cause by these vaccines, then I would be willing to come to table with an open mind. Until then, if necessary, I will respectfully withdraw my students without incident and educate them from home.

Sincerely,
D. Johnson
Sent from my iPhone

From: Karla Darcy

Sent: 1/5/2022 8:04:58 AM

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

Cc:

Subject: School Vaccine Mandate Feedback

External Email

I am writing to speak on behalf of the school vaccine mandate. I am a mother and a grandmother who is deeply disturbed by the direction our country is headed in regard to losing our God given liberties. To force our children to be vaccinated against a virus that has almost no chance of touching them or harming them is criminal. Look at the statistics. More children are being adversely affected by the vaccines than by the virus. BUT, take all that out of the equation....even if this was a deadly virus among children, it is the parent's responsibility and right to make the decisions regarding their child's healthcare. It is not the position of the health board, government, or anyone else to take that away. There has been too much over-reach in this area. It is time for it to stop. I DO NOT support vaccine mandates in the schools. Let's think of our children, their mental health, their futures, their freedom.

Please govern accordingly,

Karla Darcy

From: Heidi Hash
Sent: 1/4/2022 5:16:17 PM
To: DOH WSBOH
Cc:
Subject: Student Vaccine Mandate Debate

External Email

Please do not make this part of the required vaccine requirements for children in schools.

We know that children are the smallest group affected by Covid, and they are recovering so quickly.

With the country divided in half already for the Covid Vaccine, this will surely divide it further, impacting our school children hugely!

Let it be a choice.

The work load it will create for all is also a reason why to NOT make it a required vaccine.

I believe many will choose to find other options for school, and therefor the mental health of our children will be of grave concern.

Heidi Hash, RN, BSN

509-354-2785

heidiha@spokaneschools.org

From: VivileeG G
Sent: 1/5/2022 9:23:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear WSBOH,

I am writing to urge you to vote against vaccine mandates for our school children.

Children have an incredibly low risk for Covid illnesses, hospitalizations and death. This unapproved and experimental vaccine should not be required for children. They are not vulnerable and do not need the vaccine.

Furthermore, this important health decision is untimely the choice of parents.

I urge you to vote against vaccine mandates for children.

Respectfully,

Vivienne Gevers

From: Melanie Hayes
Sent: 1/4/2022 6:34:47 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To Whom It May Concern:

This entire idea is a total infringement and stretch to consider "including" COVID-19 vaccines under WAC 246-105-030! It's also a total waste of tax payers money!! This WAC says it all....."IMMUNIZATION OF CHILD CARE AND SCHOOL AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES"! I am focusing on the word "preventable" in this WAC. The message from the drug companies, our government, and local municipalities from the start was that the vaccine would "prevent" a person from getting and or spreading the COVID-19 virus in adults. Since then we have learned this to be untrue! Not only can vaccinated get COVID-19, they can also spread it just as easily. Not to mention every 6-12 month there have already been 2 widely known variants in Delta and Omicron and many more variants to come, as Coronavirus has been around for decades. It has already been proven the vaccine in adults did not prevent, stop, or even mitigate these variants in industries with 97%+ vaccination rates such as the NFL, NBA, and NHL to mention a few. All of which have had higher rates of COVID than the previous seasons/year with "choice" vaccinations! Or the Airline industry which is cancelling flights at unprecedented rate that they say is COVID related. Interesting, since almost every Airline demanded employees' be vaccinated!

Chicken Pox, Measles, Polio, Mumps, etc. listed under WAC 246-105-030 in Numbers 1-11 are preventable with an early childhood vaccine regiment between parent and physician. Again, the word "preventable". This whole process is unnecessary! Allow choices to be made on all FLU vaccines, just as we have for decades. It's unconstitutional and against our civil rights to force an experimental vaccine that hasn't been properly tested in our kids or adults.

All this discussion, fear, and misuse of emergency power will create chaos, distrust, and massive un-enrollment in the public school systems of Washington State. Ultimately harming the public school system, the amount of staff they employ, disrupting our children's education, the quality of education, and community division! We and many others will unenroll or kids immediately if this is forced. We have enough reasons and problems in the world creating division already, we don't need our local school systems creating more! And remember that covid is a 99.9% SURVIVAL rate not a DEATH rate, more people die from the normal flu every year!

Aaron and Melanie Hayes

From: julia haas
Sent: 1/4/2022 2:28:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Regarding the vaccine mandate for children..

The statistics are NOT there to support mandating children to be immunized for COVID-19.

Children are a very low risk.

The vaccines are experimental and as a result are flawed. Do not place our children at a greater risk of vaccine side effects for a statistically low transmission among children.

Julia Haas

1713 S 46th Pl

Ridgefield WA 98642

From: Dan Mendenhall
Sent: 1/4/2022 9:49:41 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members for Special Meeting on Jan 7th

External Email



To Whom it May Concern,

I am writing to you re: the Immunization Criteria for Child Care and School Entry agenda item. Covid shots should absolutely NOT be a requirement for our children to attend school or child care. Children are at an extremely low risk of disease and disease severity. The Covid shots have not received full FDA Approval and are only allowed at this time under the EUA (Emergency Use Authorization). There is no data regarding how these shots will impact our children in the long term. Even the FDA approval panel said so. It should be an option for a child to take the Covid shot NOT a requirement for our children in order to attend school or child care. I repeat, this should remain optional. Thank you for your time.

Daniel Mendenhall

From: Tonya Ingle
Sent: 1/4/2022 4:40:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



attachments\8CC43165665D471E_image0.jpeg

External Email

No on mandatory COVID vaccines for all
School age children. It is not worth the risk.

Children are at extremely low risk for Covid. The vaccines are still only EUA (emergency use authorization).

The vaccine does not stop the spread of Covid, it only reduces symptoms. People with reduces symptoms may be asymptomatic and if vaccinated can carry a viral load as high if not higher than non vaccinated individuals. These individuals can become super spreaders.

Trials were not performed on children and the recommendations are based on real time data coming out of other countries. There is no way of knowing what future damage this will cause.

VARES reporting tables and data shown below. There is more risk with vaccination for the health of our children verses them getting and recovering from Covid naturally.

Where there is risk there must be choice.

VARES data for vaccinated individuals:

Mayo/Pericarditis: vaccinated



Anaphylaxis: vaccinated

AGE CASES

05-11 3

12-29 147

Cardiac: vaccinated

AGE CASES

05-11 2

12-29 36

Death: vaccinated

AGE DIED

05-11 2

12-24 17

The fertility of our children is at risk. What kind of reproductive issues will be created?

VARES vaccinated reports:

Miscarriage 3,435

Menstrual Disorders 20,162

Vaginal/Uterine Haemorrhage (All Ages) 7,629

Testicular Pain/Swelling 1,370

Erectile Dysfunction 48

Please consider the health of our children.

Tonya Ingle

Parent of 3 children who attend public school here in WA State.

From: Angie Mader
Sent: 1/4/2022 7:20:24 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Covid shots should not be mandated for children (or anyone). Simply put, ALL vaccines put stress on the body. Training the body to make the spike protein (via these covid vaccines) in hopes that the body will then amount an immune response to it, puts major stress on the body.

The body reacts to stress the same way, whether it be physical, chemical or emotional stress. Stress raises cortisol. When the body is stressed, and cortisol is raised the vagus nerve comes into play, which can turn on or off the digestion process. High stress puts the body into survival mode. When digestion is slow or turned off you won't make the proper amount of stomach acid or enzymes to break down food or any pathogen that enters as well. When food is not properly digested it can cause major damage/inflammation throughout the body.

Not only will the inflammation reek havoc on the body's tissues, there is a high chance that the body will not be able to fight off any infections (pathogens) that enter the body as well. Ask any nerve doctor (chiropractor) if this is true. Our kids are stressed out enough as it is. Mandating this vaccine will only do more harm to their fragile, and vulnerable little bodies. Not to mention make them MORE susceptible to other pathogens which can spread further and could possibly lead to death of the child or to others. Do NOT do this!

Sent from my iPhone

From: Heidi Ochsner
Sent: 1/4/2022 3:09:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Thank you for providing the opportunity for public comments and inquiries regarding adding the Covid 19 vaccine to the regular schedule of vaccines for school aged children.

I have questions in several areas that I would like addressed

Safety

1. Has the DOH ever added a vaccine to the schedule that has been in use for under 6 months with no long term data?
2. Were any children harmed during the studies of these vaccines? Who is providing that data?
3. Who is tasked with investigating the record number of injuries and deaths reported in the VAERS system and factoring that into your work?
4. How do we justify mandating a novel vaccine with known increased risk of myocarditis, especially in young boys?

Risk for kids

1. Given the low risk of severe COVID 19 outcomes for kids (less than annual influenza), how does WA state DOH justify adding this novel vaccine to the schedule?

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisional-COVID-19-Deaths-by-Sex-and-Age%2F9bhg-hcku&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3871aedc8914292ed8708d9cfd73579%7C11d0e21>>

Effectiveness

1. Data now shows that current vaccines wane in efficacy to a great degree within 6 months. These vaccines do not seem to actually function like traditional vaccines that impart long time immunity and controlled transmission. Why are we considering mandating vaccines that are non-sterilizing?
2. Do we expect the definition of "fully vaccinated" will be routinely assessed to include additional boosters? How is this logical and appropriate with no long term studies, including no studies on mixing vaccines? Are boosters of older version vaccines even appropriate given new variants that evade older versions of vaccines?

Liability

1. Are there actually any approved and licensed Comirnaty Vaccines available in WA state? If not, then how can we mandate the EUA BioNtech vaccines which are legally distinct?
2. Who is liable for injuries from mandated vaccines? If injuries are caused by EUA vaccines instead of Comirnaty then who is liable? The school system? The medical providers of the vaccines? Parents of injured children?

This is a beginning list of questions that I would like addressed as you move forward with your investigation.

I have become more concerned in recent weeks as I have encountered these questions from other parents in my community. When my 9 year old son became eligible in recent weeks, I began investigating more. I'm looking for answers and am no longer convinced that all the information that is necessary to ensure the health and safety of my child is being considered.

I believe that we are rushing ahead with policies that will potentially have long lasting harms on our children. What unintended consequences are we setting our kids up for due to rushed policies? That's what I want to find out before creating more harm. I hope that you will, too.

Thank you for your attention to these concerns and your work on this important subject.

Please let me know that you received this email and provide a response.

Best regards,

Heidi Ochsner

From: Amy K Low
Sent: 1/4/2022 7:14:23 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Requiring a vaccine for children when covid is not a threat to children is ludicrous. If WA does this, our state will be unrecognizable. Parents will move out of state or pull their children from public school. It will take years and years to truly know the side effects for the covid vaccine. Children are not Guinea pigs and have their whole lives ahead of them. My child had covid, low fever for 2 days, loss of taste and smell and fatigue. The risk of side effects from the the shot are way higher than risk of my son dying or being hospitalized from covid.

Sincerely,
Amy Low

Sent from my iPhone

From: Alanna Parker
Sent: 1/3/2022 11:19:02 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please make the COVID vaccine mandatory for children ages 5 and up in order to attend school.

Thank you!

Sent by Alanna

From: Karen Ness
Sent: 1/4/2022 8:19:49 PM
To: DOH WSBOH
Cc:
Subject: Vaccine in schools

External Email

I would like to see Covid vaccine mandates in schools. It would be one more way to limit the spread of the virus and get us back to a sense of normalcy. I believe they have been proven safe and effective. Other vaccines are required for attendance; so Covid vaccine should too.

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 2:11:50 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

COVID vaccine mandate for schools

3.

Your Name:

Brittany Adams

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1610 S Vercler Rd Spokane Valley, WA 99216

7.

Email:

mrsbrittania04@gmail.com

8.

Phone Number (Include Area Code):

801-318-3248

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?

1. Pro

This is the most studied vaccine in history. Side effects, especially in children, have been very minimal. If we're going to get on the other side of this pandemic, we need as many people vaccinated as possible, including children. For now, the effects of this disease have been less for children, but that could change with future variants, so we need to give the virus fewer chances to spread and potentially mutate again. Also, children with minor or no symptoms can still pass on the disease to someone who might have more devastating outcomes. This vaccine mandate is the wise, scientific route to bringing the end of the pandemic closer.

From: joshandsara02@hotmail.com
Sent: 1/3/2022 6:04:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I support including the Covid 19 vaccine among the other required vaccines.

Sara Clements-Sampson
Parent of 4th and 6th graders
Mead School District
Spokane, WA

From: Kelly Parker
Sent: 1/3/2022 6:31:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please mandate the COVID vaccine for children 5 and up, so we can return to 'normal'

Peace. Love. Joy.

From: D.L. Potts
Sent: 1/4/2022 8:02:53 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

Please mandate the covid vaccine, just as other vaccines are mandated.

From: Tricia Schade
Sent: 1/4/2022 11:39:27 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Greetings,

I am for science, therefore I am for vaccines! Plain and simple.
It's the lack of education on the part of the individuals protesting the vaccine.
We need to address how to educate all those we have clearly missed and how to turn this back into a science issue.

Thank you for listening and please make vaccinations a mandate and make masks a mandatory requirement for entering public places.

Tricia

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 9:18:51 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Communicable and certain other disease rules hearing

3.

Your Name:

Lindsay Steinbach

4.

Do you have a professional title?

1. Yes

Registered Nurse

5.

Are you representing an organization?

2. No

Valley Medical Center

6.

Address:

25015 SE 416th St Enumclaw WA 98022

7.

Email:

lindsay.rn07@gmail.com

8.

Phone Number (Include Area Code):

2539052183

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?

1. Pro

I am in favor of updating vaccine requirements for children attending school, until this pandemic is better controlled, children should be vaccinated against Covid-19. Children are at risk of serious illness and we don't know the long term effects a natural Covid infection will pose to children or adults. Everyone needs protection

From: Summer Beers
Sent: 1/4/2022 7:13:43 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine requirement for children

External Email

Dear State Board of Health,

I'm writing in response for your request for parent input regarding a requirement for children to receive the COVID-19 vaccine to attend school. This is a measure I support. Vaccinations have allowed us to keep schools running smoothly for many years. Requiring the vaccination for all students will allow schools to more effectively meet the needs of students and families in Washington. That said, it may be best to require the vaccine when it is fully authorized for children, rather than the emergency authorization currently in effect.

The school my children attend has had many staffing issues due to staff being out with their own children in quarantine. There have also been a lot of children missing school due to quarantine. I substitute teach at this school and others in District 81 and have seen the impacts of quarantine on staff and student morale, and feel this vaccination will help us alleviate this burden.

Thank you,
Summer Beers
Spokane, Washington

From: Marie Wellock
Sent: 1/4/2022 9:16:24 PM
To: DOH WSBOH
Cc:
Subject: Support of Vaccine Mandates

External Email

I support vaccine mandates for school age children. While kids may be low risk for severe illness, im not willing to put my kid at that risk or our family at risk of catching a preventable illness that could kill a family member.

Marie Wellock

From: Rebecca Nulf
Sent: 1/4/2022 11:55:26 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Vaccinations for COVID-19 should absolutely be mandatory for all students and staff. Not only to protect current and future attendees, but their caregivers and extended families as well. Just as the families and generations before us, it's our responsibility to continue to be responsible for our loved ones and our communities.

Thank you for taking time to hear our voices.

Sent from my iPhone

From: Anderson, Chris
Sent: 1/4/2022 2:05:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comments regarding school vaccination requirements in Washington State



attachments\B04F08A945574B2F_image001.png

External Email

Dear Honorable Members of the Washington State Board of Health,

I am writing as a pediatrician and medical educator to voice my strong support for requiring current COVID vaccination for children ages 5 -18 in our schools. My recommendations come from my experience and research as an expert in pediatric care and as a clinical educator with the Washington State University Elson S. Floyd College of Medicine. These recommendations are informed by the facts and talking points below:

- * Vaccination against COVID is safe and effective for children ages 5 – 18 and all ages of adults
- * Concerns regarding adverse effects of COVID vaccination, while relevant, are strongly mitigated by the higher risk of COVID disease for all ages
- * Vaccination of children ages 5 – 18 will help prevent COVID disease in our teachers, principals, counselors, and other school staff
- * Without more robust immunization rates in Washington state, the continued high incidence of COVID infections during the pandemic will continue to significantly disrupt students' school attendance and performance
- * Epidemiological studies support the lack of herd immunity without consistently high immunization rates

It is therefore my expert opinion that our state must move forward with this COVID vaccination requirement under Chapter 246-105 WAC.

Sincerely,

Charles Christian Anderson, MD, FAAP, CEPS-PC

Clinical Education Director for Pediatrics

Department of Medical Education & Clinical Sciences

Elson S. Floyd College of Medicine

o: 509-368-6885 | charles.anderson@wsu.edu <<mailto:charles.anderson@wsu.edu>>

pronouns: he/him/his

From: Alexis Parker
Sent: 1/3/2022 9:44:13 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I would like the COVID vaccine to be mandatory for kids ages 5 and up in order to attend school.

Sent from my iPhone

From: Amy Jensen
Sent: 1/4/2022 7:44:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for January 12 2022 Meeting

External Email

Dear Washington State Board of Health:

I am writing you regarding the proposal to add the Covid-19 vaccine to the list of required vaccines for school age children. I will be giving my parental and professional input .

We need to utilize all available resources, including the Covid-19 vaccine, to combat this pandemic. Yes, for the overall public health, but also to help our schools stay in-person as new variants arise. We also need schools to stay in-person for the physical and mental wellbeing of all students.

In addition, if students are vaccinated then they will miss less school because they will be less likely to become as sick from the virus and they will not have to quarantine if exposed but have no symptoms. As the many studies have shown (see link below), attendance rates greatly impact a student's academic success. Not only for their current grade level, but for future grade levels as well. Students who are frequently absent in elementary and/or middle school are more likely to fail/drop out of high school.

Furthermore, students of color, English Language Learners, and students living in poverty are already more likely to have high absenteeism, thus more likely to drop out of high school. Adding absences due to Covid-19 only further exasperates the issue of chronic absenteeism and has a direct impact on the students' future opportunities and only perpetuates the circle of poverty.

<https://www2.ed.gov/datastory/chronicabsenteeism.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww2.ed.gov%2Fdatastory%2Fchronicabsenteeism.html>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww2.ed.gov%2Fdatastory%2Fchronicabsenteeism.html>>

Chronic Absenteeism in the Nation's Schools

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww2.ed.gov%2Fdatastory%2Fchronicabsenteeism.html>>

Students who are chronically absent—meaning they miss at least 15 days of school in a year—are at serious risk of falling behind in school. Yet, for too long, this crisis in our nation's public elementary and secondary schools has not been fully understood. Now, under the Every Student Succeeds Act, many states are reporting chronic absenteeism data annually. This data story, updated ...

www2.ed.gov

□

Mrs. Jensen
7th Grade Science Teacher
Chase Middle School
amyj@spokaneschools.org
(509) 354-5057

From: Testify Online Survey
Sent: 1/3/2022 8:23:12 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12, 2022

2.

Agenda Item or Issue:

Covid 19 Vaccine mandate for students

3.

Your Name:

Erika Dubinsky

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Erikadubinsky@gmail.com

8.

Phone Number (Include Area Code):

5"8-596-8695

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a teacher and a mom

10.

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

1. Yes

Mandatory Covid 19 vaccines for students

11.

Are you Pro or Con on the proposal?

1. Pro

We already have a required vaccine schedule for children to attend public school to protect the general welfare and health of students and staff and prioritise public health- this should not even be debate. The precedent is extremely clear- and well established

From: Theresa Bandy
Sent: 1/5/2022 9:18:15 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 vaccine requirements for schools

External Email

Hello,

As a parent of 2 elementary school students in WA state, I am writing to support adding a requirement that public school students be vaccinated against COVID-19. I don't know how much input you're getting, but every mom I know has vaccinated their children and supports adding this vaccine to the list of required immunizations for school.

Thanks,
Theresa Bandy

From: Carolyn Staley
Sent: 1/4/2022 4:35:39 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

As the mother of a child with immunity issues and asthma I believe Covid 19 vaccine should absolutely be mandated as part of the regular vaccines for our children. It will keep our kids safe! It's not pushing it on anyone. Parents have the choice to not vaccinate and keep their kids out of school.
It should not be a case of having to keep kids who are vaccinated out of school to stay safe and away from the unvaccinated.
We teach science; so let's stand behind it!
Please please make this a requirement

Sent from my iPhone

From: Testify Online Survey
Sent: 1/3/2022 6:11:07 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Chaoter 246-105 WAC Covid-19 vaccines in schools

3.

Your Name:

Azra Rasic

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3006 W Trinity Ave Spokane, WA 99208

7.

Email:

Azra.rasic@gmail.com

8.

Phone Number (Include Area Code):

404-543-5045

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

Consideration of requiring Covid-19 vaccines for school attendance

11.

Are you Pro or Con on the proposal?

1. Pro

Requiring the Covid-19 vaccine in schools is only going to help WA mitigate the harm principle, preventing all these bullet points: • The state's obligation to protect the public's health and safety would be compromised. • An individual's decision could place others' health in jeopardy; • The state's economic interests could be threatened by the costs of care for vaccine preventable illness, related disability, or death, and by the cost of managing vaccine preventable disease outbreaks; • The state's duty to educate children could be compromised.

From: Shay LaBissoniere
Sent: 1/4/2022 5:54:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

YES on making the Covid-19 vaccination a mandated requirement for all students participating in in-person classroom and school settings.

From: Testify Online Survey
Sent: 1/4/2022 2:36:57 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/7/2022

2.

Agenda Item or Issue:

Vaccine mandate for children

3.

Your Name:

Ronald Vaughn

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

6694 Cortez place Bremerton WA 99311

7.

Email:

vaughn340@gmail.com

8.

Phone Number (Include Area Code):

360-340-3364

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 State board of health is considering a bill that would block the schools from mandating Covid vaccination for students.

11.

Are you Pro or Con on the proposal?

1. Pro

The vaccines are experimental and proven ineffective. We do not know what lasting effects will come as a result of this mRNA substance, but we do know that many young people have had very bad reactions and even died after taking the injection. Additionally, it is an indisputable fact that student aged children are not at risk for covid.

From: Testify Online Survey
Sent: 1/3/2022 5:35:01 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

COVID-19 vaccine inclusion in chapter 246-105 WAC

3.

Your Name:

Jennifer Spencer

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

9606 N Gabriel St

7.

Email:

jenn.turtle7@gmail.com

8.

Phone Number (Include Area Code):

5092705617

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?

1. Pro

I fully support the inclusion of COVID-19 vaccine in chapter 246-105 WAC. Vaccination is a proven safe method of keeping individuals healthy, the various COVID-19 immunizations included. Individuals driven to keep kids in school, must make every effort to ensure their health and safety while doing so, including vaccination.

From: Patrick Kroetch
Sent: 1/4/2022 12:32:33 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

As a parent, uncle, soon to be grandparent, etc...I'm fully in support of mandatory vaccines (Covid and otherwise) for children 5 and up to attend school. We all have to do our part as members of a community (that includes children...to me it a good civics lesson).

The needs and safety of the Many outweigh the wants (or petty complaints) of the Few.

Thank you!

Patrick McHenry-Kroetch
Spokane WA. 99205

From: Tracie DesAutel
Sent: 1/3/2022 5:41:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

We support vaccine requirements.

From: Watts, Kate M
Sent: 1/4/2022 6:36:45 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine Requirement

External Email

Dear Washington State Board of Health,

I am writing in support of Covid-19 vaccine requirements for k-12 students. In order to protect students, faculty, and staff and in the hopes of keeping schools open, students should be vaccinated to help reduce the spread of coronavirus.

I am the parent of a 12th grader in eastern Washington. My daughter has attended school in Washington for the last seven years. As a parent and an educator myself, requiring vaccines is the responsible action for our community.

Thank you,
Kate

Kate M. Watts
Assistant Director of Composition

Associate Professor, Career Track
Department of English
Washington State University

From: Steven Snider
Sent: 1/4/2022 5:17:20 PM
To: DOH WSBOH
Cc:
Subject: Absolutely Yes

External Email

We can't let the Covid virus hold us hostage. We can't educate the public enough so they do the right thing. Yes mandatory Covid vaccinations is the only way out of this. I don't tell my kids its up to you if you want to do your chores or to do your homework.. etc. if I left it up to them nothing wouldn't get done. Don't ask... mandate. I've been held hostage by everyone that refuses to get vaccinated because they are the ones filling up our hospitals and making life impossible.

Sent from my iPhone

From: Testify Online Survey
Sent: 1/4/2022 1:33:17 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

12 January 2022

2.

Agenda Item or Issue:

Vaccine mandate for 5+

3.

Your Name:

Therese Sweat

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?

1. Pro

I would love to ensure our children are kept safe from the long term effects of covid.

From: Wyn Andrews
Sent: 1/4/2022 7:49:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I live in Pullman, attend WSU as a PhD student, and am mother to an 11 year old child in the public school system. I believe, very strongly, that COVID-19 vaccines must be added to the vaccine requirements for public school students. The vaccines are safe and effective. It is unfortunate that this very real public health crisis has been politicized by Trump and his supporters.

Best,

Wyn Richards
Pullman, WA

Sent from my iPhone

From: Barfield, Heather R
Sent: 1/4/2022 9:59:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



attachments\E44FAB4EEB844F2E_image003.jpg

External Email

To whom it may concern,

I would like to add my voice to the conversation regarding immunization requirements. I believe that adding COVID-19 vaccinations to the required list of vaccinations is absolutely necessary. We in the health care field are exhausted with caring for COVID patients. My ICU staff, doctors, nurses, nursing assistants have been showing up for two years now, and have given their hearts and souls to this pandemic. The effects of that will not be known for a very long time, however I can tell you how they look and feel today, and it is not good! They are tired and broken and need help in getting people to do the right thing. We need to take a stand in curbing this virus, just as we have done in the past with Polio, Measles, Chicken Pox and a multitude of other potentially deadly diseases. I cannot think of a single rational reason why this vaccine would be any less valuable or required than the others. Please, consider the overall well being of our communities and push to make this a required vaccine.

Thank you,

Heather Barfield, BSN, RN, NE-BC

Nurse Manager, Intensive Care Unit/Vascular Access Team

Providence Holy Family Hospital

5633 N Lidgerwood St.

Spokane, WA 99208

O 509-482-2370

C 509-413-6307

heather.barfield@providence.org

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: raneicel
Sent: 1/4/2022 5:18:48 PM
To: DOH WSBOH
Cc:
Subject: Student Vaccine Mandate - Covid

External Email

Yes, Covid vaccines for students should be mandatory. Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

From: Testify Online Survey
Sent: 1/3/2022 8:22:16 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12, 2022

2.

Agenda Item or Issue:

Covid vaccination requirement

3.

Your Name:

Alexandra Gates

4.

Do you have a professional title?

1. Yes

LCPO

5.

Are you representing an organization?

2. No

6.

Address:

3321 w horizon ave, Spokane Wa 99208

7.

Email:

Alexandra.gates1@gmail.com

8.

Phone Number (Include Area Code):

509-939-2926

9.

Do you have any special expertise relevant to this topic?

1. Yes

Health care worker, degree from the University of Washington, school of Medicine

10.

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

1. Yes

COVID VACCINATION REQUIREMENT FOR INCLUSION

11.

Are you Pro or Con on the proposal?

1. Pro

As a health care worker and parent of four children in Mead public schools, I believe that the school district's 1st obligation is to the safety of it's students, and the 2nd is to adhere to the principles of science and truth that is the foundation of education. I hope that the board of health and school districts will rise above political pressure and a misinformed but vocal minority to act in our childrens best interest and require the covid vaccination, among the many other vaccines already compulsory for inclusion.

From: Testify Online Survey
Sent: 1/4/2022 10:43:17 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Required vaccination for schools

3.

Your Name:

Christel Wilder

4.

Do you have a professional title?

1. Yes

LMFTA

5.

Are you representing an organization?

2. No

6.

Address:

7214 Perry Ave SE

7.

Email:

Cjgwilder@gmail.com

8.

Phone Number (Include Area Code):

254-368-1675

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Proposal to require COVID vaccination for children attending Washington schools.

11.

Are you Pro or Con on the proposal?

1. Pro

1. We already require multiple vaccinations against many diseases for children to attend school. We are living with a dangerous disease and it very much represents a threat to our children and families, but also to the larger society. We also have a vaccine. To NOT require the COVID vaccination for school age children is to not fully engage all resources to fight this pandemic. 2. Children need socialization the way we need food and water. We should not, on one hand, encourage school attendance if on the other hand we refuse to fully protect children, teachers, and staff. 3. When you go to battle you use everything in your arsenal to win the battle. We are at war with a deadly, and life-altering disease. To not require vaccination is to not fully utilize the weapons in your arsenal. If we believe COVID is as threatening as the measles, chicken pox, pertussis, mumps, rubella, and we know it is, we choose to mandate vaccination for schools.

From: Testify Online Survey
Sent: 1/4/2022 8:50:56 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 7

2.

Agenda Item or Issue:

Mandatory covid vaccine schoolkids

3.

Your Name:

Telisa kuboyama

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Lake taps wa

7.

Email:

Telisac@comcast.net

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?

1. Pro

Mandatory covid vaccine for school children is critical. There are many other vaccines that are mandatory. If families do not want their child to get their vaccines, the said child has to stay home during an outbreak. This is well past an outbreak. This is a global health crisis. Of course, they should be vaccinated to attend public school.

From: Testify Online Survey
Sent: 1/3/2022 5:49:47 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:

4.

Do you have a professional title?

2.

No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Saranicole30@gmail.com

8.

Phone Number (Include Area Code):

909-957-6238

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?

1. Pro

Please put the COVID vaccine on the schedule!!

From: Testify Online Survey
Sent: 1/4/2022 11:50:20 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

COVID 19 vaccine inclusion in chapter 246-105 WAC

3.

Your Name:

Scott Steiner

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?

1. Pro

I feel that the COVID 19 vaccine should be included as required in chapter 246-105 WAC due to the physical environment of our schools. Close proximity of children has always been a spreader of sickness. Now there is a sickness of particular concern of which the spread can be slowed. Though children don't seem to suffer the brunt of the physical

affects of the virus it seems likely that they do more than their respective share of spreading it. Furthermore I feel that philosophical and personal exemptions to this vaccine should be prohibited at public schools. I feel that private schools should be able to decide for themselves if these exemptions will be permitted, allowing that they make it known to all students and their families.

From: Testify Online Survey
Sent: 1/3/2022 6:17:33 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

COVID 19 School Vaccine Mandate

3.

Your Name:

Admir Rasic

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3006 West Trinity Avenue

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

COVID 19 school vaccine mandate

11.

Are you Pro or Con on the proposal?

1. Pro

The COVID-19 vaccine should be mandated for all public school students. Vaccines are safe and effective at preventing serious illness and death. Folks in opposition are easily emotionally triggered extremists, choosing to believe in conspiracy theories, quack remedies, and politically motivated individuals.

From: Testify Online Survey
Sent: 1/4/2022 6:15:16 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Covid Vaccine Requirements

3.

Your Name:

Larry Greiner

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

13003 N Palomino Ln Spokane, WA 99208

7.

Email:

larry@greiners.org

8.

Phone Number (Include Area Code):

509-475-2967

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Adding the COVID-19 vaccination to the required list for attending public schools

11.

Are you Pro or Con on the proposal?

1. Pro

This is no different than any other required vaccine. Public health is more important than politics.

From: Testify Online Survey
Sent: 12/29/2021 12:16:32 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

December 29, 2021

2.

Agenda Item or Issue:

Vaccination in schools

3.

Your Name:

Donna Sinclair

4.

Do you have a professional title?

1. Yes

Dr.

5.

Are you representing an organization?

2. No

6.

Address:

4141 Liedtke Way

7.

Email:

Historygal517@gmail.com

8.

Phone Number (Include Area Code):

360-771-9310

9.

Do you have any special expertise relevant to this topic?

1. Yes

Former school board member

10.

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

1. Yes

Process for vaccination in schools

11.

Are you Pro or Con on the proposal?

1. Pro

There is a loud and vocal anti-vaccination movement and I want to ensure that those of us who recognize the importance of vaccination for public health are also represented in these initial discussions. I fully support going through the standard review process for school vaccination at an expedited rate, and will publicly support the decisions of the Board of Health. Thank you,

From: heather downing
Sent: 12/31/2021 10:16:30 AM
To: DOH WSBOH
Cc:
Subject: Vaccine and Mask mandate

External Email

I'm a parent of a child in Washington state school district. I strongly support mask and vaccine mandates to keep children safe at school.

Sincerely
Heather Downing

Sent from my Galaxy

From: Testify Online Survey
Sent: 1/4/2022 8:44:31 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan. 12, 2022

2.

Agenda Item or Issue:

COVID-19 vaccine for inclusion in chapter 246-105 WAC

3.

Your Name:

Michael Bruner

4.

Do you have a professional title?

1. Yes

Dr.

5.

Are you representing an organization?

2. No

6.

Address:

Colbert WA 99005

7.

Email:

malibru@hotmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

To require the COVID-19 vaccine for students in the Mead School District

11.

Are you Pro or Con on the proposal?

1. Pro

This proposal sets no new precedent. We have long had required vaccines (with some exclusions) against other preventable diseases, and though no vaccine is 100% effective, the COVID-19 vaccine's efficacy rate is on par with other required vaccines' efficacy rates. For example, the required MMR vaccine has an efficacy rate of between 93-97%, whereas the Pfizer vaccine is around 95%. The only real-world difference, in other words, between the two vaccines is the politicization of the COVID-19 vaccine, and to use politics to make health choices has always been and will always be a terrible idea. If we care about public health and want the best chance at returning to something resembling "normal life," we will do everything we reasonably can to squelch this virus. Requiring students to be vaccinated is reasonable.

From: Colleen Cline
Sent: 12/29/2021 11:59:08 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

My family 100% supports a covid-19 vaccine requirement in order for kids to attend public school. Washington state has always been a leader in public health in terms of vaccine requirements for children in school. This is necessary to protect and provide a quality education for kids that are legitimately medically unable to receive the vaccine. People who have refused to get vaccinated due to illegitimate religious exemptions(no major religions has forbid this vaccine, in fact most support it) and selfish actions due to misinformation have held the people of this state, the VAST majority, hostage long enough. If they don't want to protect their own children or society as a whole they should be the ones that have consequences such as not being able to attend in person class, not the families who have done the right thing and been vaccinated. I believe this vaccine should be required just like all other vaccines for public school ESPECIALLY if the mask mandates will be removed next school year. Stop letting the anti-science anti-vax loud MINORITY gas light and run the show. Please protect our children by requiring the vaccine and only allowing legitimate medical exemptions!

Thank you.

Sent from my iPhone

From: Julie Krause Gorom
Sent: 12/28/2021 4:23:38 PM
To: DOH WSBOH
Cc:
Subject: Support adding COVID-19 vaccine to school vax list

External Email

Hi,

My family, including my teenager, is fully vaccinated against COVID-19. I hope once the covid-19 vaccine is fully approved it will be added to the list of vaccines for school entry. I know there are legitimate concerns about some parents who are ill prepared to homeschool will choose that instead of complying, but it really is the least worst choice. Fall out of some kind is inevitable but we also don't know that it will stay a relatively mild disease for kids and if a new variant could emerge that would be much worse for them. Then they have no immunity. Resources should be used to address parental concerns but there should only be medical exemptions allowed that are actually vetted by an independent health official. (Really that should be the case for all vaccines and their exemptions.) Thanks, Julie Gorom

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: 12/29/2021 11:06:44 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Covid vaccines

3.

Your Name:

Maria Goff

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Sequim, WA

7.

Email:

mgmiracles15@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Mandatory covid vaccines for kids

11.

Are you Pro or Con on the proposal?

1. Pro

I am a para educator working in Quilcene School District. I have special needs kids of my own. Even with there health risks I still got all of us vaccinated to do our part to stop the spread of this disease. I want to be safe at work and I want the kids and staff to be safe. The vaccine gives us all a fighting chance. We should not have to worry about getting sick or dying because parents not wanting to vaccinate their kids. I've seen too many kids and seniors get really sick and some die due to this disease. Please make it mandatory for kids to get vaccinated so we have a chance for a future for all of us.

From: Testify Online Survey
Sent: 1/4/2022 8:38:10 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12

2.

Agenda Item or Issue:

pre-registration vaccination for covid-19

3.

Your Name:

Cindy Fogle

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

IIambecauseheis.com

6.

Address:

8424 N. Nevada Street apt. 246

7.

Email:

cindyfogle7@yahoo.com

8.

Phone Number (Include Area Code):

509-675-2746

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Covid-19 vaccinations should be voluntary NOT mandated.

11.

Are you Pro or Con on the proposal?

1. Pro

The covid-vaccine is NOT a preventative absolute measure for ensuring the spread of covid-19. I and my son along with a dozen more individuals got covid from individuals who had been fully vaccinated and had boosters. Therefore, the comment in Chapter 246-105 WAC; where it states that the covid-19 vaccine is a preventable disease measure; is in fact false and does not support the science to warrant a public mandate of an experimental stage vaccine on our children.

From: Testify Online Survey
Sent: 1/4/2022 8:13:41 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

01.12.22

2.

Agenda Item or Issue:

Including the covid vaccination as a required vaccine for students

3.

Your Name:

Jennifer Marion

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Spokane, WA 99218 Mead School District

7.

Email:

jmhowell19@hotmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

The proposal to include the covid vaccination as a required vaccination for students.

11.

Are you Pro or Con on the proposal?

1. Pro

Including the Covid Vaccination as a part of the required vaccinations for school aged children is the safe, science based thing to do for our communities. It has been proven safe and effective and could save an untold number of lives. This is not a political issue. This is an issue of public health, that has a solution-everyone getting vaccinated.

From: Testify Online Survey
Sent: 1/4/2022 8:33:03 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

Adding COVID vaccine to mandated list

3.

Your Name:

David Smith

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4816 E Patricia Rd, Mead WA 99021

7.

Email:

dave@worldosmiths.com

8.

Phone Number (Include Area Code):

5099796072

9.

Do you have any special expertise relevant to this topic?

2. No

10.

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

1. Yes

Adding COVID vaccine to state-mandated list currently in use in educational system for protecting public health

11.

Are you Pro or Con on the proposal?

1. Pro

This is a necessary, safe, and positive step towards keeping children out of harm's way and keeping schools open, in-person, and providing the safest atmosphere possible for students, teachers, and staff.

From: Kathy Hennessey
Sent: 12/28/2021 8:16:51 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am the founder of Vaccinate Washington and a CDC Immunization Champion. I have closely followed the science behind covid19 and covid19 vaccines. I've also closely followed immunization science and mandates for years. We know that vaccine mandates lead to an increase in immunization rates and a decrease in disease rates. We know that covid vaccines are incredibly safe. As a parent and a teacher and a vaccine advocate, I urge you to add covid vaccines to the required vaccine list for school and child care attendance. This will lead to lower covid19 death and hospitalization rates.

Thank you for following and espousing valid science and for keeping Washingtonians safe and healthy.

From: Judy Rene
Sent: 12/18/2021 10:47:57 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I want to advocate for either mandatory school children's vaccine shot or a ruling that states when divorced couples are on opposite sides of the vaccine for kids fight, that the parent who wants their kid to be vaccinated wins WITHOUT having to spend money in courts! Please help us get these kids vaccinated! Thx
Judy Rene

Sent from my iPhone

From: Michelle Farris
Sent: 12/28/2021 4:19:37 PM
To: DOH WSBOH
Cc:
Subject: support adding COVID vaccine to 246-105WAC

External Email

Dear Sir or Madam:

We are writing to support adding covid vaccines to required vaccinations for children to attend school. We believe it's an important step to prevent transmission within our schools as well as unnecessary closures and absences.

Our children are immune compromised due to a genetic immune disorder, and don't respond normally to vaccines. They have received their covid vaccines, but it is unlikely that they responded to make protective antibodies due to their disorder. Our family relies on those around our children to be vaccinated in order to protect them. We have chosen to homeschool our middle schooler for the past 2 years because of the risk to him of covid. He will not be able to attend public school until covid vaccines are required for all students. It's simply too dangerous for him, which presents us with an unfair choice between homeschooling or risking his health. His brother attends a small private elementary school, which does require the covid vaccination and performs weekly testing. But we plan to homeschool him next year as well when he reaches middle school because without universal vaccination, it's just not safe to send them.

Please consider our position, and the impacts of vaccination policy on immune compromised students and their access to quality public education.

Thank you,
Dr. Stephen Farris
Michelle Geri Farris

From: Testify Online Survey
Sent: 1/4/2022 7:50:28 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/22

2.

Agenda Item or Issue:

COVID vaccine requirements for students

3.

Your Name:

Chad Shoquist

4.

Do you have a professional title?

1. Yes

Project Management and Coordination

5.

Are you representing an organization?

2. No

6.

Address:

PO Box 1372

7.

Email:

chad.shoquist77@gmail.com

8.

Phone Number (Include Area Code):

5094759913

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?

1. Pro

It is in my opinion that all students attending school in person should be fully vaccinated for the safety of all other students and staff. This is not only for the safety of the school but it will slow down the spread of the virus outside of school as well. Our children have a tendency to bring home viruses.

From: Justin G. Mullen
Sent: 1/4/2022 7:50:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Concerning Covid-19 Vaccination Requirement for Public Schools - Agenda Item #11, 1/7/22 Meeting

External Email

Esteemed Board Members,

My name is Justin Mullen and I have two children currently attending public schools in Washington State. My oldest child has received two doses of the Covid-19 vaccine, and both his mother and I have also received two doses. Our youngest child has not been vaccinated. I am also an educator with fourteen years of public school teaching experience. This e-mail is intended to share both my respect for the noble intent behind the possible addition of the Covid-19 vaccines to the list of requirements to attend public school as well as my deep reservations concerning the possible consequences for implementing such a change.

As we all know, vaccinations have played a crucial role in saving countless lives since they were first created. Their positive impact on humanity is both obvious and indisputable. The list of vaccine preventable diseases in WAC 246-105-030 each malady has historically impacted children in significant and profound ways. It is a tremendous blessing that kids today don't know what Polio is and don't typically have to be concerned about Measles or Whooping Cough. However, this is where my reservations concerning the Covid-19 vaccination begin. As we have been learning more about the virus, the vaccine, and how each of them interact over time, it has become clear from the data that the vaccine does not prevent people from catching Covid-19, nor does it prevent passing it onto others. Immediately, that places this vaccine in a different position than the other vaccines in WAC 246. Without the benefit of vaccine-provided herd immunity, the vaccinated child is not protected, and vulnerable students who cannot be vaccinated due to health conditions are also not protected.

The current best argument for vaccination is that it prevents the recipient from becoming more ill than they would have otherwise been without the vaccine. This is supported by the data in adults and it is being reinforced by additional information with this new Omicron variant. However, the number of children who have been admitted to hospitals due to Covid is so low that no reasonable informed claim can be made concerning the risk/benefit of a child receiving the vaccine with this variant. We simply do not have the data to back the claim that children need to be vaccinated. Even the trials conducted by the vaccine manufacturers saw so few children enter the hospital from both the control and vaccine group, that a conclusion is not clear on their efficacy. For a vaccine to be added to a list of those required for attending public school, I would want to see a lot more evidence that justifies it. The last thing we should want is to seriously undermine the success of previous vaccines if we act out of fear or a lack of information.

Even if there weren't the previously mentioned issues with the Covid-19 vaccine, in the lack of prevention of illness or transmission, this is not a typical vaccine. It uses a new process that does not employ dead virus in a manner that most people understand from learning about the first vaccine for Small Pox. This being a given, we do not know what the long-term impacts of this type of vaccine are on the human body over the course of

years because it hasn't existed long enough to find out. Even if we had 100% faith in it, with all of its known issues, we don't know what will happen in five years, ten, or a lifetime. There's an old saying about putting all of your eggs into one basket that may best explain my reservations concerning demanding that all of humanity take the vaccine.

Our children are the most important people in the world. Our decisions concerning what to feed them, how to raise them, how to educate them, and even what medications they're given are key to passing on knowledge, values, culture, and faith. Kids are so important that they deserve the most stringent and rigorous criticism of anything that the state might mandate. The benefits of required Covid vaccinations must be proven so clearly that there cannot be doubt, as we know that the vaccines do not come without risk of harm. If those who are proposing the addition of this vaccination to the WAC to attend school cannot demonstrate it without appealing to emotion, or panic, or fear, then it should not be included on the list of required vaccinations.

I will wrap up this E-mail with a final concern over the disproportionate impact on POC students of Washington Schools. As we saw with online learning in 2019 and 2020, measures implemented to limit the spread of Covid have had a profoundly inequitable impact on POC students. The achievement gap widened and many students were lost in convoluted online systems. It was a clear violation of their constitutional right to a high quality education. In Washington, and around the country, POC are more likely to be vaccine hesitant. This discrepancy will be intensified as many more parents look at the risk/reward of vaccinating children and choose not to take the jab. If the state wishes to recover from the 12+ year problem created with online learning, requiring Covid vaccinations will exacerbate the issue. The most valuable thing the state can give to students is a high quality education that will serve them for their entire lives. Anything that might take that away from those students must be of tremendous importance. Endemic covid does not meet this criteria.

I hope that you can take the time to consider what I have shared in this e-mail. I know that you have the best of intentions for my students and all the other students in Washington State. However, I cannot with good conscience vaccinate my youngest child. If the Covid-19 vaccine is added to the WAC246 to attend public schools in Washington State, I will un-enroll him and homeschool. I expect I won't be alone in this decision. Respectfully,

Justin Mullen
Washington State Parent
mullenjg@yahoo.com

From: carriemarty@yahoo.com
Sent: 1/5/2022 4:36:27 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No masks for kids

External Email

Can you please advocate for our kids to not wear masks in school next year? It is socially damaging their ability to communicate and learn.

Sincerely,
Carrie Rutt

Sent from my iPhone

Sent from my iPhone

From: Shelly Fourie
Sent: 1/5/2022 4:59:57 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members EH Committee Special Meeting

External Email

To whom it may concern,

I am a Washington state resident with a small child. In the upcoming meeting discussing vaccine requirements I wish to express my stance. Covid vaccines should not be a requirement for our children. All Covid vaccine protocol is still under emergency use only.

Regards,

Franchelle Fourie

From: Laura Price
Sent: 12/28/2021 1:51:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - Technical Advisory Group Meeting - December 30th



*attachments\0DA448775049418F_Board of Health - TAG -
Comments_PRDTOOL_NAMETOOLONG.pdf*

External Email

Please find attached a letter regarding the TAG and consideration of the Covid 19 shot for inclusion as a requirement for school entry. I am greatly opposed to this.

Laura Price

Chehalis, WA

Sent using Zoho Mail

December 28, 2021

Washington State Board of Health – Technical Advisory Group
PO Box 47990
Olympia, WA 98507-7990
wsboh@sboh.wa.gov

Dear Washington State Board of Health Board - Technical Advisory Group Members:

I am writing this letter in strong opposition to adding Covid-19 to the list of state required immunizations for school entry.

It was just on October 29th that the Covid-19 vaccine, by a single manufacturer, received emergency use authorization only for the 5–11-year-old age group. The trials for this drug were minimal at best including approximately 3,000 children and lasting only two months. There is no FDA approved vaccine for children ages 5-11 and it could be argued that the “approved” vaccine for those 12 and older is not specifically approved either. Requiring a Covid-19 immunization for school entry would be catastrophic and tragic for school age children.

Children have not had significant issues with Covid-19. Typically their symptoms are mild, and they recover quickly. There is no significant mortality among these age groups. In fact, mortality is less than one percent. For the past two years, parents and schools have navigated Covid-19 and have been successful without a mandatory immunization. There are established protocols within schools to keep students with fevers, runny noses, etc. at home. These actions along with social distancing and cleaning procedures have proven successful. The CDC has concluded that asymptomatic cases are unlikely to contribute substantially to the spread of Covid. Those who are not sick cannot make others sick. There are many other things that pose a far greater risk to the health of children. The most recent strain – Omicron – has been found to be far less severe, with symptoms similar to the common cold – and could greatly increase natural immunity amongst all age groups, particularly in younger populations.

Part of the criteria you use in the review process is vaccine effectiveness, safety and an acceptable level of side effects.

- We continue to hear daily about the ineffectiveness of these vaccines, with efficacy diminishing after only months. Those who have had Covid-19 vaccinations are coming down with Covid-19, 100's of thousands of individuals.
- Safety is and should be a huge concern for you as decision makers as well as for parents. There are so many unknowns in vaccinating children for Covid-19. The trial was too small and the outcomes and effects on this age group very unknown. Information on Covid -19 vaccine impacts has been skewed and censored. Prior vaccines adhered to a very high threshold of safety, one that would have resulted in the Covid-19 vaccine being discontinued months ago if followed. The Swine Flu vaccine was withdrawn after 25 deaths were reported.

- There are many side effects with this vaccination and a lot of information still not known. The FDA has stated that myocarditis is a concern, particularly for young men. There are questions regarding its impact on fertility, hypertension and many other health issues. Research shows the risk to children is far less in having Covid-19 vs. receiving the immunization.

Disease Burden is another criterion used in your review.

- Covid-19, particularly among school aged children, does not have significant morbidity. The chance of death is less than one percent.
- Because of the many break-through cases amongst the vaccinated, vaccination is not a key factor in reducing person to person transmission. As stated earlier, protocols around health monitoring, extra cleaning and distancing have proven effective in reducing transmission.

Implementation is also considered.

- The Covid-19 vaccine is acceptable to some in the medical community and the public, but definitely not to all.
- Mandating this for school age children will place a huge burden on parents as it will force them to have to make very difficult decisions about the health of their children and an education for those children. Just as adults have been forced out of their jobs for making a personal decision regarding taking the vaccine, requiring a Covid-19 vaccination for children at school will force kids out of school. Consider the devastating impacts of a year plus of on-line school on students. Suicide is already the 2nd leading cause of death in those ages 10-18. If your decision is based on what is best for children, it will be against any forced requirement for the Covid-19 vaccine.

Education is a great equalizer and a right for all children. A decision to require a Covid-19 immunization for school entry will be catastrophic and, in my opinion, both inhumane and unethical. I implore you to not include the Covid-19 vaccine among those required for school attendance.

Laura Price
Parent and Grandparent
Chehalis, Washington
mimaprice@zohomail.com

From: Rick W
Sent: 1/5/2022 8:44:51 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - COVID vaccine mandate

External Email

I implore you as a Father and Grandfather of WA state children to REJECT this proposal.

There is absolutely NO peer reviewed SCIENCE that supports child vaccination. Additionally, NO long term study exists to show what the effect of the MRNA – gene altering therapy will do such as myocarditis.

Please do not be rubes of Big Pharma that is pushing this view point.

I urge you to complete actually follow science and research that includes differing points of view from medical practitioners such as Dr Peter McCullough.

Rick W

From: Deborah Leyde
Sent: 1/4/2022 1:13:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - mandatory injections for children

External Email

To Washington State Board of Health:

We urge you to say "No" to mandated covid injections for children. Children at at such a low risk for Covid-19 - virtually 0% and there are some known risks for the Covid injections as more information is coming out. There are more cases now of juvenile myocarditis and other adverse events associated with the injection. From an accounting perspective, one would never take the odds when you're at a higher risk of adverse reactions the injection than from the virus itself. In addition, since the injection is under Emergency Use Authorization, it should never be mandated under that status.

Please say "No" to mandatory injections - especially for children. We need to protect our kids, not make them the part of the experiment.

Sincerely,

Deborah Leyde
17663 SE 297th Pl
Kent, WA 98042

From: Imacynic
Sent: 12/29/2021 11:37:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\AC18FD87A67543DA_end-covax.pdf

External Email

Would it not be prudent to determine that a certain vaccine is safe and effective before forcing its use? This article; Critics Outraged by FDA Request to Hide Pfizer Vaccine Data for 55 Years

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Fcritics-outraged-by-fda-request-to-hide-pfizer-vaccine-data-for-55-years%2Far-AAQUufd&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C99662bf8614c4e06ab7008d9cb026051%7C11d>

may indicate there is reason to proceed with caution. The attached document (On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination; Sucharit Bhakdi, MD and Arne Burkhardt, MD) brings even more questions.

Concerned Citizen

On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

Sucharit Bhakdi, MD and Arne Burkhardt, MD

This text is a written summary of Dr. Bhakdi's and Dr. Burkhardt's presentations at the Doctors for COVID Ethics symposium that was live-streamed by [UKColumn](#) on December 10th, 2021. The two presentations can be viewed at the very beginning of [the video recording](#) of the symposium.

The authors

Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of Pathology in Reutlingen for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

The evidence

We herewith present scientific evidence that calls for an immediate stop of the use of gene-based COVID-19 vaccines. We first lay out why the agents cannot protect against viral infection. While no positive effects can be expected, we show that the vaccines can trigger self-destructive processes that lead to debilitating illness and death.

Why the vaccines cannot protect against infection

A fundamental mistake underlying the development of the COVID-19 vaccines was to neglect the functional distinction between the two major categories of antibodies which the body produces in order to protect itself from pathogenic microbes.

The first category (secretory IgA) is produced by immune cells (lymphocytes) which are located directly underneath the mucous membranes that line the respiratory and intestinal tract. The antibodies produced by these lymphocytes are secreted through and to the surface of the mucous membranes.

These antibodies are thus on site to meet air-borne viruses, and they may be able to prevent viral binding and infection of the cells.

The second category of antibodies (IgG and circulating IgA) occur in the bloodstream. These antibodies protect the internal organs of the body from infectious agents that try to spread via the bloodstream.

Vaccines that are injected into the muscle – i.e., the interior of the body – will only induce IgG and circulating IgA, not secretory IgA. Such antibodies cannot and will not effectively protect the mucous membranes from infection by SARS-CoV-2. Thus, the currently observed “breakthrough infections” among vaccinated individuals merely confirm the fundamental design flaws of the vaccines. Measurements of antibodies in the blood can never yield any information on the true status of immunity against infection of the respiratory tract.

The inability of vaccine-induced antibodies to prevent coronavirus infections has been reported in recent scientific publications.

The vaccines can trigger self-destruction

A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localized to the respiratory tract. In contrast, the vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ. We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death. How and why such tragedies might causally be linked to vaccination has remained a matter of conjecture because scientific evidence has been lacking. This situation has now been rectified.

Histopathologic studies: the patients

Histopathologic analyses have been performed on the organs of 15 persons who died after vaccination. The age, gender, vaccination record, and time of death after injection of each patient are listed in the table on the next page. The following points are of utmost importance:

- Prior to death, only 4 of the 15 patients had been treated in the ICU for more than 2 days. The majority were never hospitalized and died at home (5), on the street (1), at work (1), in the car (1), or in home-care facilities (1). Therefore, in most cases, therapeutic intervention is unlikely to have significantly influenced the post-mortem findings.
- Not a single death was brought into any possible association with the vaccination by the coroner or the public prosecutor; this association was only established by our autopsy findings.
- The initially performed conventional post-mortems also uncovered no obvious hints to a possible role of vaccination, since the macroscopic appearance of the organs was overall unremarkable. In most cases, “rhythmicogenic heart failure” was postulated as the cause of death.

But our subsequent histopathological analyses then brought about a complete turnaround. A summary of the fundamental findings follows.

Case #	Gender	Age (years)	Vaccine (injections)	Time of death after last injection
1	female	82	Moderna (1. and 2.)	37 days
2	male	72	Pfizer (1.)	31 days
3	female	95	Moderna (1. and 2.)	68 days
4	female	73	Pfizer (1.)	unknown
5	male	54	Janssen (1.)	65 days
6	female	55	Pfizer (1. and 2.)	11 days
7	male	56	Pfizer (1. and 2.)	8 days
8	male	80	Pfizer (1. and 2.)	37 days
9	female	89	Unknown (1. and 2.)	6 months
10	female	81	Unknown (1. and 2.)	unknown
11	male	64	AstraZeneca (1. and 2.)	7 days
12	female	71	Pfizer (1. and 2.)	20 days
13	male	28	AstraZeneca (1.), Pfizer (2.)	4 weeks
14	male	78	Pfizer (1. and 2.)	65 days
15	female	60	Pfizer (1.)	23 days

Histopathologic studies: findings

Histopathologic findings of a similar nature were detected in organs of 14 of the 15 deceased. Most frequently afflicted were the heart (14 of 15 cases) and the lung (13 of 15 cases). Pathologic alterations were furthermore observed in the liver (2 cases), thyroid gland (Hashimoto's thyroiditis, 2 cases), salivary glands (Sjögren's Syndrome; 2 cases) and brain (2 cases).

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endothelitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;

2. the extensive perivascular accumulation of T-lymphocytes;
3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.

This combination of multifocal, T-lymphocyte-dominated pathology that clearly reflects the process of immunological self-attack is without precedent. Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals.

Conclusion

Histopathologic analysis show clear evidence of vaccine-induced autoimmune-like pathology in multiple organs. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections, is self-evident.

Beyond any doubt, injection of gene-based COVID-19 vaccines places lives under threat of illness and death. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.

From: Michele Pearson

Sent: 1/3/2022 2:45:21 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: In Kind regards to your meeting of 1/14/22, Recommend Covid shot for Children



attachments\795BCA16CEE545D6_Handwritten_2022-01-03_143641.pdf

External Email

Thank you for your consideration to read my important words on your upcoming meeting to recommend the Covid shot for Children.

We as a society rely heavily on our parental instincts, the aid of our pediatricians, the advice of our family and friends to guide us in raising healthy children. We have now come to an age, just as in 1971 when our country left the Gold Standard and created inflation with fiat currency in order to control our society and make way for classism that Sars-Covid-19 will create with vaccinations of the mRNA classes. I appreciate science and what it has done for the health of our community. We in our family, follow the school district and state recommendations of vaccinations in order for our children to enter public school, but with the control you think you are going to have over this next group of up and coming tax paying citizens it will be unforgiving.

Not one official can tell me what the Covid-19 vaccination will or how it will affect my daughter in her possible fertile years. BUT - you will say, because you've been taught to say that 'nothing will happen.' You will tell me that the vaccination is safe for my 2 year old son, but if he were to develop a heart condition, one of which we have no family history of, the Pharma companies cannot be held liable for the side effects. You are part of the Mass Formation Psychosis, welcome aboard.

When will you stop and let nature take its course? We have seen through science and medicine that the Covid-19 virus has mutated into a more contagious BUT LESS SEVERE virus. Which is more important to you, the more contagious part or the less severe part?

Our household will not be getting the Covid-19 shot, until there are years of data behind it and that the pharma companies be held liable for major health side effects. We have no issues removing our child from public government schooling and teaching them on our own, giving them global learning. If you were to implement this vaccine as a requirement, as a 'law,' for children to remain in school you will lose many students. Yes, the public schools will still get their share of property taxes, but for each child that un-enrolls in school, that district can lose up to \$14,000 in value for that child (

<https://schoolchoiceweek.com/guide-school-choice-washington/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fschoochoiceweek.com%2Fguide-school-choice-washington%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C51e8ce3dba3c4549137d08d9cf0a845e%>).

You are teaching children they have no rights over their own body, you are not good leaders if you vote for this to pass. You are showing our communities that body autonomy is soon to be a thing of the past.

I have attached for you, in my own handwriting the years in which I was born and my

children. It shows when the required vaccines were FDA approved (you can do your own google search to verify) and how long the vaccine was out, before we got whatever shot is on the list. The closest shot that I received to FDA approval was 8 years. That is about my comfort level from testing to final usage, not like Covid-19 vaccine, which had final approval just in August of 2021.

Sincerely,

Michele Pearson

Your life is an occasion. Rise to it.

From: Constance Borgomainerio
Sent: 12/30/2021 12:29:01 PM
To: DOH WSBOH
Cc:
Subject: December 29, 2021 meeting



attachments\1257BAFBB4194FA4_WA St. BOH 12-21.docx

External Email

I am sending my correspondence via word document attachment to make it easier for you to read and if necessary copy.

Happy New Year,

Constance Borgomainerio

From: Joshua Daugherty
Sent: 1/3/2022 6:13:09 PM
To: DOH WSBOH,DOH Information,GOVOutBound,Alan Spicciati,School Communication,Greg Brown,Anne Gayman,mrichardson@auburn.wednet.edu
Cc:
Subject: Re: Revise mask mandates for children schools

External Email

Educators,

DOH is useless and has been since the start of this plandemic. Still trying to control a virus that is still out of control. They hopefully realize this fact.

Now, after the turn of the new year, would like to get updated guidance as to the unconstitutional/forced masking policies that you are trying to enforce. Stop this nonsense. I'll ask the simple question once again to hopefully get some answers.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

Is anyone going to respond to my queries? Now with omicron/xi, the studies are now pointing to the uselessness of cloth masks. WSJ LINK

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcloth-face-mask-omicron-11640984082&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C93450f04464548ce66c108d9cf278a07%7>>

One more item to bring back up as you clearly haven't understood it the first time:

"If masks, mandates & lockdowns work, why aren't they working?"

Clearly you all have some deprogramming that needs to be done. Hope for some answers this year...

Currently preparing on moving our family out of state. I hope you finally get the message as more people leave this 'power-hungry' dem-led state.

Happy New Year to more restrictions! Hmm, maybe you should bring schools back to online-only. Still, no plans...

Josh Daugherty

DO NOT COMPLY.

On Dec 13, 2021, at 6:13 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 15, then already Winter/Christmas break,

Still no constructive, healthy dialogue on this question.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

As all addressed on this continue to be complicit with 'policy', I propose in 2022, new year, new rules. Masks = Recommended for all, not mandated. I will not comply with your demands. At least begin a phased approach to mirror the restaurant half-assed policy of wearing masks walking around in the restaurant, but then when you sit down, you may take them off. Our children deserve better. Please share your thoughts on this, as you clearly do not have any other ideas. Since the beginning of the school year, you've been shrugging my concerns off or ignoring this altogether. Great job, now I'm starting to adopt some of these ideas, to ignore/disregard any & all communication coming down concerning force masking, vaccinations, etc.

You do not have control over what I do, what I wear, how I live. Our children wear the minimal 'protection' to abide by mandates only to 'not get in trouble'. They can also see that this is all theater and wearing masks for 'show' under the guise of 'keeping everyone safe'. My underlying question all along has been, who is 'dangerous'? Certainly not our children as they have a larger chance of dying from the flu or common cold than covid. Covid is weak when it comes to them. Stop with this nonsense.

If WA DOH were TRULY trying to keep everyone 'safe' against a virus that only negatively impacts a very small portion of the public, they've been doing a BAD job at that. According to the DOH website, and due to the fact that 9,554 individuals have lost their lives to this. A whopping 1.2% of the WA population. A large majority of those are in the at risk age group and those that have had multiple health issues already. You've been failing since the beginning, and every death (including those hidden from view attributed to depression/suicide) is on you.

<PastedGraphic-2.tiff>

What I am finding even more surprising, the fact that you are pressing forward with 5-11 year old vaccinations and I highly doubt that many children in the state are medically 'at-risk' for this emergency use authorization. Shame on you all.

<PastedGraphic-3.tiff>

Additional facts to consider:

- 1) We've had viral illnesses for every single year of human history.
 - 2) Covid has ~same fatality rate as a flu.
 - 3) We've managed to live like normal humans until 2020.
- Why are we still obsessed with covid?

Have a wonderful week and a happy holiday season,

Josh Daugherty

On Dec 7, 2021, at 6:41 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

To whom this may concern,

Is it already week 14? How can this be where the WA DOH only has the plan to see force masking our children until they say so? I believe this will fall on deaf ears as many of you are still complicit with this madness, but I will not comply.

All I'm requesting is to change from 'mandate' to 'recommended'. That would allow parents to make up their own minds as to mask their children or not. I can already expect that when masking eventually ends, common cold & flu cases will go up as masks prevent us from building our immunity to anything.

I will ask again:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Let the children breathe. If parents are still scared for the .000007% chance that their child may be adversely affected by this virus, they can add masks if they choose. This needs to be a choice. I see that the DOH hasn't updated their page since 29 November 2021 which shows me they still have no plan. Or have you realized that you are probably getting to the end of mass vaccines? The rest of WA will not do what you tell them. Give up. Will not get to 100% vaccinated, but that still isn't the plan, right?

I would like to also point out a quick observation that Ohio Rep Jim Jordan had mentioned recently:

Summary: If masks, mandates & lockdowns work, why aren't they working?

The 'health' community has been wrong at almost every step of the way since the beginning. Their plan seems to be: 'lets try this...what about this...next we should try this...'

Quite the 'science', hmmm. If you don't have a plan, just say it. Still advocating for my previous comment, begin with a phased approach like in restaurants. Our students can remove their masks while seated. What is so wrong about this?

I am still looking forward to our comments & replies with answers. Not more of the political jargon...it doesn't work anymore.

Awaiting solutions & dialogue,

Josh Daugherty

<https://www.unmaskourkidswa.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 30, 2021, at 8:12 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Surprise! I have received a response from last week's request from the DOH Information email. Still no answers (not a true surprise). I look forward to the weekly, one-way communication with all involved. No one seems to be doing anything to assist in this. I hold all accountable for this non-action.

Please see below for the thread from today preceded by my latest response.:

DOH Information,

This question was asked over a week ago and just now you are getting back to me. Bottom line: My question still isn't answered. You really need to update your sources as that CDC links were updated as of November 2020 & May 2021. That is between 6 months and a year ago!

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

According to the WA DOH, covid doesn't spread in restaurants while diners have meals, that can take off their masks then, why not our children while seated? I have no issues with parents who wish to have their child masked all day, just do not force it on all of our children. Statistically speaking, our children have more of a risk of adverse problems with the flu and the common cold than they do against covid. No one mentioned prior to 2019/2020 wearing masks for any flu seasons. Odds are the common cold & flu cases will spike once our kids remove their masks as they all have been weakening their immune systems with this forced masking.

As of yesterday, the WA DOH covid page shows vaccination stats. I am asking the WA DOH to come up with a % as to how many people need to get vaccinated against this useless virus that only hurts the weakest in the population (immunocompromised). I guarantee that we will not get to 100%, probably never 90% but how long do we need to continue this nonsense? What is the plan? I will say this again: IF YOU FAIL TO PLAN, THE YOU PLAN TO FAIL.

<PastedGraphic-1.png>

I look forward to your reply with answers and or a plan. Maybe begin a 'phased approach' that was tried to reopen after the government shut all the small businesses at the beginning. Quite the asinine approach at that but we at least tried that.

Concerned parent,

Josh Daugherty

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

REQUEST

RESPONSE FROM DOH PA THIS MORNING TO MY 23 NOVEMBER

Hello,

Thank you for contacting the Department of Health.

DOH disease experts continue to monitor COVID-19 infection, hospitalization, death rates and health system capacity closely. While disease rates are declining, they remain high and hospital occupancy is still over 90 percent. We feel cautiously optimistic now that kids age 5 and older are eligible for the vaccine; however, the majority of children are still not vaccinated. We need to continue to do everything we can to prevent the spread of COVID-19, especially in light of the highly contagious Delta variant. As we head into winter and the holiday season, when the number of social get-togethers and indoor gatherings increase, a combination of masks and vaccines remain the best tools we have available to ensure that kids stay healthy and businesses and schools stay open.

You may view the studies below about the reduction in virus transmission and mask use:

The Science of Masking to Control COVID-19 (cdc.gov)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fdownloads%2Fscience-of-masking-full.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C93450f04464548ce66c108d9cf278a07%7C11d0e>

Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2Fmasking-science-sars-cov2.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C93450f04464548ce66c108d9cf278a07%7C11d0e>

Best regards,

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov
<mailto:DOH.Information@doh.wa.gov>

800-525-0127 | www.doh.wa.gov
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7

<image003.png>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%

On Nov 30, 2021, at 6:39 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Contacts,

Here we are at week 13, still no plan for children, the
HEALTHIEST of us all, to have masks optional in school.

I will try to ask the question again, expecting someone to
give any answers to the question:

- What is Washington's plan as to when masks can be
recommended/optional for children while at school?

"Until we say so..." isn't science. Show me the proof that kids
are dropping like flies while at school. I will restate my previous comment, our kids are
much healthier and can fight off any common cold & flu (read covid) much quicker than
any of us. Why is the state still providing the useless nonsense direction as to 'keep
everyone safe' and 'keep masking up until we say so'.

If you are awaiting 100% covid vaccinations, even for VAST
majority of children that do NOT need it, we will not reach that goal. But it seems like the
DOH still doesn't have a plan...

Not to mention, no one is keeping the conversation open
except for parents, so everyone else in this chain is being complicit with these mandates.

I believe I've said it before, but this sounds a lot like when I
was growing up, if someone told you to jump off a bridge, many of you would. Sorry to
disappoint but I think for myself and will not jump.

Still frustrated and I will talk to you again next week!
Parental choice should be part of this conversation. If masks work, then let those that
continue to wear them, and be afraid of this virus continue. I will not comply.

Josh Daugherty
https://www.unmaskourkidswa.com
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F&

On Nov 23, 2021, at 4:06 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Washington State Board of Health,

12 weeks and still no answers from anyone as to what the plan is concerning the forced masking of our children at school. Here is the question, should be simple and to the point:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Wear masks until we say so... isn't rooted in any science that I know of. Our children already have a much lower chance of health issues even if they contract Covid. I will reiterate my previous request: "mirror the restaurant policy" so that when our children are seated at their desk in the classroom, they may take off their masks. If some children still feel scared to take their masks off, they may keep them on. This should still be about choice of the parents/students. With these false-rooted mandates, they aren't allowing us freedom of choice.

I look forward to your comments/dialogue concerning this topic. If you will not help, then step aside as your inaction shows just how deeply you care about the health of my children.

Josh Daugherty

Just in case you missed it, here's some educational reading when it comes to our children.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 16, 2021, at 9:35 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐

Washington State Board of Health,

Still awaiting an answer to my queries below. Here we are, 11 weeks into the school year and it's still the same: "do it until we say so...". If you fail to PLAN, you plan to FAIL. I see a lot of failing by those in all positions of 'office'.

I've been contacting the WA DOH without answers every week, including Cc'ing our non-action school district, principals etc. No one will

assist with speaking to anyone that may have any indication as to how long should we expect to force-mask our children at school. This virus is NOT a threat to our children, as it is comparable to the flu or the common cold. They are healthy.

Would like to at least begin some conversation with relaxing these 'mandates' to at least mirror restaurants in the area. If the children are seated, they should be able to remove these face diapers. Not to mention, cloth masks don't do anything for Covid particles. This continues to show this is all for 'show'. I will not participate.

If parents still wish to mask their child, feel free to.
They should have the choice.

Still a frustrated parent,

Josh Daugherty

If you would like further information, please look at the following website. I am also open to conversation.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

Begin forwarded message:

From: Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> >
Date: November 10, 2021 at 10:23:30 AM PST
To: WSBOH@sboh.wa.gov
<<mailto:WSBOH@sboh.wa.gov>>
Subject: Revise mask mandates for children schools

☐ WBoard of Health,

To date, I have been requesting updates for the
forced masking in schools:

10 weeks, still nothing from the state...

How much longer to force mask our children? We should have a choice on whether to mask or not.

I just want to know what the goal is of the force masking! "Until we say so..." isn't ANYTHING near common sense or science.

Don't you dare start with the force vaccinations for our children when only about .000003% may even need it.

Answers requested as to what the education plan is. I will continue to request weekly updates until a plan shows an end in sight. Just because "we said so" isn't right.

Maybe as a start. We could mirror the restaurant policy where if you are seated, you may take off your mask. I understand keeping children safe, but they are not in danger. If children want to continue to mask up, please have them continue. If children do not want to wear a mask, they shouldn't need to.

Where is the proof that children are all infected?

Irritated parent,
Joshua Daugherty

On Oct 25, 2021, at 7:16 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐

Week 9,

Still nothing. Exactly what I expect from this school district and even nothing from the DOH. My concern/question is:

How long do our kids need to be masked in school?
What is the end goal?

So far WA DOH is basically saying to wear them until they say so. So WRONG!

As of today in WA, 78.6% 12+ has one dose and
72.5% fully vaccinated.

85.6% in King County.

I've been requesting information from the schools,
district and the DOH with no answers. How does anyone think this is the 'correct' way?

Going back to when I was young, if someone told you
to jump off a bridge, would you? Too many people are just following the 'guidance'
whether it makes sense or not, without question.

Just asking for the choice. Our kids should have a
choice. Currently they are being taught that everyone is infected. If you want to still
mask up, feel free to.

Don't you dare agree with vaccine mandates!

This is now my 9th week of requesting answers.
Unbelievable poor management at all levels. Will continue until I receive dialogue.

Joshua Daugherty

On Oct 18, 2021, at 6:54 AM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐ Still waiting any information from the WA DOH.
Nothing yet and we are only 8 weeks into this. I know that many of you don't care about
the safety of my child, as you just follow the same guidance pushed from 'above',
without questions. This is WRONG.

From today to the WA DOH:

Another week, more nonsense. I have been
requesting follow-ups to my questions and nothing has been done. Every week I am
asking the same, MAIN question.

- What is WA state's end goal when it comes to
children's force masking policies?

If there is no plan, then you plan to fail. This has been
the case since the 'pandemic' began. The science doesn't back the policy of 'wear a mask
until we say so...' I need additional information as this is WRONG and many know it. I
would like to have a constructive dialogue with someone that can say when our children
can opt into masks or not at school. Again, if parents choose to mask their kids, it is their
choice. Please let me know what the plan is beyond, 'wear them until we say so.'

Still no answers,
Josh Daugherty

On Oct 18, 2021, at 6:40 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 7,

Starting out 'right'? How does this make any sense?
Please show me which part makes any sense at all.

It's a good thing that my daughters aren't playing sports. Kids now need to be given the vaccine, or test every 2 weeks. Studies even show that even with the vaccine, they can still spread covid/common cold... Are you going to be ensuring that they are wearing masks while participating too? Or is that just while sitting, spectating?

This must be more of that 'science' stuff. Just regurgitating the nonsense that the DOH puts out.

<Another useless mandate.png>

Have there been any further guidance or discussions concerning the forced-masking mandates to become 'recommended'? Still awaiting anyone to respond back to me from the WA DOH. Anything besides wear it until we say stop?

Still awaiting answers,

Josh Daugherty

On Oct 10, 2021, at 8:21 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 6,

Still trying to find out the following:

- How long do our children need to be force masked?
What is the end goal to go back to breathing fresh air?

Freedom, this is still America. If you want to stay masked, fine. Do not force it on us. Under the guise of 'public safety', keep wearing masks to 'protect everyone'. That infers that my kids are dangerous! DOH WA needs to let us know the plan, we must demand that from them, 'until we say so' is NOT science.

Oh, and mandate doesn't equal law.

So glad I'm actively teaching my children & family CRITICAL THINKING. Something that the Gov, DOH, School districts, etc have no idea what it is. Just mandate compliance. Basically continuing a 'shut up and color' attitude. We know who is at fault. Just because it's 'popular', doesn't mean that it's right. If this continues to go on for an extended period of time, expect more pushback.

Just asking to give us the choice. Why is this so hard for you to comprehend? Maybe we start dictating what you need to wear and how you need to act.

Such a relevant article to this:
<https://notthebee.com/article/covid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotthebee.com%2Farticle%2Fcovid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren&data=04%7C01%7CWsBOH%40sboh.wa.gov%7C93450f04464548ce66c108d9cf278a07%7>>

Looking forward to continued dialogue as to the end of these unconstitutional mandates.

Still frustrated,
Josh Daugherty

Awaiting DOH responses too.

On Oct 5, 2021, at 9:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

☐

Week 5,

Still no communication from WA DOH concerning their plan. It's still , "mask up until we say stop."

Awaiting constructive dialogue as to optional masks for kids. Why are we STILL treating our children as they are all infected? None of this

makes sense and you know it! Please assist with communication with the DOH as they clearly aren't listening to me, a 'lowly peasant'.... It seems like that is how they are treating us. So frustrating!

Still frustrated with everyone that isn't doing ANYTHING! Not even asking questions. Just as much at fault.

Frustrated,
Josh Daugherty

Enough.

On Sep 27, 2021, at 9:17 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□

Week 4,

Fourth request for information:

When is the mask mandate for schools going to end? I've requested info from DOH as they need to answer to my requests. They have not and I will continue to request weekly from the DOH and the district on down to our schools. They do not stop the virus from being passed. It is just for show/theater. Otherwise the wording in the 'order' wouldn't be 'anything'.

"A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin."

It may have plenty of holes throughout the mask. This further proves that DOH doesn't care about the transmission of the virus. Just to mandate the "do it or else".

Enough of this nonsense. I'm just trying to communicate with someone other than just a 'Customer Service Specialist' that is just passing junk back. Awaiting the constructive dialogue.

Continuing on my requests for common sense and/or parent choice for masks in schools. Mandates are just asking for push back. I will continue to push back.

Josh Daugherty

On Sep 19, 2021, at 7:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ WeeR,

Finally received an email back from WA DOH with more of the same, no answers to my questions. My main question will continue until I receive answers instead of just a 'Customer Service Specialist' responding to my web query with a loosely prepared, blanket statement, that mentions 'keeping the CDC recommendations as of August 5, 2021'.

My question seems to be simple, straightforward and to the point.

- What is Washington's plan/goal concerning the mask mandates for school-age children? There needs to be a plan besides 'wear the mask because I said so'. (aka mandate)

If they were going with the CDC recommendations, forced masking wouldn't be in our schools.

I am requesting that they at least update the guidance to 'recommended' as the current failed 'plans' make zero sense. There is NO scientific data that has been collected to warrant this abuse across the board. Especially state-wide. As of 13 September, posted on the WA DOH website it shows that 75.1% of residents have at least one dose and 68.1% are FULLY vaccinated against COVID. Of that, King County has vaccination rates of 77.7% (12+). Auburn School District is in King County.

<PastedGraphic-1.png>

The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates. How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources? I will add to this as we have already received communication from the schools that COVID/common cold/sniffles/flu has popped up in school.

Looking at anyone that I've communicated with concerning this. Fail to plan, plan to fail... Seems spot-on for this situation that we are in!

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that we give parents the CHOICE whether to mask/unmask our children.

Looking forward to future constructive dialogue,
Josh Daugherty

On Sep 13, 2021, at 10:09 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 2 of the insanity continues,

I have been trying to communicate with the WA DOH, and I am still awaiting their responses and/or dialogue of any kind showing this fake-science behind their blind mandates.

This is no longer about the safety of students and staff members. Masks are turning out to become a direct contributor of learning issues, social interaction struggles, increased headaches, anxiety & overall discomforts. As a parent, I am still disturbed to see our children treated this way. Totally unnecessary.

Please assist in communication with the WA DOH in changing this to 'recommended', not mandated for all. I will not comply if I visit the schools or the district.

Still a concerned parent,
Josh Daugherty

On Sep 8, 2021, at 8:23 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

That is what I have been doing and they continually give me the run around with 'that is the way it is.' Not acceptable, hence the 'because I said so' attitude. Is there nothing that the Districts can assist with?

I have reached out to them, and will continue to do so until something is modified, or at least a goal set for when we can return to normal. Actual normal, without face masks on our kids if we, as parents choose. We have had it with these non-science mandates and will continually be pushing back against them.

So glad to hear that the crooked DOH & schools have finally wised up and allowed our kids to play outside, WITHOUT masks. So idiotic from last year while being in-person that they needed masks outside at recess.

Still concerned,
Josh Daugherty

On Sep 8, 2021, at 1:45 PM, Spicciati, Alan
<aspicciati@auburn.wednet.edu <mailto:aspicciati@auburn.wednet.edu> > wrote:

Hello Mr. Daugherty,

You won't be surprised for me to write that masks are a mandate from the Washington State Department of Health. Statewide elected officials have been clear that local districts do not have the authority to lift the mask mandate. The state's focus this year, as is ours, is keeping schools open for in-person learning. I recommend you contact the WA DOH with your concerns.

Alan Spicciati

From: Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> >
Sent: Wednesday, September 8, 2021 11:31 AM
To: Spicciati, Alan <aspicciati@auburn.wednet.edu
<mailto:aspicciati@auburn.wednet.edu> >; Brown, Greg <gbrown@auburn.wednet.edu
<mailto:gbrown@auburn.wednet.edu> >; Gayman, Anne
<agayman@auburn.wednet.edu <mailto:agayman@auburn.wednet.edu> >;
Communications <Communications@auburn.wednet.edu
<mailto:Communications@auburn.wednet.edu> >
Subject: On with the school year, more child abuse...

This email originated outside of the organization and contains a Web link or attachment. Please use caution. – ASD Tech

To whom this may concern.

What is Washington's plan/goal concerning the mask mandates for school-age children? Is there a plan besides wear them 'because I said so' (aka mandate)? I demand that you update the guidance to still allow for those children that are scared to get sick, wear them, but change the guidance to 'recommended', not mandatory. There is NO science data that has been collected to warrant this abuse across the board. Especially state-wide.

As of 7 September, posted on the WA DOH website it shows that 73.9% of residents have at least one dose and 67% are FULLY vaccinated against COVID. The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates.

How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources?

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that parents should have the CHOICE whether to mask or unmask our children.

Thus far, I have spoken with the schools, school district and even email coordination with DOH with nothing but passing me nonsense with no proof that our kids are 'super-spreaders'... I look forward to your conversation on this matter.

Concerned parent,
Josh Daugherty

From: katrinamason70
Sent: 12/30/2021 9:13:41 AM
To: DOH WSOH
Cc:
Subject: I am sharing '1_5032907720437531000.pdf' with you



attachments\A43CBB968B9C4B48_1_5032907720437531000.pdf

External Email

To whom it may concern,

I am a concerned parent and citizen of Washington state and I am strongly requesting the covid "vaccine" not be added to the list of required immunizations for school attendance. There is increasing concern that the current covid shots offered are dangerous and ineffective. VAERS, as of December 17, 2021 lists 987,756 reports of adverse side effects; 20,622 deaths, 108,572 hospitalizations, 107,860 Urgent care visits, 153,971 doctor visits, 8,590 anaphylaxis events, 12,317 Bells palsy, 3,365 Miscarriages, 10,429 Heart Attacks, 20,560, myocarditis/Pericarditis, 34,615 permanently disabled, 4,907 thrombocytopenia/low Platelet, 23,405 life threatening, 35,997 severe allergic reactions, 11,292 Shingles, and that is just what has been reported. Under-reporting of adverse events is an on-going issue.

Dr. Jane Ruby has an excellent resume, and in the attachment I am sending with this email, she lays out how the current covid shots are potentially extremely dangerous and ineffective. Current covid shots offered are experimental gene therapies under EUA. Cominarty is the only currently approved covid shot, and it is currently not offered in the US. Clinical trials were not run appropriately and are still not being run appropriately, therefore the data is likely very skewed. The insert for the covid shots do not fully disclose what ingredients are in the covid shots, therefore, No one can give full consent when receiving a covid shot. There are doctors who have examined covid shot vials under a microscope and they have discovered deadly parasites and harmful metals, etc. Coercion to take these experimental gene therapies is a violation of Nuremberg Code. Please read attached document below for further information as to why these covid shots should not be required for school attendance.

Thank you,

Katrina Mason

Shared from Word for Android

<https://office.com/getword>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foffice.com%2Fgetword&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foffice.com%2Fgetword&data=04%2F)

Sent from Yahoo Mail on Android

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

I, **Dr. Jane Ruby**, being duly sworn, depose and state as follows:

1. I make this affidavit in support of the above-referenced MOTION as expert testimony in support thereof. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit under penalties of perjury. I have read these statements in this affidavit, these statements are my understanding of the facts and my opinion provided is based upon a reasonable degree of medical and pharmaceutical industry processes certainty. I am providing this affidavit as I have serious, grave concerns for the United States military and the public-at-large.

2. The expert opinions expressed here are my own and arrived at from my personal, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports and other information relevant to the subject matter.

Experience & Credentials

3. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my *curriculum vitae* is attached hereto as **Exhibit A**.

4. I have personal knowledge and understanding of these matters and I make this affidavit in support of the truth of the contents contained herein.

5. After receiving a bachelor's degree from Alfred University, I completed my master's degree as a Sigma Theta Tau, cum laude graduate from the University of Rochester, Rochester, NY. I went on to complete my nurse practitioner residency at the University of Rochester, Internal Medicine, with a sub-specialty in Medical and Surgical Cardiology. My clinical experiences include being on the staffs of Rochester General Hospital and the University of Rochester Medical Center.

6. I taught undergraduate and graduate nursing curricula at Nazareth College of Rochester. I served on the faculty of the Margaret Warner Graduate School of Education and Human Development of the University of Rochester where I taught doctoral research methods. I hold a second master's degree in International Health Economics and Pharmacoeconomics from Universitat Pompeu Fabra in Barcelona, Spain. I have two earned doctorates, an EdD and a PhD.

7. I was the managing Director of the Scharf Institute for Neuroscience and Sleep Research in Rochester, New York. In that capacity I managed all personnel including medical doctors, psychologists, medical technicians, polysomnographers, and nurses. My main role was to oversee the execution of multicenter pharmaceutical Phase 2 and Phase 3 human research studies with approved protocols and to follow a patient informed consent process as directed by any number of Institutional Review Boards (IRB), some of which were privately based and others that

were situated in universities and colleges, both certified by the federal government. I also created and wrote original research protocols and informed consent documents for industry and IRB review and approval, as I am highly trained in the requisite elements of a human study protocol. I am also familiar with human subjects' safety during clinical trials.

8. I have over twenty years of experience in pharmaceutical drug development and medical affairs, including the prior experience described as a principal investigator for multi-center randomized, placebo-controlled trials in the United States and ROW. My experience extends to interfacing with FDA guidance documents, regulations, and submission reviews. My experience in the pharmaceutical industry extends to medical affairs functions, regulatory functions, animal and human subjects research study methodology and health economic and patient outcomes research.

Opinion

9. Since the outset of the pandemic, I have been an advocate of good health and health practices and evaluated the health effects of these products that I believe have been authorized and approved prematurely. I believe within a reasonable degree of medical certainty that the COVID-19 vaccines available and under mandate in the United States are not safe generally; and particularly dangerous for military personnel. It is my belief, based upon a reasonable degree of medical certainty, that the injection could cause serious and permanent injury and the deaths of military personnel in the course of their duties to protect the American people, the American homeland and the U.S. Constitution.

10. I believe within a reasonable degree of medical certainty that the data upon which Department of Defense has based its mandate is flawed and/or inaccurate; and imposing these injections is dangerous and could cause harm to military members.

11. It is my opinion that the processes undertaken for all of the Emergency Use Authorizations and specifically for the recent FDA approval of the Comirnaty (including the Pfizer-BioNTech Covid 19 Vaccine injections deemed by both the FDA and the Pfizer Inc., to be "the same formulation" and "interchangeable," – please see <https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna> and <https://www.pfizer.ca/COMIRNATY-Now-Health-Canada-Approved>) are incomplete and missing key standard study data, FDA required data to establish safety and efficacy, and all safety surveillance and pharmacovigilance processes.

**COVID-19 Vaccine Research and Development – Inherent Dangers and Omission of
Standard Safety Structures for Investigational Trials**

12. In the Pfizer COMIRNATY and Pfizer-BioNTech Covid 19 Vaccination Series package insert, (See Exhibit B), the label states that on December 11, 2020, during the randomized, placebo-controlled pivotal trial (the research design required for FDA approval), “participants were “unblinded to offer placebo participants COMIRNATY,” which in my expert opinion, immediately transformed the study (as the company itself indicated in its registry on ClinicalTrials.gov, NCT04368728) into **a modified-open label, observational, variable dose trial with no informed consent** as to the status change, the exact dosage, or full disclosure of ingredients and completely compromised the requisite data for license application and that should render the study data insufficient and inappropriate to file for or be considered for review for FDA approval. What resulted was the distribution of an incomplete marketing label out to the public. In my expert opinion this is an egregious and fraudulent misrepresentation of the **Safe and Effective** statements made to the public.

13. The COVID-19 genetic modification injections (Pfizer, Moderna, J&J) failed to test for standard parameters in human studies. The areas missing critical study results include genotoxicity, mutagenicity, teratogenicity, and oncogenicity. In other words, it is not certain if these products will permanently change human genetic material, cause birth defects, reduce fertility, or cause cancer. Pfizer and Moderna claim to use similar mRNA technology and Moderna has stated that the mRNA does indeed intermingle and modify the recipient’s genetic code, characterizing it as the patient’s “operating system,” (see <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). Of concern, the manufacturer publicly declares on their website that the mechanism of action of their mRNA is as follows: “[g]enerally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.” (Source: <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). To my knowledge, there is no informed consent, nor anything stamped with the approval of a human subjects’ review board, to the public advising that they are submitting to a permanent change in their native genetic sequencing or any of their natural genetic material.

14. When compared to other, standard package inserts/labeling of FDA approved drugs, biologics, and medical devices, there is also an absence of a description of the molecular structure of the biologic. This is a further failure to disclose to medical prescribers, the formula and molecular weight. These disclosures are critical because they determines the fate of a

compound regarding molecular interactions in the body generally and in the presence of concomitant medication therapy.

15. In the human trial for Comirnaty / Pfizer-BioNTech Covid-19, the protocol lists a significant number of exclusions whereby subpopulations of people and those with certain medical comorbidity or conditions could not enter the trial; this results in the absence of controlled trial data for both safety and efficacy. In my expert opinion, this should render any mandates for those populations as **contraindications**. These populations or conditions are missing from the final Approval label (See **Exhibit B**). Taken from the Pfizer protocol for Comirnaty / Pfizer-BioNTech Covid Vaccine protocol (Clinicaltrials.gov, see Study NCT04368728) are as follows:

- a. Medical or psychiatric condition including recent (within the past year) or active suicidal ideation/behavior or laboratory abnormality that may increase the risk of study participation or, in the investigator's judgment, make the participant inappropriate for the study.
- b. Known infection with human immunodeficiency virus (HIV), hepatitis C virus (HCV), or hepatitis B virus (HBV).
- c. History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (e.g., anaphylaxis) to any component of the study intervention(s).
- d. Receipt of medications intended to prevent COVID 19.
- e. Previous clinical (based on COVID-19 symptoms/signs alone, if a SARS-CoV-2 NAAT result was not available) or microbiological (based on COVID-19 symptoms/signs and a positive SARS-CoV-2 NAAT result) diagnosis of COVID 19.
- f. Individuals at high risk for severe COVID-19, including those with any of the following risk factors:
 - i. Hypertension
 - ii. Diabetes mellitus
 - iii. Chronic pulmonary disease
 - iv. Asthma
 - v. Current vaping or smoking
 - vi. History of chronic smoking within the prior year
 - vii. BMI >30 kg/m²
- g. Anticipating the need for immunosuppressive treatment within the next 6 months.
- h. Individuals currently working in occupations with high risk of exposure to SARS-CoV-2 (e.g., healthcare worker, emergency response personnel).
- i. Immunocompromised individuals with known or suspected immunodeficiency, as determined by history and/or laboratory/physical examination.

- j. Individuals with a history of autoimmune disease or an active autoimmune disease requiring therapeutic intervention.
- k. Bleeding diathesis or condition associated with prolonged bleeding that would, in the opinion of the investigator, contraindicate intramuscular injection.
- l. **Women who are pregnant or breastfeeding.**
- m. Previous vaccination with any coronavirus vaccine. *(These did not exist at the time).*
- n. Individuals who receive treatment with immunosuppressive therapy, including cytotoxic agents or systemic corticosteroids, e.g., for cancer or an autoimmune disease, or planned receipt throughout the study.
- o. Regular receipt of inhaled/nebulized corticosteroids.
- p. Receipt of blood/plasma products or immunoglobulin, from 60 days before study intervention administration or planned receipt throughout the study.
- q. Participation in other studies involving study intervention within 28 days prior to study entry through and including 6 months after the last dose of study intervention, with the exception of non-Pfizer interventional studies for prevention of COVID 19, which are prohibited throughout study participation.
- r. Previous participation in other studies involving study intervention containing lipid nanoparticles.
- s. Positive serological test for SARS-CoV-2 IgM and/or IgG antibodies at the screening visit.
- t. Any screening hematology and/or blood chemistry laboratory value that meets the definition of a \geq Grade 1 abnormality.
- u. Positive test for HIV, hepatitis B surface antigen (HBsAg), hepatitis B core antibodies (HBc Abs), or hepatitis C virus antibodies (HCV Abs) at the screening visit.
- v. SARS-CoV-2 NAAT-positive nasal swab within 24 hours before receipt of study intervention.
- w. Less than 12 years of age. *this is particularly significant because Pfizer-BioNTech companies have requested EUA for <12 years of age, including 2-11 year olds with no randomized, controlled study data and no proof of Human Subjects Review Board evaluation and approval.*

16. The COVID-19 genetic modification vaccines (Pfizer, Moderna, J&J) failed to disclose or conduct and/or include any study results for standard pre-licensing safety that would adequately and at a minimum, inform prescribers and patients of serious considerations. These findings are, by good standard practices, included in the Prescriber's Information / Package Insert, commonly referred to as the Label. The missing studies and results include key information such as:

- a. Pharmacokinetics – studies on the fate of the drug after administration:
 - i. Drug Half Life
 - ii. Drug-Drug Interactions (against standard metric drugs)
 - iii. Absorption
 - iv. Elimination
 - v. Receptor Affinity
 - vi. Tissue and Body Fluid Mass and Volume
 - vii. Drug Metabolism
 - viii. Maximum Drug Concentration
 - ix. Time to Concentration
 - x. CYP450 Isoenzyme Impact on Liver and Drug: Identification of the microsomes in this system that are affected by this biologic and how that may interfere with or enhance effect on liver function. Interaction with this human enzyme system of concern can increase or decrease the mechanism of action of other medications or endogenous hormones and enzymes.
- b. Pharmacodynamics – the entity's actions on the body
 - i. Receptor Binding – a critical component for drug-drug interactions and safety issues related to mechanism of action.
 - ii. Drug Effect at Receptor Binding, *particularly Angiotensin Converting Enzyme-2 Receptors, the key receptor for the resulting Subunit 1 pathogen, the Spike Protein resulting from the Pfizer, Moderna, and J&J self-proclaimed mechanism of action (MOA).*
 - iii. Concentration of the Drug at the Receptor Sites

17. There are four phases to human trials in drug development and Phase 3 is most critical as it comprises the last phase of testing to be completed before the drug's details and clinical trial results are submitted to the regulatory authorities for approval of the drug's release on the open market. See Exhibit C, Phases of Human Trials). While Phase 1 focuses on tolerability and safety in a small number of healthy subjects and Phase 2 establishes efficacy and optimal dosing regimen, Phase 3 should demonstrate and confirm the preliminary evidence gathered in the previous trials that the entity is, a safe, beneficial and effective treatment for the intended indication. The absence of findings from this part of the study as well as from the missing elements enumerated in Sections 15 and 16 violate FDA Guidance Expectations for proper review submission and approval.

18. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) are currently conducting Phases 1, 2 & 3 simultaneously which is dangerous and unprecedented in drug development. My expert position is that this departure from standard human trial phases conduct whereby FDA is allowing Phases 1/2/3 of human trials to run consecutively,

(without Subjects' Informed Consent), is a serious departure from standard human trial phases, which should run *consecutively*, because each Phase must incorporate the results in order to inform the subsequent Phase on next steps for safety and efficacy. See Exhibit C, Phases of Clinical Drug Trials)

19. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) failed to study the following standard good practice subpopulations for the effects enumerated in the exclusion criteria sufficiently with a placebo control arm:

- a. Age
- b. Gender
- c. Race
- d. Liver Impairment
- e. Kidney/Renal Impairment

20. The COVID-19 genetic vaccines (Pfizer) claim in the labeling (See **Exhibit B**, page 6, section 6.1) that “because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.” The manufacturer uses this unorthodox proclamation to justify failure to conduct safety evaluation that it had planned to do in the manufacturer’s own protocol and in its Pharmacovigilance Plan, both submitted to the FDA and that currently sits on ClinicalTrials.gov, the U.S. government website repository for trial registration. (<https://clinicaltrials.gov/ct2/show/NCT04368728?cond=NCT04368728&draw=2&rank=1>).

- a. Prior to COMIRNATY’s full FDA approval, the FDA issued a Warning regarding the rates of heart inflammation and heart failure in teenagers; but that Warning did not translate equally to the product labeling, no Black Box Warning transferred to the Label, and in fact did not even translate to Contraindications Section for these products.
- b. It is good standard practice to include studies for any entity administered concomitantly with monoamine oxidase inhibitors (MAOIs) and/or include a contraindication for simultaneous use.
- c. Prescribers and medical providers are not only not discouraged, but they are affirmatively encouraged, to proceed with injecting this series into populations that were either excluded in the study or who subsequently reported serious life-threatening adverse events as reported by the federal government’s tracking sites Vaccine Adverse Reporting System (VAERS) and V-Safe.
- d. In direct contradiction to the FDA/CDC Safety meeting in October 2020, prior to the vaccination roll out program, there are no warning or precautions included in the Label relative to the FDA’s known and prior warnings.

- e. The Serious Adverse Event Section in the Label is devoid of data already known to the public through the VAERS and V-SAFE reporting systems, both the only sources for the public to be informed of risks. This raises the question as to why the reported rates of cardiac injury, sudden cardiac death, blood clot caused strokes, teen heart attacks, paralysis and serious permanent motor impairment and blood dyscrasias (as demonstrated by numerous scientists including UK physician Dr. Philippe VanWelbergen, Dr. Barbel Ghitalla, and Dr. Robert Young among others) are absent from the Label. Dr. Robert Young has provided recent evidence that vials of Pfizer, Moderna, Johnson & Johnson, & AstraZeneca properly constituted for individual use per the manufacturers' instructions yielded visual microscopy evidence of lethal parasites, stainless steel aggregations, graphene oxide, and "nanoparticles of bismuth, titanium, vanadium, iron, copper, silicon, aluminum embedded in Pfizer vials." (See **Exhibit D**, Blood smears, Dr. VWB & Dr. BG); Source: <https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>
- f. Teratogenicity is a primary concern in all experimental medical interventions and drugs under review, and unless it is studied (after human subjects' review board approval), it is a de facto contraindication to give, much less mandate, any medical intervention to a woman of child bearing years, a pregnant woman, or newborn baby. In fact, the reason there is no guidance in the Label for use in pregnant women is because pregnant women were not studied. Women of child-bearing age were also excluded; therefore, no safety data is included in the Label and the Label only indicates that "Available data on COMIRNATY administered to pregnant women is insufficient to inform vaccine-associated risks in pregnancy." If the data is insufficient by the Companies' and the P-B Label, then it should be contraindicated in that population.
 - i. Similarly, the Label states, "It is not known whether COMIRNATY is excreted in human milk." Pursuant to good and standard clinical research practices this would constitute a de facto contraindication.
- g. There is no information or data to guide prescribers on whether to use this and what the degree of safety would be for use in those with concomitant illnesses, otherwise known as medical comorbidity.
- h. There is no information on how to consider dose adjustment for special populations and those already medically compromised.
- i. The Label is missing data and guidance information on Carcinogenesis, Mutagenesis, and Impairment on Fertility – despite the disclosure by Pfizer that researchers during the trial were warned to avoid contact between people of child-bearing age and those who have gotten this entity. (See **Exhibit E**, Pfizer Protocol, page 132).

21. The COMIRNATY product that has been deemed (<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-covid-19-vaccine-COMIRNATYr-receives-full>) to “have the same formulation [as the Pfizer-BioNTech Covid-19 Vaccine] and can be used interchangeably to provide the Covid-19 vaccination series,” was granted full FDA approval, licensed, and labeled with the Indication “to prevent Covid-19 in individuals 16 years of age and older.” This is in contrast to the a priori primary endpoint in the study protocol (See **Exhibit E**). The primary endpoint is the measure used to validate the entity’s separation from placebo which indicates the degree of efficacy and if the entity statistically separates from placebo, this constitutes the basis for the FDA approved indication or otherwise known as the legal marketing authorization. In the Pfizer protocol NCT04368728 on Clinicaltrials.gov, the primary endpoint was less severe symptoms and lower rates of hospitalizations. Upon FDA approval on August 23, 2021, both the company and the FDA announced the approval of Comirnaty/ Pfizer-BioNTech Covid 19 Vaccine for the indication “to prevent Covid 19.” See Label Exhibit B)

22. The companies declare that the COMIRNATY product, while the same formulation, is currently “unavailable,” in direct contradiction to Pfizer’s statement that COMIRNATY was used in over 20,000 people in 2021. (See **Exhibit B**, Pfizer Package Insert).

23. The FDA approval letter for COMIRNATY, dated August 23, 2021, from RADM Denise Hinton to Pfizer that has been used by the Department of Defense to claim that there is now a “fully licensed vaccine”, constitutes a “deceptive or misleading statement” about a product as that term is used in regards to marketing or labeling a drug or vaccine. Until a vaccine has shown the requisite safety, efficacy, and potency requirements by rigorous scientific studies designed according to FDA’s established standard criteria, the vaccine, in my expert opinion has not been shown to meet the FDA’s own standards for FDA approval.

24. The FDA’s approval letter clearly states that a different vaccine, manufactured by BioNTech Manufacturing GmbH in Germany and known as COMIRNATY, is being approved as a fully licensed vaccine. In this same letter, RADM Hinton also extends the Emergency Use Authorization for the Pfizer BioNtech vaccine. Later in the same letter, RADM Hinton states that the BioNtech vaccine is the equivalent to the COMIRNATY vaccine, while they are “legally distinct”, that no safety or efficacy concerns are present, and that because of the lack of availability of the COMIRNATY vaccine that the Pfizer BioNtech is allowed to be substituted in place of the approved COMIRNATY vaccine. This is all done without any evidence as to how the BioNtech vaccine can be declared safe or effective when it has not even completed a successful Phase III trial. (See Exhibit F for FDA Guidance Document on requirements for Phase 3 trials; <https://www.fda.gov/media/87621/download>. Furthermore, in the Pfizer protocol (See Exhibit E) three formulations are enumerated, with no disclosures on the distinctions:

a. BNT 162b1

- b. BNT 162b2
- c. BNT 162SA
- d. The protocol indicates that injectees will randomly be injected with any one of at least 8 doses including one dose 100mcg, which is essentially >3 times the approved dose, 30 mcg in Comirnaty.

25. The COVID-19 genetic vaccine companies (Pfizer, Moderna, J&J) have not provided complete FDA or the public disclosure on their vaccine boxes, package inserts or labels for all of the ingredients within these injection vials. Vis a vis fundamental human rights, governed by International Law and the Nuremberg Code of 1947, the vaccine-specific ingredient information is critical, required and necessary to know so that any human can make an informed decision whether or not to consent to inoculation.

26. The Pfizer, Moderna, and J&J vaccines are considered “genetic vaccines”, or vaccines produced from gene therapy molecular platforms which, according to US FDA regulatory guidance, are classified as gene delivery therapies and should be under a **fifteen-year** regulatory cycle with annual visits for safety evaluation by the research sponsors. (*Long Term Follow-up After Administration of Human Gene Therapy Products. Guidance for Industry.* FDA-2018-D-2173. 2020. Accessed July 13, 2021, at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/long-term-follow-after-administration-human-gene-therapy-products>).

27. The FDA has “advised sponsors to observe subjects for delayed adverse events for as long as fifteen years following exposure to the investigational gene therapy product, specifying that the long-term follow-up observation should include a minimum of five years of annual examinations, followed by ten years of annual queries of study subjects, either in person or by questionnaire.” (emphasis added). Thus, the administration of the Moderna, Pfizer, and J&J vaccines should not be undertaken without the proper consent and arrangements for long-term follow-up which are currently not offered in the US. (See, EUA briefing documents for commitments as to follow up: Moderna, Pfizer, J&J).

28. Because the US FDA and CDC have offered no methods of risk mitigation or proof of continued safety surveillance for these serious adverse effects which can lead to permanent disability or death, no one should be pressured, coerced, receive the threat or reprisal, or be mandated to receive one of these investigational products against their will.

29. It is never good, nor standard, nor reasonable research practice to perform a large-scale clinical investigation without the necessary structures in place to ensure the safety and protection of human subjects. These structures include a critical event committee, data safety monitoring board and human ethics committee. These groups in large studies work to objectively assess the safety of the investigational product and research integrity. The goal is to mitigate risk

and protect human subjects. It is my understanding that the COVID-19 vaccine program sponsored by the CDC and FDA has implemented none of these crucial safety structures which, to my knowledge, have never before been omitted from any large-scale clinical investigation, not to mention that the subject clinical investigation is of far greater and unprecedented magnitude and complexity than any of its predecessors. It is my assessment that the COVID-19 clinical investigation has provided no meaningful risk mitigation for subjects (restricting groups, a special assessment of side effects, or follow-up visits) to ensure or improve the safety of the program.

30. According to expert medical opinion, there are emerging trends demonstrating that any Covid-19 vaccine is especially risky for those in the 12 – 29 year-old demographic, with resulting complications in the cardiovascular, neurological, hematologic, and immune systems. (See, Rose J, et al). Increasingly, the medical community is acknowledging the possible risks and side effects inclusive of myocarditis, Bell's Palsy, Pulmonary Embolus, Pulmonary Immunopathology and severe allergic reaction causing anaphylactic shock. See Chien-Te Tseng, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch, *Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus*, <https://pubmed.ncbi.nlm.nih.gov/22536382/> (last visited June 21, 2021); Centers for Disease Control and Prevention, *Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine*—United States, December 14–23, 2020 (Jan 15, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm> (last visited June 26, 2021).

31. The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis. It is known that myocarditis causes injury to heart muscle cells and may result in permanent heart damage culminating in heart failure, arrhythmias, and cardiac death. These conditions could call for a lifetime need for multiple medications, implantable cardio defibrillators, and heart transplantation. Heart failure has a five-year 50% survival and would markedly reduce the lifespan of a child or young adult who develops this complication after vaccine-induced myocarditis (McCullough PA, Philbin EF, Spertus JA, Kaatz S, Sandberg KR, Weaver WD; Resource Utilization Among Congestive Heart Failure (REACH) Study. Confirmation of a heart failure epidemic: findings from the Resource Utilization Among Congestive Heart Failure (REACH) study. *J Am Coll Cardiol*. 2002 Jan 2;39(1):60-9. doi: 10.1016/s0735-1097(01)01700-4.

32. COVID-19 vaccine-induced myocarditis has a predilection for young males below age 30 years, a substantial demographic of the US military. The Centers for Disease Control has held emergency meetings on this issue, the medical community is responding to the crisis, and the US FDA has issued a warnings on the Pfizer and Moderna vaccines “Fact Sheet for Patients and Caregivers,” the apparent substitute for an official, and comprehensive Informed Consent

document, for myocarditis. Given the prevalence of this event in younger males, no individual under age 30 under any set of circumstances should feel obliged to take this risk with the current genetic vaccines, particularly the Pfizer and Moderna products. <https://www.fda.gov/news-events/press-announcements/coronavirus-COVID-19-update-june-25-2021>.

33. Multiple recent studies and news reports detail young adults, ages 18-29, dying from myocarditis after receiving the COVID-19 vaccine. According to the CDC, 475 cases of pericarditis and myocarditis have been identified in vaccinated citizens aged 30 and younger. See FDA, *Vaccines and Related Biological Products Advisory Committee June 10, 2021, Meeting Presentation*, <https://www.fda.gov/media/150054/download#page=17> (last visited June 21, 2021).

34. The FDA found that young people ages 12-24 account for 8.8% of the vaccines administered; yet this demographic comprises 52% of the cases of myocarditis and pericarditis reported through May 31, 2021. *Id.*

Table 5: VAERS Report

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. (data thru May 31, 2021)

Age groups	Doses admin	Crude reporting rate*	Expected†,‡ Myocarditis/pericarditis cases	Observed† Myocarditis/pericarditis reports
12–15 yrs	134,041	22.4	0–1	2
16–17 yrs	2,258,932	35.0	2–19	79
18–24 yrs	9,776,719	20.6	8–83	196
25–39 yrs	26,844,601	5.0	23–228	124
40–49 yrs	19,576,875	3.0	17–166	51
50–64 yrs	36,951,538	1.3	31–314	39
65+ yrs	42,124,078	0.9	36–358	26
NR	—	—	—	11

8.8% of doses admin { 12–15 yrs, 16–17 yrs, 18–24 yrs } n=277 reports 52.5% of total reports

* Per million doses administered; † Assumes a 31-day post-vaccination observation window; ‡ 528 reports with symptom onset within 30 days of vaccination shown; † Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14;50(26):4109(21):00578-8.

35. Furthermore, the CDC announced on June 24, 2021, that the vaccine is “likely linked” to myocarditis. “Advisory Board, CDC panel reports ‘likely association’ of heart inflammation and mRNA COVID-19 vaccines in young people,” (June 24, 2021) <https://www.advisory.com/daily-briefing/2021/06/24/heart-inflammation>.

36. On July 12, 2021 the US FDA sent out an additional warning for Guillain-Barre Syndrome or ascending paralysis for the J&J vaccine which is not predictable and, when it occurs, can result in ascending paralysis, respiratory failure, the need for critical care and death. Not all

cases completely resolve, and some vaccine victims may require long term mechanical ventilation, or become quadra- or paraplegics. Prolonged neurological rehabilitation is commonly required, and this will call for time away from school and studies for those children injured from the J&J vaccine with Guillain-Barre Syndrome. <https://www.fda.gov/media/150723/download>

Risks of COVID-19 Vaccines for Those Recovered from COVID-19

37. There is recent research demonstrating that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by Pfizer, Moderna, and J&J. From these trials the safety profile was unknown when the products were approved for Emergency Use Authorization in 2020. There has been no study demonstrating clinical benefit with COVID-19 vaccination in those who have well documented or even suspected prior COVID-19 illness.

38. To my knowledge, there are no studies that demonstrate the clinical benefit of COVID-19 vaccination in COVID-19 survivors or those with suspected COVID-19 illness or subclinical disease who have laboratory evidence of prior infection.

Conclusion

I have reviewed the Complaint For Declaratory and Injunctive Relief which delineates the aforementioned significant departures from standard procedures, protocols and safety measures and conclude as follows:

39. It is my expert medical opinion that it is not good, nor standard, nor reasonable professional research or clinical practice to widely utilize these never-before-tested-in-human beings, biologic therapy (mRNA, adenoviral DNA COVID-19 vaccines) in populations where there is no information generated from fully completed, controlled registrational trials with the FDA, specifically COVID-19 survivors, suspected COVID-19-recovered, pregnant or women who could become pregnant at any time after investigational vaccines; and especially our military.

40. In my expert opinion, the risks associated with the investigational COVID-19 vaccines far outweigh any theoretical benefits, are not minor or unserious, and many of those risks are unknown and have not been adequately quantified; nor the duration of their consequences evaluated or shown to be calculable. Therefore, in my expert medical opinion, the Emergency Use Authorization and FDA Approval for the administration of COVID-19 vaccines creates an unethical, unreasonable, clinically unjustified, unsafe, and unnecessary risk to the military of the United States of America.

41. The gross deviations in conducting adequate safety and efficacy studies, the lack of disclosure on product content, the absence of informative trial data in good clinical research practices for basic categories and conditions, the absence of Human Subjects Review (HSRB)

oversight, the absence of Good Manufacturing Practices oversight created by the FDA, the lack of a full human subjects' review board approval stamped, informed consent for replaced only by an abbreviated patient one-page checklist, and the deviations and omissions from protocol to Label are of great concern to me. In my expert opinion, the foregoing constitutes a lack of scientific justification for the Approval, all Emergency Use Authorizations, and any mandated administration of both the COMIRNATY and Pfizer-BioNTech vaccine formulations, both of which have been declared by the companies as one and the same.

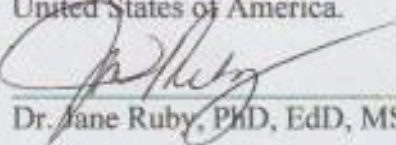
State of Florida

County of Palm Beach

The undersigned, being duly sworn, deposes and says:

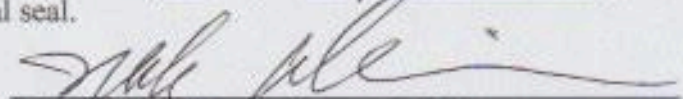
I, Jane Ruby, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

I am an adult of sound mind, over 21 years old, and declare that the information herein is true, correct and complete and that I have voluntarily affirmed this affidavit based upon my own personal knowledge, education, and experience, and under the penalty of perjury of the laws of the United States of America.



Dr. Jane Ruby, PhD, EdD, MS, MS Economics, NP

SUBSCRIBED AND SWORN TO BEFORE ME on the 27 day of September 2021,
to certify which witness my hand and official seal.


Notary Public for the State of Florida

My Commission Expires:



MARK F. WEISSMAN
Commission # HH 067532
Expires March 28, 2025
Bonded Thru Budget Notary Services

Dr. Jane Ruby has an excellent resume, and in the attachment I am sending with this email, she lays out how the current covid shots are potentially extremely dangerous and ineffective. Current covid shots offered are experimental gene therapies under EUA. Cominarty is the only currently approved covid shot, and it is currently not offered in the US. Clinical trials were not run appropriately and are still not being run appropriately, therefore the data is likely very skewed. The insert for the covid shots do not fully disclose what ingredients are in the covid shots, therefore, no one can give full consent when receiving a covid shot. There are doctors who have examined covid shot vials under a microscope and they have discovered deadly parasites and harmful metals, etc. Coercion to take these experimental gene therapies is a violation of Nuremberg Code. Please read attached document below for further information as to why these covid shots should not be required for school attendance.

Thank you,

Katrina Mason

Shared from Word for Android

<https://office.com/getword>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foffice.com%2Fgetword&data=04%>

Sent from Yahoo Mail on Android

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

Sent from Yahoo Mail on Android

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

Sent from Yahoo Mail on Android

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

I, **Dr. Jane Ruby**, being duly sworn, depose and state as follows:

1. I make this affidavit in support of the above-referenced MOTION as expert testimony in support thereof. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit under penalties of perjury. I have read these statements in this affidavit, these statements are my understanding of the facts and my opinion provided is based upon a reasonable degree of medical and pharmaceutical industry processes certainty. I am providing this affidavit as I have serious, grave concerns for the United States military and the public-at-large.

2. The expert opinions expressed here are my own and arrived at from my personal, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports and other information relevant to the subject matter.

Experience & Credentials

3. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my *curriculum vitae* is attached hereto as **Exhibit A**.

4. I have personal knowledge and understanding of these matters and I make this affidavit in support of the truth of the contents contained herein.

5. After receiving a bachelor's degree from Alfred University, I completed my master's degree as a Sigma Theta Tau, cum laude graduate from the University of Rochester, Rochester, NY. I went on to complete my nurse practitioner residency at the University of Rochester, Internal Medicine, with a sub-specialty in Medical and Surgical Cardiology. My clinical experiences include being on the staffs of Rochester General Hospital and the University of Rochester Medical Center.

6. I taught undergraduate and graduate nursing curricula at Nazareth College of Rochester. I served on the faculty of the Margaret Warner Graduate School of Education and Human Development of the University of Rochester where I taught doctoral research methods. I hold a second master's degree in International Health Economics and Pharmacoeconomics from Universitat Pompeu Fabra in Barcelona, Spain. I have two earned doctorates, an EdD and a PhD.

7. I was the managing Director of the Scharf Institute for Neuroscience and Sleep Research in Rochester, New York. In that capacity I managed all personnel including medical doctors, psychologists, medical technicians, polysomnographers, and nurses. My main role was to oversee the execution of multicenter pharmaceutical Phase 2 and Phase 3 human research studies with approved protocols and to follow a patient informed consent process as directed by any number of Institutional Review Boards (IRB), some of which were privately based and others that

were situated in universities and colleges, both certified by the federal government. I also created and wrote original research protocols and informed consent documents for industry and IRB review and approval, as I am highly trained in the requisite elements of a human study protocol. I am also familiar with human subjects' safety during clinical trials.

8. I have over twenty years of experience in pharmaceutical drug development and medical affairs, including the prior experience described as a principal investigator for multi-center randomized, placebo-controlled trials in the United States and ROW. My experience extends to interfacing with FDA guidance documents, regulations, and submission reviews. My experience in the pharmaceutical industry extends to medical affairs functions, regulatory functions, animal and human subjects research study methodology and health economic and patient outcomes research.

Opinion

9. Since the outset of the pandemic, I have been an advocate of good health and health practices and evaluated the health effects of these products that I believe have been authorized and approved prematurely. I believe within a reasonable degree of medical certainty that the COVID-19 vaccines available and under mandate in the United States are not safe generally; and particularly dangerous for military personnel. It is my belief, based upon a reasonable degree of medical certainty, that the injection could cause serious and permanent injury and the deaths of military personnel in the course of their duties to protect the American people, the American homeland and the U.S. Constitution.

10. I believe within a reasonable degree of medical certainty that the data upon which Department of Defense has based its mandate is flawed and/or inaccurate; and imposing these injections is dangerous and could cause harm to military members.

11. It is my opinion that the processes undertaken for all of the Emergency Use Authorizations and specifically for the recent FDA approval of the Comirnaty (including the Pfizer-BioNTech Covid 19 Vaccine injections deemed by both the FDA and the Pfizer Inc., to be "the same formulation" and "interchangeable," – please see <https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna> and <https://www.pfizer.ca/COMIRNATY-Now-Health-Canada-Approved>) are incomplete and missing key standard study data, FDA required data to establish safety and efficacy, and all safety surveillance and pharmacovigilance processes.

**COVID-19 Vaccine Research and Development – Inherent Dangers and Omission of
Standard Safety Structures for Investigational Trials**

12. In the Pfizer COMIRNATY and Pfizer-BioNTech Covid 19 Vaccination Series package insert, (See Exhibit B), the label states that on December 11, 2020, during the randomized, placebo-controlled pivotal trial (the research design required for FDA approval), “participants were “unblinded to offer placebo participants COMIRNATY,” which in my expert opinion, immediately transformed the study (as the company itself indicated in its registry on ClinicalTrials.gov, NCT04368728) into **a modified-open label, observational, variable dose trial with no informed consent** as to the status change, the exact dosage, or full disclosure of ingredients and completely compromised the requisite data for license application and that should render the study data insufficient and inappropriate to file for or be considered for review for FDA approval. What resulted was the distribution of an incomplete marketing label out to the public. In my expert opinion this is an egregious and fraudulent misrepresentation of the **Safe and Effective** statements made to the public.

13. The COVID-19 genetic modification injections (Pfizer, Moderna, J&J) failed to test for standard parameters in human studies. The areas missing critical study results include genotoxicity, mutagenicity, teratogenicity, and oncogenicity. In other words, it is not certain if these products will permanently change human genetic material, cause birth defects, reduce fertility, or cause cancer. Pfizer and Moderna claim to use similar mRNA technology and Moderna has stated that the mRNA does indeed intermingle and modify the recipient’s genetic code, characterizing it as the patient’s “operating system,” (see <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). Of concern, the manufacturer publicly declares on their website that the mechanism of action of their mRNA is as follows: “[g]enerally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.” (Source: <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). To my knowledge, there is no informed consent, nor anything stamped with the approval of a human subjects’ review board, to the public advising that they are submitting to a permanent change in their native genetic sequencing or any of their natural genetic material.

14. When compared to other, standard package inserts/labeling of FDA approved drugs, biologics, and medical devices, there is also an absence of a description of the molecular structure of the biologic. This is a further failure to disclose to medical prescribers, the formula and molecular weight. These disclosures are critical because they determines the fate of a

compound regarding molecular interactions in the body generally and in the presence of concomitant medication therapy.

15. In the human trial for Comirnaty / Pfizer-BioNTech Covid-19, the protocol lists a significant number of exclusions whereby subpopulations of people and those with certain medical comorbidity or conditions could not enter the trial; this results in the absence of controlled trial data for both safety and efficacy. In my expert opinion, this should render any mandates for those populations as **contraindications**. These populations or conditions are missing from the final Approval label (See **Exhibit B**). Taken from the Pfizer protocol for Comirnaty / Pfizer-BioNTech Covid Vaccine protocol (Clinicaltrials.gov, see Study NCT04368728) are as follows:

- a. Medical or psychiatric condition including recent (within the past year) or active suicidal ideation/behavior or laboratory abnormality that may increase the risk of study participation or, in the investigator's judgment, make the participant inappropriate for the study.
- b. Known infection with human immunodeficiency virus (HIV), hepatitis C virus (HCV), or hepatitis B virus (HBV).
- c. History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (e.g., anaphylaxis) to any component of the study intervention(s).
- d. Receipt of medications intended to prevent COVID 19.
- e. Previous clinical (based on COVID-19 symptoms/signs alone, if a SARS-CoV-2 NAAT result was not available) or microbiological (based on COVID-19 symptoms/signs and a positive SARS-CoV-2 NAAT result) diagnosis of COVID 19.
- f. Individuals at high risk for severe COVID-19, including those with any of the following risk factors:
 - i. Hypertension
 - ii. Diabetes mellitus
 - iii. Chronic pulmonary disease
 - iv. Asthma
 - v. Current vaping or smoking
 - vi. History of chronic smoking within the prior year
 - vii. BMI >30 kg/m²
- g. Anticipating the need for immunosuppressive treatment within the next 6 months.
- h. Individuals currently working in occupations with high risk of exposure to SARS-CoV-2 (e.g., healthcare worker, emergency response personnel).
- i. Immunocompromised individuals with known or suspected immunodeficiency, as determined by history and/or laboratory/physical examination.

- j. Individuals with a history of autoimmune disease or an active autoimmune disease requiring therapeutic intervention.
- k. Bleeding diathesis or condition associated with prolonged bleeding that would, in the opinion of the investigator, contraindicate intramuscular injection.
- l. **Women who are pregnant or breastfeeding.**
- m. Previous vaccination with any coronavirus vaccine. *(These did not exist at the time).*
- n. Individuals who receive treatment with immunosuppressive therapy, including cytotoxic agents or systemic corticosteroids, e.g., for cancer or an autoimmune disease, or planned receipt throughout the study.
- o. Regular receipt of inhaled/nebulized corticosteroids.
- p. Receipt of blood/plasma products or immunoglobulin, from 60 days before study intervention administration or planned receipt throughout the study.
- q. Participation in other studies involving study intervention within 28 days prior to study entry through and including 6 months after the last dose of study intervention, with the exception of non-Pfizer interventional studies for prevention of COVID 19, which are prohibited throughout study participation.
- r. Previous participation in other studies involving study intervention containing lipid nanoparticles.
- s. Positive serological test for SARS-CoV-2 IgM and/or IgG antibodies at the screening visit.
- t. Any screening hematology and/or blood chemistry laboratory value that meets the definition of a \geq Grade 1 abnormality.
- u. Positive test for HIV, hepatitis B surface antigen (HBsAg), hepatitis B core antibodies (HBc Abs), or hepatitis C virus antibodies (HCV Abs) at the screening visit.
- v. SARS-CoV-2 NAAT-positive nasal swab within 24 hours before receipt of study intervention.
- w. Less than 12 years of age. *this is particularly significant because Pfizer-BioNTech companies have requested EUA for <12 years of age, including 2-11 year olds with no randomized, controlled study data and no proof of Human Subjects Review Board evaluation and approval.*

16. The COVID-19 genetic modification vaccines (Pfizer, Moderna, J&J) failed to disclose or conduct and/or include any study results for standard pre-licensing safety that would adequately and at a minimum, inform prescribers and patients of serious considerations. These findings are, by good standard practices, included in the Prescriber's Information / Package Insert, commonly referred to as the Label. The missing studies and results include key information such as:

- a. Pharmacokinetics – studies on the fate of the drug after administration:
 - i. Drug Half Life
 - ii. Drug-Drug Interactions (against standard metric drugs)
 - iii. Absorption
 - iv. Elimination
 - v. Receptor Affinity
 - vi. Tissue and Body Fluid Mass and Volume
 - vii. Drug Metabolism
 - viii. Maximum Drug Concentration
 - ix. Time to Concentration
 - x. CYP450 Isoenzyme Impact on Liver and Drug: Identification of the microsomes in this system that are affected by this biologic and how that may interfere with or enhance effect on liver function. Interaction with this human enzyme system of concern can increase or decrease the mechanism of action of other medications or endogenous hormones and enzymes.
- b. Pharmacodynamics – the entity's actions on the body
 - i. Receptor Binding – a critical component for drug-drug interactions and safety issues related to mechanism of action.
 - ii. Drug Effect at Receptor Binding, *particularly Angiotensin Converting Enzyme-2 Receptors, the key receptor for the resulting Subunit 1 pathogen, the Spike Protein resulting from the Pfizer, Moderna, and J&J self-proclaimed mechanism of action (MOA).*
 - iii. Concentration of the Drug at the Receptor Sites

17. There are four phases to human trials in drug development and Phase 3 is most critical as it comprises the last phase of testing to be completed before the drug's details and clinical trial results are submitted to the regulatory authorities for approval of the drug's release on the open market. See Exhibit C, Phases of Human Trials). While Phase 1 focuses on tolerability and safety in a small number of healthy subjects and Phase 2 establishes efficacy and optimal dosing regimen, Phase 3 should demonstrate and confirm the preliminary evidence gathered in the previous trials that the entity is, a safe, beneficial and effective treatment for the intended indication. The absence of findings from this part of the study as well as from the missing elements enumerated in Sections 15 and 16 violate FDA Guidance Expectations for proper review submission and approval.

18. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) are currently conducting Phases 1, 2 & 3 simultaneously which is dangerous and unprecedented in drug development. My expert position is that this departure from standard human trial phases conduct whereby FDA is allowing Phases 1/2/3 of human trials to run consecutively,

(without Subjects' Informed Consent), is a serious departure from standard human trial phases, which should run *consecutively*, because each Phase must incorporate the results in order to inform the subsequent Phase on next steps for safety and efficacy. See Exhibit C, Phases of Clinical Drug Trials)

19. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) failed to study the following standard good practice subpopulations for the effects enumerated in the exclusion criteria sufficiently with a placebo control arm:

- a. Age
- b. Gender
- c. Race
- d. Liver Impairment
- e. Kidney/Renal Impairment

20. The COVID-19 genetic vaccines (Pfizer) claim in the labeling (See **Exhibit B**, page 6, section 6.1) that “because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.” The manufacturer uses this unorthodox proclamation to justify failure to conduct safety evaluation that it had planned to do in the manufacturer’s own protocol and in its Pharmacovigilance Plan, both submitted to the FDA and that currently sits on ClinicalTrials.gov, the U.S. government website repository for trial registration. (<https://clinicaltrials.gov/ct2/show/NCT04368728?cond=NCT04368728&draw=2&rank=1>).

- a. Prior to COMIRNATY’s full FDA approval, the FDA issued a Warning regarding the rates of heart inflammation and heart failure in teenagers; but that Warning did not translate equally to the product labeling, no Black Box Warning transferred to the Label, and in fact did not even translate to Contraindications Section for these products.
- b. It is good standard practice to include studies for any entity administered concomitantly with monoamine oxidase inhibitors (MAOIs) and/or include a contraindication for simultaneous use.
- c. Prescribers and medical providers are not only not discouraged, but they are affirmatively encouraged, to proceed with injecting this series into populations that were either excluded in the study or who subsequently reported serious life-threatening adverse events as reported by the federal government’s tracking sites Vaccine Adverse Reporting System (VAERS) and V-Safe.
- d. In direct contradiction to the FDA/CDC Safety meeting in October 2020, prior to the vaccination roll out program, there are no warning or precautions included in the Label relative to the FDA’s known and prior warnings.

- e. The Serious Adverse Event Section in the Label is devoid of data already known to the public through the VAERS and V-SAFE reporting systems, both the only sources for the public to be informed of risks. This raises the question as to why the reported rates of cardiac injury, sudden cardiac death, blood clot caused strokes, teen heart attacks, paralysis and serious permanent motor impairment and blood dyscrasias (as demonstrated by numerous scientists including UK physician Dr. Philippe VanWelbergen, Dr. Barbel Ghitalla, and Dr. Robert Young among others) are absent from the Label. Dr. Robert Young has provided recent evidence that vials of Pfizer, Moderna, Johnson & Johnson, & AstraZeneca properly constituted for individual use per the manufacturers' instructions yielded visual microscopy evidence of lethal parasites, stainless steel aggregations, graphene oxide, and "nanoparticles of bismuth, titanium, vanadium, iron, copper, silicon, aluminum embedded in Pfizer vials." (See **Exhibit D**, Blood smears, Dr. VWB & Dr. BG); Source: <https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>
- f. Teratogenicity is a primary concern in all experimental medical interventions and drugs under review, and unless it is studied (after human subjects' review board approval), it is a de facto contraindication to give, much less mandate, any medical intervention to a woman of child bearing years, a pregnant woman, or newborn baby. In fact, the reason there is no guidance in the Label for use in pregnant women is because pregnant women were not studied. Women of child-bearing age were also excluded; therefore, no safety data is included in the Label and the Label only indicates that "Available data on COMIRNATY administered to pregnant women is insufficient to inform vaccine-associated risks in pregnancy." If the data is insufficient by the Companies' and the P-B Label, then it should be contraindicated in that population.
 - i. Similarly, the Label states, "It is not known whether COMIRNATY is excreted in human milk." Pursuant to good and standard clinical research practices this would constitute a de facto contraindication.
- g. There is no information or data to guide prescribers on whether to use this and what the degree of safety would be for use in those with concomitant illnesses, otherwise known as medical comorbidity.
- h. There is no information on how to consider dose adjustment for special populations and those already medically compromised.
- i. The Label is missing data and guidance information on Carcinogenesis, Mutagenesis, and Impairment on Fertility – despite the disclosure by Pfizer that researchers during the trial were warned to avoid contact between people of child-bearing age and those who have gotten this entity. (See **Exhibit E**, Pfizer Protocol, page 132).

21. The COMIRNATY product that has been deemed (<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-covid-19-vaccine-COMIRNATYr-receives-full>) to “have the same formulation [as the Pfizer-BioNTech Covid-19 Vaccine] and can be used interchangeably to provide the Covid-19 vaccination series,” was granted full FDA approval, licensed, and labeled with the Indication “to prevent Covid-19 in individuals 16 years of age and older.” This is in contrast to the a priori primary endpoint in the study protocol (See **Exhibit E**). The primary endpoint is the measure used to validate the entity’s separation from placebo which indicates the degree of efficacy and if the entity statistically separates from placebo, this constitutes the basis for the FDA approved indication or otherwise known as the legal marketing authorization. In the Pfizer protocol NCT04368728 on Clinicaltrials.gov, the primary endpoint was less severe symptoms and lower rates of hospitalizations. Upon FDA approval on August 23, 2021, both the company and the FDA announced the approval of Comirnaty/ Pfizer-BioNTech Covid 19 Vaccine for the indication “to prevent Covid 19.” See Label Exhibit B)

22. The companies declare that the COMIRNATY product, while the same formulation, is currently “unavailable,” in direct contradiction to Pfizer’s statement that COMIRNATY was used in over 20,000 people in 2021. (See **Exhibit B**, Pfizer Package Insert).

23. The FDA approval letter for COMIRNATY, dated August 23, 2021, from RADM Denise Hinton to Pfizer that has been used by the Department of Defense to claim that there is now a “fully licensed vaccine”, constitutes a “deceptive or misleading statement” about a product as that term is used in regards to marketing or labeling a drug or vaccine. Until a vaccine has shown the requisite safety, efficacy, and potency requirements by rigorous scientific studies designed according to FDA’s established standard criteria, the vaccine, in my expert opinion has not been shown to meet the FDA’s own standards for FDA approval.

24. The FDA’s approval letter clearly states that a different vaccine, manufactured by BioNTech Manufacturing GmbH in Germany and known as COMIRNATY, is being approved as a fully licensed vaccine. In this same letter, RADM Hinton also extends the Emergency Use Authorization for the Pfizer BioNtech vaccine. Later in the same letter, RADM Hinton states that the BioNtech vaccine is the equivalent to the COMIRNATY vaccine, while they are “legally distinct”, that no safety or efficacy concerns are present, and that because of the lack of availability of the COMIRNATY vaccine that the Pfizer BioNtech is allowed to be substituted in place of the approved COMIRNATY vaccine. This is all done without any evidence as to how the BioNtech vaccine can be declared safe or effective when it has not even completed a successful Phase III trial. (See Exhibit F for FDA Guidance Document on requirements for Phase 3 trials; <https://www.fda.gov/media/87621/download>. Furthermore, in the Pfizer protocol (See Exhibit E) three formulations are enumerated, with no disclosures on the distinctions:

a. BNT 162b1

- b. BNT 162b2
- c. BNT 162SA
- d. The protocol indicates that injectees will randomly be injected with any one of at least 8 doses including one dose 100mcg, which is essentially >3 times the approved dose, 30 mcg in Comirnaty.

25. The COVID-19 genetic vaccine companies (Pfizer, Moderna, J&J) have not provided complete FDA or the public disclosure on their vaccine boxes, package inserts or labels for all of the ingredients within these injection vials. Vis a vis fundamental human rights, governed by International Law and the Nuremberg Code of 1947, the vaccine-specific ingredient information is critical, required and necessary to know so that any human can make an informed decision whether or not to consent to inoculation.

26. The Pfizer, Moderna, and J&J vaccines are considered “genetic vaccines”, or vaccines produced from gene therapy molecular platforms which, according to US FDA regulatory guidance, are classified as gene delivery therapies and should be under a **fifteen-year** regulatory cycle with annual visits for safety evaluation by the research sponsors. (*Long Term Follow-up After Administration of Human Gene Therapy Products. Guidance for Industry.* FDA-2018-D-2173. 2020. Accessed July 13, 2021, at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/long-term-follow-after-administration-human-gene-therapy-products>).

27. The FDA has “advised sponsors to observe subjects for delayed adverse events for as long as fifteen years following exposure to the investigational gene therapy product, specifying that the long-term follow-up observation should include a minimum of five years of annual examinations, followed by ten years of annual queries of study subjects, either in person or by questionnaire.” (emphasis added). Thus, the administration of the Moderna, Pfizer, and J&J vaccines should not be undertaken without the proper consent and arrangements for long-term follow-up which are currently not offered in the US. (See, EUA briefing documents for commitments as to follow up: Moderna, Pfizer, J&J).

28. Because the US FDA and CDC have offered no methods of risk mitigation or proof of continued safety surveillance for these serious adverse effects which can lead to permanent disability or death, no one should be pressured, coerced, receive the threat or reprisal, or be mandated to receive one of these investigational products against their will.

29. It is never good, nor standard, nor reasonable research practice to perform a large-scale clinical investigation without the necessary structures in place to ensure the safety and protection of human subjects. These structures include a critical event committee, data safety monitoring board and human ethics committee. These groups in large studies work to objectively assess the safety of the investigational product and research integrity. The goal is to mitigate risk

and protect human subjects. It is my understanding that the COVID-19 vaccine program sponsored by the CDC and FDA has implemented none of these crucial safety structures which, to my knowledge, have never before been omitted from any large-scale clinical investigation, not to mention that the subject clinical investigation is of far greater and unprecedented magnitude and complexity than any of its predecessors. It is my assessment that the COVID-19 clinical investigation has provided no meaningful risk mitigation for subjects (restricting groups, a special assessment of side effects, or follow-up visits) to ensure or improve the safety of the program.

30. According to expert medical opinion, there are emerging trends demonstrating that any Covid-19 vaccine is especially risky for those in the 12 – 29 year-old demographic, with resulting complications in the cardiovascular, neurological, hematologic, and immune systems. (See, Rose J, et al). Increasingly, the medical community is acknowledging the possible risks and side effects inclusive of myocarditis, Bell's Palsy, Pulmonary Embolus, Pulmonary Immunopathology and severe allergic reaction causing anaphylactic shock. See Chien-Te Tseng, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch, *Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus*, <https://pubmed.ncbi.nlm.nih.gov/22536382/> (last visited June 21, 2021); Centers for Disease Control and Prevention, *Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine*—United States, December 14–23, 2020 (Jan 15, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm> (last visited June 26, 2021).

31. The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis. It is known that myocarditis causes injury to heart muscle cells and may result in permanent heart damage culminating in heart failure, arrhythmias, and cardiac death. These conditions could call for a lifetime need for multiple medications, implantable cardio defibrillators, and heart transplantation. Heart failure has a five-year 50% survival and would markedly reduce the lifespan of a child or young adult who develops this complication after vaccine-induced myocarditis (McCullough PA, Philbin EF, Spertus JA, Kaatz S, Sandberg KR, Weaver WD; Resource Utilization Among Congestive Heart Failure (REACH) Study. Confirmation of a heart failure epidemic: findings from the Resource Utilization Among Congestive Heart Failure (REACH) study. *J Am Coll Cardiol*. 2002 Jan 2;39(1):60-9. doi: 10.1016/s0735-1097(01)01700-4.

32. COVID-19 vaccine-induced myocarditis has a predilection for young males below age 30 years, a substantial demographic of the US military. The Centers for Disease Control has held emergency meetings on this issue, the medical community is responding to the crisis, and the US FDA has issued a warnings on the Pfizer and Moderna vaccines “Fact Sheet for Patients and Caregivers,” the apparent substitute for an official, and comprehensive Informed Consent

document, for myocarditis. Given the prevalence of this event in younger males, no individual under age 30 under any set of circumstances should feel obliged to take this risk with the current genetic vaccines, particularly the Pfizer and Moderna products. <https://www.fda.gov/news-events/press-announcements/coronavirus-COVID-19-update-june-25-2021>.

33. Multiple recent studies and news reports detail young adults, ages 18-29, dying from myocarditis after receiving the COVID-19 vaccine. According to the CDC, 475 cases of pericarditis and myocarditis have been identified in vaccinated citizens aged 30 and younger. See FDA, *Vaccines and Related Biological Products Advisory Committee June 10, 2021, Meeting Presentation*, <https://www.fda.gov/media/150054/download#page=17> (last visited June 21, 2021).


34. The FDA found that young people ages 12-24 account for 8.8% of the vaccines administered; yet this demographic comprises 52% of the cases of myocarditis and pericarditis reported through May 31, 2021. *Id.*

Table 5: VAERS Report

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. (data thru May 31, 2021)

Age groups	Doses admin	Crude reporting rate*	Expected†,‡ Myocarditis/pericarditis cases	Observed† Myocarditis/pericarditis reports
12–15 yrs	134,041	22.4	0–1	2
16–17 yrs	2,258,932	35.0	2–19	79
18–24 yrs	9,776,719	20.6	8–83	196
25–39 yrs	26,844,601	5.0	23–228	124
40–49 yrs	19,576,875	3.0	17–166	51
50–64 yrs	36,951,538	1.3	31–314	39
65+ yrs	42,124,078	0.9	36–358	26
NR	—	—	—	11

8.8% of doses admin { 12–15 yrs, 16–17 yrs, 18–24 yrs } n=277 reports 52.5% of total reports

 * Per million doses administered; † Assumes a 31-day post-vaccination observation window; ‡ 528 reports with symptom onset within 30 days of vaccination shown; † Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14;50(26):4109(21):00578-8.

35. Furthermore, the CDC announced on June 24, 2021, that the vaccine is “likely linked” to myocarditis. “Advisory Board, CDC panel reports ‘likely association’ of heart inflammation and mRNA COVID-19 vaccines in young people,” (June 24, 2021) <https://www.advisory.com/daily-briefing/2021/06/24/heart-inflammation>.

36. On July 12, 2021 the US FDA sent out an additional warning for Guillain-Barre Syndrome or ascending paralysis for the J&J vaccine which is not predictable and, when it occurs, can result in ascending paralysis, respiratory failure, the need for critical care and death. Not all

cases completely resolve, and some vaccine victims may require long term mechanical ventilation, or become quadra- or paraplegics. Prolonged neurological rehabilitation is commonly required, and this will call for time away from school and studies for those children injured from the J&J vaccine with Guillain-Barre Syndrome. <https://www.fda.gov/media/150723/download>

Risks of COVID-19 Vaccines for Those Recovered from COVID-19

37. There is recent research demonstrating that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by Pfizer, Moderna, and J&J. From these trials the safety profile was unknown when the products were approved for Emergency Use Authorization in 2020. There has been no study demonstrating clinical benefit with COVID-19 vaccination in those who have well documented or even suspected prior COVID-19 illness.

38. To my knowledge, there are no studies that demonstrate the clinical benefit of COVID-19 vaccination in COVID-19 survivors or those with suspected COVID-19 illness or subclinical disease who have laboratory evidence of prior infection.

Conclusion

I have reviewed the Complaint For Declaratory and Injunctive Relief which delineates the aforementioned significant departures from standard procedures, protocols and safety measures and conclude as follows:

39. It is my expert medical opinion that it is not good, nor standard, nor reasonable professional research or clinical practice to widely utilize these never-before-tested-in-human beings, biologic therapy (mRNA, adenoviral DNA COVID-19 vaccines) in populations where there is no information generated from fully completed, controlled registrational trials with the FDA, specifically COVID-19 survivors, suspected COVID-19-recovered, pregnant or women who could become pregnant at any time after investigational vaccines; and especially our military.

40. In my expert opinion, the risks associated with the investigational COVID-19 vaccines far outweigh any theoretical benefits, are not minor or unserious, and many of those risks are unknown and have not been adequately quantified; nor the duration of their consequences evaluated or shown to be calculable. Therefore, in my expert medical opinion, the Emergency Use Authorization and FDA Approval for the administration of COVID-19 vaccines creates an unethical, unreasonable, clinically unjustified, unsafe, and unnecessary risk to the military of the United States of America.

41. The gross deviations in conducting adequate safety and efficacy studies, the lack of disclosure on product content, the absence of informative trial data in good clinical research practices for basic categories and conditions, the absence of Human Subjects Review (HSRB)

oversight, the absence of Good Manufacturing Practices oversight created by the FDA, the lack of a full human subjects' review board approval stamped, informed consent for replaced only by an abbreviated patient one-page checklist, and the deviations and omissions from protocol to Label are of great concern to me. In my expert opinion, the foregoing constitutes a lack of scientific justification for the Approval, all Emergency Use Authorizations, and any mandated administration of both the COMIRNATY and Pfizer-BioNTech vaccine formulations, both of which have been declared by the companies as one and the same.

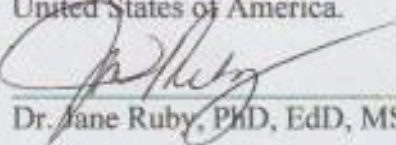
State of Florida

County of Palm Beach

The undersigned, being duly sworn, deposes and says:

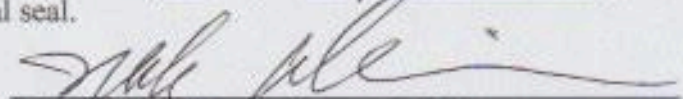
I, Jane Ruby, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

I am an adult of sound mind, over 21 years old, and declare that the information herein is true, correct and complete and that I have voluntarily affirmed this affidavit based upon my own personal knowledge, education, and experience, and under the penalty of perjury of the laws of the United States of America.



Dr. Jane Ruby, PhD, EdD, MS, MS Economics, NP

SUBSCRIBED AND SWORN TO BEFORE ME on the 27 day of September 2021,
to certify which witness my hand and official seal.


Notary Public for the State of Florida

My Commission Expires:



MARK F. WEISSMAN
Commission # HH 067532
Expires March 28, 2025
Bonded Thru Budget Notary Services

From: Heather Jo Kochevar
Sent: 1/4/2022 3:32:24 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Kitsap

External Email

I am writing as an incredibly concerned parent of 3 and very involved community member.

This concept of mandating vaccination for school attendance is unfair, unruly and reckless.

I am not sharing data due to the urgency of writing this email.

The numbers don't lie ! The chances/percentages of problematic results from covid in kids does not justify forcing parents to inject their children with something that is still so new

The covid vaccine poses more risks to children then covid itself!

This simply cannot happen.

I along with several other community members and parents will pull out children from public education and the system will never see a monetary contribution from us again

We beg you to consider. Wait this out. Kids are doing fine. Do not create more reasons for social emotional mental illness....please please do not do it.

Beyond the ethical and financial burden, simply consider the social emotional health of our youth.....future leaders of this country when you create a greater divide and emotional instability

With incredible grace and faith that you will not force a mandate to vaccinate

Heather Jo Kochevar

From: hopehunderfund
Sent: 1/4/2022 7:26:30 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - 1/7 Meeting - Say No to Mandate

External Email

This email is to publicly express my position to have choice when it comes to vaccinating our children for covid19 and express my position of being adamantly against the vaccine being a mandate for students in educational settings and school age children.

I vote NO on mandating covid19 vaccines in schools for children under the age of 18.

Respectfully submitted,
Hope Reyes
Maple Valley, WA Resident

Sent from my Verizon, Samsung Galaxy smartphone

From: Robert Runnells
Sent: 12/29/2021 11:38:10 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\1F3DA6DFBEF3407C_SBOH TAG C19 shot for schools - R_PRDTOOL_NAMETOOLONG.pdf

External Email

RE: Comments for the Immunizations Technical Advisory Group

To the Washington State Board of Health, Technical Advisory Group on Covid vaccines for schoolchildren.

People across the state have hoped that COVID-19 vaccines would work as a...well, as a vaccine. Vaccines are supposed to prevent infection and transmission.

Yet, the makers of the shots can't say they prevent infection or transmission. The CDC Director Walensky is quoted a few months ago as saying the same thing.

On Wednesday December 15th, the New England Journal of Medicine published an editorial Perspective by three authors, including one Anthony Fauci. They make a case for better, different vaccines while admitting: "As important as these vaccines are, however, their protective efficacy wanes over time, necessitating booster doses. Vaccination has also been unable to prevent "breakthrough" infections, allowing subsequent transmission to other people ..." [emphasis added]

<https://www.nejm.org/doi/pdf/10.1056/NEJMp2118468>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Fpdf%2F10.1056%2FNEJMp2118468>>

If a product doesn't do what was intended, how can it be mandated? Let alone approved? Now people's intelligence is further insulted as many agencies are changing the definition of a vaccine to sound more like a typical medicine that reduces symptoms. The shots are hardly worth mandating on a school entry list when it doesn't work as a vaccine. You might as well mandate Dayquil for Kids - it reduces symptoms of the common cold and allows transmission of the cold viruses too.

Many other states have gone so far as to make mandates illegal.

There are now a lot of safety and effectiveness data on the one-size-fits-all solution being forced on everyone. Public comments made to the Board of Health during the pandemic are not misinformation. It is the missing information - factual information supported by hundreds, if not thousands of scientific studies and doctors and PhDs proving the products do not work as advertised. What is indisputable about the COVID shots? Risk. The chance of significant personal or child harm, coupled with the ineffectiveness of the products, does not warrant mandates. Policy not backed by sound rationale is arbitrary and amounts to punishment for many.

The argument against including COVID shots on the WA school mandate list can be summed up concisely:

- * Children and adolescents are not at measurable risk from bad infections, so they don't need the shot.
- * The shots don't prevent transmission, so the argument to have the kids take the shots to protect older people doesn't hold water.
- * The shots have only been in children for about 12 months. The virus will be endemic before any long-term effects of the shots are understood in the young.

To consider this shot for schoolchildren while the products are waning in efficacy and remain under Emergency Use Authorization is only more proof you are being manipulated by a narrative that's myopically focused on a one-size-fits-all approach since the beginning of the pandemic.

If you recommend that COVID shots be added to the school schedule, the Public Health agencies will lose what little credibility remains and no one will listen when a truly bad health emergency arises.

Sincerely,

Robert Runnells

Vancouver, WA

RE: Comments for the Immunizations Technical Advisory Group

To the Washington State Board of Health, Technical Advisory Group on Covid vaccines for schoolchildren.

People across the state have hoped that COVID-19 vaccines would work as a...well, as a vaccine. Vaccines are supposed to prevent infection and transmission.

Yet, the makers of the shots can't say they prevent infection or transmission. The CDC Director Walensky is quoted a few months ago as saying the same thing.

On Wednesday December 15th, the New England Journal of Medicine published an editorial Perspective by three authors, including one Anthony Fauci. They make a case for better, different vaccines while admitting: "As important as these vaccines are, however, their protective efficacy wanes over time, necessitating booster doses. Vaccination has also been unable to prevent "breakthrough" infections, *allowing subsequent transmission to other people ...*" [emphasis added] <https://www.nejm.org/doi/pdf/10.1056/NEJMp2118468>

If a product doesn't do what was intended, how can it be mandated? Let alone approved? Now people's intelligence is further insulted as many agencies are changing the definition of a vaccine to sound more like a typical medicine that reduces symptoms. The shots are hardly worth mandating on a school entry list when it doesn't work as a vaccine. You might as well mandate Dayquil for Kids - it reduces symptoms of the common cold and allows transmission of the cold viruses too.

Many other states have gone so far as to make mandates illegal.

There are now a lot of safety and effectiveness data on the one-size-fits-all solution being forced on everyone. Public comments made to the Board of Health during the pandemic are not misinformation. It is the missing information - factual information supported by hundreds, if not thousands of scientific studies and doctors and PhDs proving the products do not work as advertised. What is indisputable about the COVID shots? Risk. The chance of significant personal or child harm, coupled with the ineffectiveness of the products, does not warrant

mandates. Policy not backed by sound rationale is arbitrary and amounts to punishment for many.

The argument against including COVID shots on the WA school mandate list can be summed up concisely:

- Children and adolescents are not at measurable risk from bad infections, so they don't need the shot.
- The shots don't prevent transmission, so the argument to have the kids take the shots to protect older people doesn't hold water.
- The shots have only been in children for about 12 months. The virus will be endemic before any long-term effects of the shots are understood in the young.

To consider this shot for schoolchildren while the products are waning in efficacy and remain under Emergency Use Authorization is only more proof you are being manipulated by a narrative that's myopically focused on a one-size-fits-all approach since the beginning of the pandemic.

If you recommend that COVID shots be added to the school schedule, the Public Health agencies will lose what little credibility remains and no one will listen when a truly bad health emergency arises.

Sincerely,

Robert Runnells

Vancouver, WA

From: Steve Abramowicz
Sent: 1/4/2022 12:51:50 PM
To: DOH WSBOH
Cc:
Subject: Immunization Criteria for Child Care and School Entry



*attachments\D4FA64E71D8D4C07_Patients With Acute Myocarditis
F_PRDTool_NAMETOOLONG.pdf*



*attachments\CBA28447CF694D0C_Myocarditis Following
Immunizatio_PRDTool_NAMETOOLONG.pdf*



attachments\65D75064B3734D2B_jamapediatrics_walach_2021_ld_210019_1626381986.56207.pdf

External Email

Please SAY NO to state mandated Covid-19 shots for children!

For profit, experimental gene therapy Covid shots should absolutely NOT be a requirement for our children. Children are at extremely low risk for Covid and the vaccines are still only EUA (emergency use authorization).

Please read this October 2021 study "COVID vaccination and age-stratified all-cause mortality risk" by Spiro Pantazatos of Columbia University and Herve Seligman:

https://www.researchgate.net/publication/355581860_COVID_vaccination_and_age-stratified_all-cause_mortality_risk

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.researchgate.net%2Fpublication/355581860_COVID_vaccination_and_age-stratified_all-cause_mortality_risk&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C243925d8d1ab4c4dc7a308d9cfc3a2>

conclusion: "The estimate converges with independent estimates based on the Vaccine Adverse Events Reporting System (VAERS) and suggests VAERS deaths are 15

underreported by a factor of 20

The estimate converges with independent estimates based on the Vaccine Adverse Events Reporting System (VAERS) and suggests VAERS deaths are 15

underreported by a factor of 20

Parents and children cannot give informed consent to get a vaccine with scientific results that prove the vaccine is more dangerous than Covid-19 and no studies yet on female ovaries, neurological disease, autoimmune disease, cancer or enough study of young males developing myocarditis.

Thank you for standing up for truth.

Attached

JAMA "Cardiology Patients With Acute Myocarditis Following mRNA Covid-19 Vaccination"

JAMA "Cardiology Myocarditis Following Immunization With mRNA Covid-19 Vaccines in Members of the US Military"

American Medical Association "Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children: A Randomized Clinical Trial"

Patients With Acute Myocarditis Following mRNA COVID-19 Vaccination

Han W. Kim, MD; Elizabeth R. Jenista, PhD; David C. Wendell, PhD; Clerio F. Azevedo, MD; Michael J. Campbell, MD; Stephen N. Darty, BS; Michele A. Parker, MS; Raymond J. Kim, MD

IMPORTANCE Vaccine-associated myocarditis is an unusual entity that has been described for the smallpox vaccine, but only anecdotal case reports have been described for other vaccines. Whether COVID-19 vaccination may be linked to the occurrence of myocarditis is unknown.

OBJECTIVE To describe a group of 7 patients with acute myocarditis over 3 months, 4 of whom had recent messenger RNA (mRNA) COVID-19 vaccination.

DESIGN, SETTING, AND PARTICIPANTS All patients referred for cardiovascular magnetic resonance imaging at Duke University Medical Center were asked to participate in a prospective outcomes registry. Two searches of the registry database were performed: first, to identify patients with acute myocarditis for the 3-month period between February 1 and April 30 for 2017 through 2021, and second, to identify all patients with possible vaccine-associated myocarditis for the past 20 years. Once patients with possible vaccine-associated myocarditis were identified, data available in the registry were supplemented by additional data collection from the electronic health record and a telephone interview.

EXPOSURES mRNA COVID-19 vaccine.

MAIN OUTCOMES AND MEASURES Occurrence of acute myocarditis by cardiovascular magnetic resonance imaging.

RESULTS In the 3-month period between February 1 and April 30, 2021, 7 patients with acute myocarditis were identified, of which 4 occurred within 5 days of COVID-19 vaccination. Three were younger male individuals (age, 23-36 years) and 1 was a 70-year-old female individual. All 4 had received the second dose of an mRNA vaccine (2 received mRNA-1273 [Moderna], and 2 received BNT162b2 [Pfizer]). All presented with severe chest pain, had biomarker evidence of myocardial injury, and were hospitalized. Coincident testing for COVID-19 and respiratory viruses provided no alternative explanation. Cardiac magnetic resonance imaging findings were typical for myocarditis, including regional dysfunction, late gadolinium enhancement, and elevated native T1 and T2.

CONCLUSIONS AND RELEVANCE In this study, magnetic resonance imaging findings were found to be consistent with acute myocarditis in 7 patients; 4 of whom had preceding COVID-19 vaccination. Further investigation is needed to determine associations of COVID-19 vaccination and myocarditis.

 Editorial

 Related article

Author Affiliations: Duke Cardiovascular Magnetic Resonance Center, Durham, North Carolina (H. W. Kim, Jenista, Wendell, Azevedo, Campbell, Darty, Parker, R. J. Kim); Division of Cardiology, Duke University Medical Center, Durham, North Carolina (H. W. Kim, Jenista, Wendell, Azevedo, Parker, R. J. Kim); Department of Pediatrics, Duke University Medical Center, Durham, North Carolina (Campbell); Department of Radiology, Duke University Medical Center, Durham, North Carolina (R. J. Kim).

Corresponding Author: Raymond J. Kim, MD, Duke Cardiovascular Magnetic Resonance Center, DUMC-3934, Durham, NC 27710 (raymond.kim@duke.edu).

Vaccine-associated myocarditis is an unusual entity that has been described for the smallpox vaccine,¹ but otherwise only anecdotal case reports have been described for other vaccines. Among 416 629 adults receiving live measles, mumps, and rubella; varicella; oral polio; or yellow fever viral vaccinations in the Vaccine Safety Datalink, there were no patients with myocarditis in the 42 days following vaccination.² There are a few case reports of myocarditis following the seasonal influenza vaccine in otherwise healthy adults,^{3,4} but a causal relationship is difficult to establish and the case reports could have been due to chance.

In late December 2020, COVID-19 vaccination began in the US, and on April 7, 2021, vaccination was opened to all adults 16 years or older in North Carolina. Here, we report cardiac magnetic resonance (CMR) imaging findings in 4 patients consistent with acute myocarditis at our institution; all 4 had recent vaccination for COVID-19. All presented with severe chest pain associated with biomarker evidence of myocardial injury and were hospitalized. Included are data on clinical presentation and results from in-hospital testing. To provide context, we also report the prevalence of acute myocarditis by CMR imaging at our institution during the same 3-month period for each of the past 5 years.

Methods

All patients referred for CMR imaging at Duke University Medical Center are asked to participate in a prospective CMR imaging outcomes registry, which contains clinical data, finalized clinical CMR imaging reports, and full Digital Imaging and Communications in Medicine image data sets.⁵ The registry has been approved by the institutional review board at Duke University Medical Center, and all patients sign informed consent prior to participating.

We performed 2 searches of the registry. First, to identify patients with acute myocarditis for February, March, and April of 2017 through 2021, a search for the term *myocarditis* was performed within the report summary and limited to the relevant time period. Second, to identify all patients with possible vaccine-associated myocarditis for the past 20 years, we searched for the terms *vaccine* or *vaccination* in the report

Key Points

Question Is COVID-19 vaccination linked to the occurrence of myocarditis?

Findings In this study of 7 patients with acute myocarditis, 4 occurred within 5 days of COVID-19 vaccination between February 1 and April 30, 2021. All 4 patients had received the second dose of a messenger RNA (mRNA) vaccine, presented with severe chest pain, had biomarker evidence of myocardial injury, were hospitalized, and had cardiac magnetic resonance imaging findings typical of myocarditis.

Meaning Although causality cannot be established, the findings raise the possibility of an association between mRNA COVID-19 vaccination and acute myocarditis.

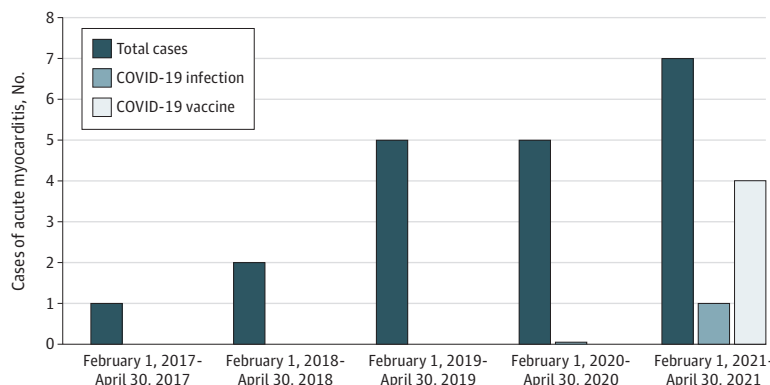
summary and the history fields without limitation in the time period. A second independent reviewer performed the same searches and confirmed the counts. Once patients with possible vaccine-associated myocarditis were identified, data available in the registry were supplemented with information from the electronic health record and telephone interview.

CMR imaging was performed on 1.5-T or 3-T scanners. A standard protocol for myocarditis was used, which included cine, T1 and T2 mapping, and late gadolinium enhancement (LGE).^{6,7} Native T1 and T2 times were measured on pixelwise maps with regions drawn to match areas with and without LGE. Cutoffs for abnormally elevated T1 and T2 were based on 2 SDs above the respective means in a healthy population imaged on the same scanners.

Results

In the 3-month period between February 1 and April 30, 2021, we identified 7 patients with acute myocarditis of whom 4 had recent COVID-19 vaccination (**Figure 1**). A search of the entire registry identified a single additional patient with myocarditis diagnosed by CMR imaging within days following quadrivalent influenza vaccination. The patient was a member of the military, and

Figure 1. Patients With Cardiac Magnetic Resonance Imaging Findings Consistent With Acute Myocarditis



The total number of patients with acute myocarditis is highest for 2021 with 4 associated with recent COVID-19 vaccination. Only 1 patient had myocarditis associated with acute COVID-19 infection.

Table. Characteristics of Patients Who Received COVID-19 Vaccination

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4
Age, y	36	23	70	24
Sex	Male	Male	Female	Male
Comorbidities				
Hypertension	No	No	Yes	No
Diabetes	No	No	No	No
Hypercholesterolemia	No	No	Yes	No
Cigarette smoking	No	No	Yes	No
History of CAD or MI	No	No	No	No
Prior myocarditis	No	No	No	No
Prior COVID-19 infection	No	No	No	No
Vaccine received	mRNA-1273	BNT162b2	mRNA-1273	BNT162b2
Doses received	2	2	2	2
Symptoms prior to vaccination (last dose)				
Viral prodrome ^a	No	No	No	No
Symptoms within 24 h of vaccination				
Injection site discomfort	Yes	Yes	No	Yes
Fatigue/muscle ache	Yes	Yes	No	Yes
Fever/chills	Yes	Yes	No	Yes
Headache	No	No	No	Yes
Nausea	No	No	No	No
Chest pain	No	No	Yes	No
Hospitalization				
Interval after vaccination, d	3	5	1	2
Symptoms leading to hospitalization				
Chest pain	Yes	Yes	Yes	Yes
Chest pain severity	Severe	Severe	Severe	Severe
Symptom onset	<12 h of Hospitalization	<12 h of Hospitalization	<12 h of Hospitalization	<24 h of Hospitalization
Shortness of breath	Yes	Yes	Yes	No
Diaphoresis	No	No	Yes	No
Syncope/presyncope	No	Yes	No	No
Palpitations	No	No	No	Yes

(continued)

this was his second episode; he had documented myocarditis associated with smallpox vaccination 4 years earlier.

The clinical characteristics of the 4 patients with myocarditis following COVID-19 vaccination are shown in the **Table**. Data on race and ethnicity were not available. Three were younger male individuals (age, 23-36 years) and 1 was a 70-year-old female individual. All 4 had received the second dose of a messenger RNA (mRNA) vaccine (2 received mRNA-1273 [Moderna], and 2 received BNT162b2 [Pfizer-BioNTech]) between 1 and 5 days before hospitalization. None had a viral prodrome or prior COVID-19 infection. COVID-19 and respiratory virus polymerase chain reaction test results were negative in 3 and 2 patients, respectively, who underwent testing. None had acute pulmonary disease on chest radiograph.

All 4 patients had abnormal electrocardiogram results and elevated troponin levels. The older female individual underwent coronary angiography, which revealed no atherosclerosis. CMR imaging was performed between 3 and 5 days after vaccination. All had regional wall motion abnormalities on cine imaging, and ejection fraction ranged between 40% and 59%. LGE was present in a nonischemic pattern consistent with

myocarditis in all 4 patients (**Figure 2**). Both native T1 and T2 were elevated in the regions with LGE, consistent with acute injury, except in 1 patient who did not have a T2 map acquired at a slice location that included an area with LGE. Pericardial thickness was normal in all, and no patients had pericardial LGE.

The hospital courses for all 4 were uneventful without evidence of arrhythmias or heart failure, and treatment was conservative with nonsteroidal anti-inflammatory drug and colchicine, with 1 receiving corticosteroids. All were discharged within 2 to 4 days of hospitalization.

Discussion

We identified at our institution 4 patients with acute myocarditis occurring within days of mRNA COVID-19 vaccination. Although a causal relationship cannot be established, we note that none had a viral prodrome or had coincident testing (including COVID-19 polymerase chain reaction and respiratory virus polymerase chain reaction) that revealed an alter-

Table. Characteristics of Patients Who Received COVID-19 Vaccination (continued)

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4
In-hospital testing				
Electrocardiogram	Diffuse ST elevation	Lateral	Anterolateral	Diffuse ST elevation
	PR depression	ST elevation	ST elevation	PR depression
Peak troponin, ng/L	hs-Tn T: 230 (abnormal)	hs-Tn I: 7452 (abnormal)	Tn I: 2.34 (abnormal)	hs-Tn T: 698 (abnormal)
CRP, mg/dL	6.32 (Abnormal)	2.2 (Abnormal)	NP	6.08 (Abnormal)
ESR, mm/h	6	30 (Abnormal)	NP	12
ProBNP, pg/mL	NP	780 (Abnormal)	5194 (Abnormal)	65
WBC, / μ L	10 200	10 800	16 700 (Abnormal)	13 500 (Abnormal)
COVID-19 testing ^b	Negative ^c	Negative ^d	NP	Negative ^c
Respiratory virus PCR ^e	Negative	Negative	NP	NP
Chest radiography	Normal	Normal	Normal	Normal
Chest CT	Negative for PE	Negative for PE	NP	NP
Coronary angiography	NP	NP	Normal coronaries	NP
Cardiac MRI				
Interval after vaccination, d	3	5	3	3
LVEF, %	53	58	40	59
Regional wall motion abnormality	Yes	Yes	Yes	Yes
Pericardial effusion	Trace	Small	Small	Trace
Pericardial thickness	Normal	Normal	Normal	Normal
LGE present	Yes	Yes	Yes	Yes
Location	Apical lateral	Multiple	Multiple	Lateral
Myocardial pattern	Epicardial	Epicardial	Patchy, diffuse	Epicardial, patchy
Pericardial enhancement	No	No	No	No
Native T1				
In region of LGE	Abnormal	Abnormal	Abnormal	Abnormal
In region without LGE	Normal	Normal	Normal	Normal
Native T2				
In region of LGE	Not imaged	Abnormal	Abnormal	Abnormal
In region without LGE	Normal	Normal	Normal	Normal
Therapy				
Corticosteroids	No	Yes	No	No
Colchicine	Yes	Yes	No	Yes
NSAIDs	Yes	No	No	Yes

Abbreviations: CAD, coronary artery disease; CRP, C-reactive protein; CT, computed tomography; ESR, erythrocyte sedimentation rate; hs-Tn, high-sensitivity troponin; LGE, late gadolinium enhancement; LVEF, left ventricular ejection fraction; MI, myocardial infarction; MRI, magnetic resonance imaging; NP, not performed; NSAIDs, nonsteroidal anti-inflammatory drugs; PCR, polymerase chain reaction; PE, pulmonary emboli; proBNP, pro-brain-type natriuretic peptide; WBC, white blood cell count.

SI conversion factors: To convert CRP to milligrams per liter, multiply by 10; ESR to millimeters per hour, multiply by 1; troponin to micrograms per liter, multiply by 1; WBC to $\times 10^9$ per liter, multiply by 0.001.

^a Upper respiratory tract symptoms, fever, muscle aches.

^b Performed within 2 days after the onset of chest pain in those who underwent testing.

^c Isothermal COVID-19 test was performed (Abbott ID Now; lower detection limit of 125 genome equivalent/mL).

^d Real-time PCR COVID-19 test was performed (Cepheid Xpert Xpress SARS-CoV-2; lower detection limit of 131 copies/mL).

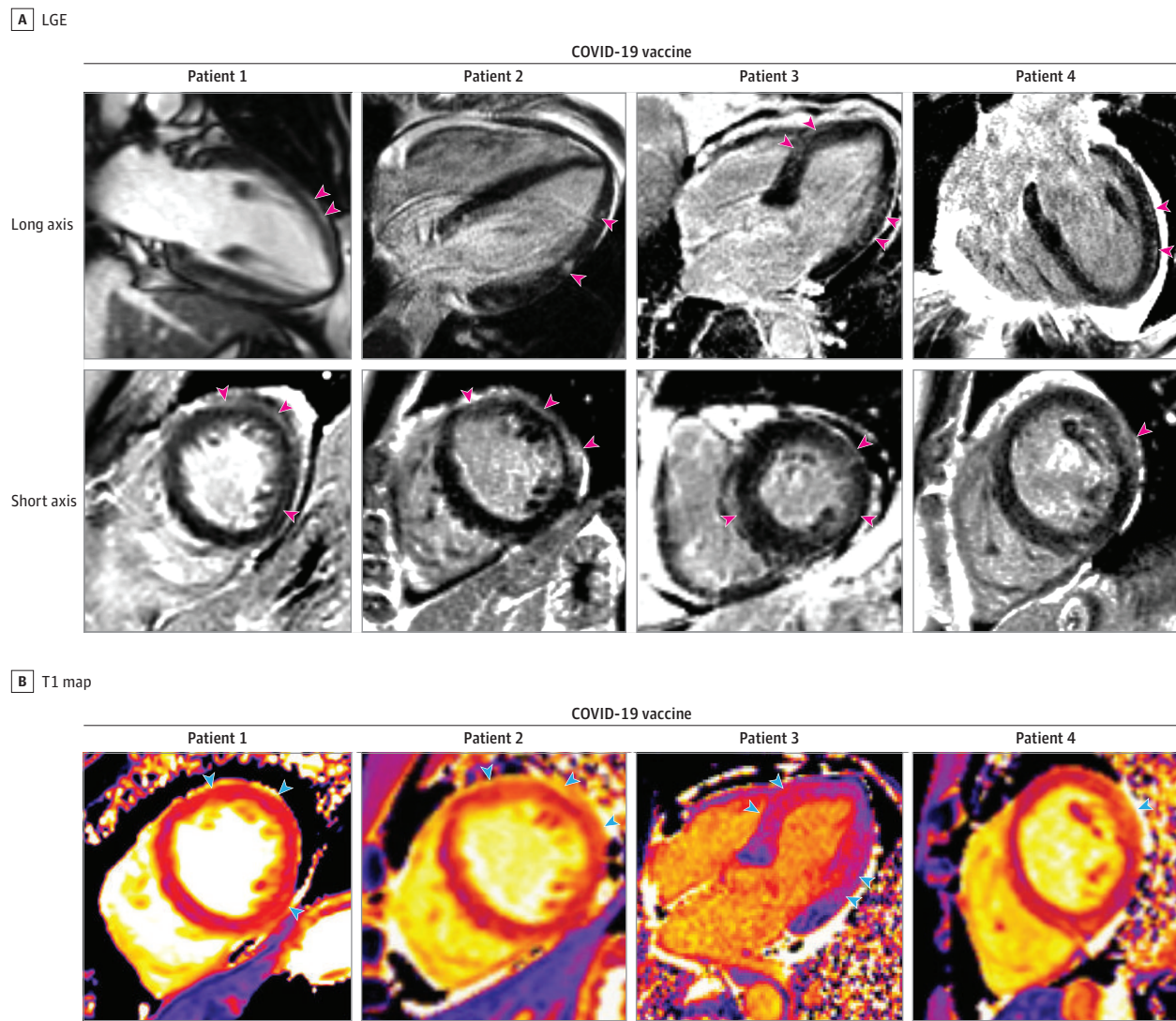
^e Influenza A, influenza B, respiratory syncytial virus.

native explanation. None had COVID-19 infection in the prior year, suggesting that myocarditis from subsequent multisystem inflammatory syndrome is also unlikely.⁸ Additionally, the diagnosis of acute myocarditis was straightforward. The presenting symptom was acute onset of severe chest pain, and myocardial injury was detected by elevated troponin levels in all patients. CMR imaging abnormalities were observed across multiple techniques (regions with wall motion abnormalities on cine imaging–matched regions with LGE and regions with abnormal native T1 and T2) and cannot be attributed to image artifacts. Moreover, the concordant findings were typical for

acute myocarditis. Hence, it is possible that these 4 cases of acute myocarditis represent a rare, potential adverse event linked to mRNA COVID-19 vaccination.

On January 7, 2021, the first patients at our institution began receiving COVID-19 vaccines, and vaccination was opened to all people 16 years and older on April 7, 2021. The first patient at our institution with myocarditis following COVID-19 vaccination was observed in the middle of February 2021, in line with the timing of the second vaccination dose. As of April 30, 2021, there were 561 197 individuals in North Carolina living in the 6 counties surrounding our institution who had been fully vaccinated against

Figure 2. Cardiac Magnetic Resonance Imaging in Patients With Acute Myocarditis Following COVID-19 Vaccination



Late gadolinium enhancement (LGE) images and T1 maps are shown in 4 patients who recently received COVID-19 vaccine. Patients 1, 2, and 4 demonstrate epicardial LGE, and patient 3 demonstrates patchy, diffuse LGE

(pink arrowheads), which are consistent with myocarditis. T1 maps demonstrate abnormal (elevated) native T1 in the regions with LGE (blue arrowheads).

COVID-19 infection, representing 33% of the population (state-wide, 99.1% received an mRNA vaccine).⁹ Since we have identified 4 patients with myocarditis following vaccination, this indicates that if COVID-19 vaccination is associated with myocarditis, it is quite rare. Nonetheless, these 4 patients represent the majority of patients with acute myocarditis identified in the past 3 months at our institution, and this led to the highest total number of patients with acute myocarditis compared with the same 3-month period for the past 5 years (Figure 1). Additionally, we identified only those patients with severe unremitting chest pain who sought medical attention. Those with mild or moderate chest pain might not seek medical attention, and it is possible that sub-clinical myocarditis may occur and could be detected by active surveillance, as has been described with smallpox vaccination.¹⁰

Fortunately, the hospital courses of the 4 patients with myocarditis following COVID-19 vaccination were unevent-

ful, and they were discharged within 2 to 4 days. In brief follow-up, none required rehospitalization (1 was seen in the emergency department for chest pain with negative troponin and pro-brain-type natriuretic peptide levels and was discharged), suggesting that the early prognosis could be benign. This is consistent with the study by Ammirati et al¹¹ that showed that the cardiac mortality plus transplant rate was 0% at 5 years in patients with an uncomplicated presentation of acute myocarditis. Conversely, patients with a complicated presentation (left ventricular ejection fraction, <50% with sustained ventricular arrhythmias or a low cardiac output syndrome requiring inotropes or mechanical circulatory support) had a cardiac mortality plus transplant rate of 14.7% at 5 years. Further study is needed to determine the range of clinical presentations and outcomes for patients with myocarditis following mRNA vaccines.

Limitations

Several caveats should be considered. First, there is no control group, and it is not possible to compare rates of acute myocarditis between those randomly assigned to receive vaccination vs no vaccination. Second, given the media attention, there could be recall or referral bias after COVID-19 vaccination compared with other vaccine exposures, and any temporal link between vaccination and myocarditis could just be due to chance. Third, although tests for COVID-19 infection and respiratory viruses were undertaken in some of the patients, these tests are neither foolproof nor comprehensive. Finally, there is no serological data, which could provide evidence of an excessive response to vaccination or prior subclinical COVID-19 infection (as determined by antinucleocapsid antibodies).

Conclusions

The findings from the present report raise the possibility of an association between mRNA COVID-19 vaccination and acute myocarditis. Since most individuals in North Carolina have received mRNA vaccines, it remains unknown if acute myocarditis will be observed following non-mRNA vaccines. Additionally, whether patients who experience acute myocarditis following COVID-19 vaccination should receive subsequent booster vaccinations for COVID-19 variants (or annual vaccinations for prophylaxis, if needed) is an open question, and the risk vs benefit profile will have to be considered carefully.

ARTICLE INFORMATION

Accepted for Publication: May 28, 2021.

Published Online: June 29, 2021.

doi:10.1001/jamacardio.2021.2828

Author Contributions: Drs H. W. Kim and R. J. Kim had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: H. W. Kim, Azevedo, Campbell, R. J. Kim.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: H. W. Kim, Jenista, Wendell, Campbell, Darty, Parker, R. J. Kim.

Critical revision of the manuscript for important intellectual content: H. W. Kim, Jenista, Azevedo, Campbell.

Administrative, technical, or material support: H. W. Kim, Jenista, Wendell, Azevedo, Campbell, Darty. **Supervision:** H. W. Kim, R. J. Kim.

Conflict of Interest Disclosures: Dr Campbell reported personal fees from Longeveron outside the submitted work. Dr R. J. Kim reported holding equity interest in Heart Imaging Technologies and grants from Siemens outside the submitted work. No other disclosures were reported.

Additional Contributions: We thank all 4 patients for granting permission to publish this information.

REFERENCES

1. Eckart RE, Love SS, Atwood JE, et al; Department of Defense Smallpox Vaccination Clinical Evaluation

Team. Incidence and follow-up of inflammatory cardiac complications after smallpox vaccination. *J Am Coll Cardiol.* 2004;44(1):201-205. doi:10.1016/j.jacc.2004.05.004

2. Kuntz J, Crane B, Weinmann S, Naleway AL; Vaccine Safety Datalink Investigator Team. Myocarditis and pericarditis are rare following live viral vaccinations in adults. *Vaccine.* 2018;36(12):1524-1527. doi:10.1016/j.vaccine.2018.02.030

3. Cheng MP, Kozoriz MG, Ahmadi AA, Kelsall J, Paquette K, Onrot JM. Post-vaccination myositis and myocarditis in a previously healthy male. *Allergy Asthma Clin Immunol.* 2016;12:6. doi:10.1186/s13223-016-0114-4

4. Kim YJ, Bae JI, Ryoo SM, Kim WY. Acute fulminant myocarditis following influenza vaccination requiring extracorporeal membrane oxygenation. *Acute Crit Care.* 2019;34(2):165-169. doi:10.4266/acc.2017.00045

5. Heitner JF, Kim RJ, Kim HW, et al. Prognostic value of vasodilator stress cardiac magnetic resonance imaging: a multicenter study with 48 000 patient-years of follow-up. *JAMA Cardiol.* 2019;4(3):256-264. doi:10.1001/jamacardio.2019.0035

6. Kramer CM, Barkhausen J, Bucciarelli-Ducci C, Flamm SD, Kim RJ, Nagel E. Standardized cardiovascular magnetic resonance imaging (CMR) protocols: 2020 update. *J Cardiovasc Magn Reson.* 2020;22(1):17. doi:10.1186/s12968-020-00607-1

7. Schulz-Menger J, Bluemke DA, Bremerich J, et al. Standardized image interpretation and post processing in cardiovascular magnetic resonance: Society for Cardiovascular Magnetic Resonance (SCMR) board of trustees task force on standardized post processing. *J Cardiovasc Magn Reson.* 2013;15:35. doi:10.1186/1532-429X-15-35

8. Morris SB, Schwartz NG, Patel P, et al. Case series of multisystem inflammatory syndrome in adults associated with SARS-CoV-2 infection: United Kingdom and United States, March-August 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(40):1450-1456. doi:10.15585/mmwr.mm6940e1

9. North Carolina Department of Health and Human Services. COVID-19 North Carolina dashboard. Accessed April, 30 2021. <https://covid19.ncdhhs.gov/dashboard>

10. Engler RJ, Nelson MR, Collins LC Jr, et al. A prospective study of the incidence of myocarditis/pericarditis and new onset cardiac symptoms following smallpox and influenza vaccination. *PLoS One.* 2015;10(3):e0118283. doi:10.1371/journal.pone.0118283

11. Ammirati E, Cipriani M, Moro C, et al; Registro Lombardo delle Miocarditi. Clinical presentation and outcome in a contemporary cohort of patients with acute myocarditis: multicenter Lombardy registry. *Circulation.* 2018;138(11):1088-1099. doi:10.1161/CIRCULATIONAHA.118.035319

Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military

Jay Montgomery, MD; Margaret Ryan, MD, MPH; Renata Engler, MD; Donna Hoffman, MSN; Bruce McClenathan, MD; Limone Collins, MD; David Loran, DNP; David Hrcir, MD; Kelsie Herring, MD; Michael Platzer, MD; Nehkonti Adams, MD; Aliye Sanou, MD; Leslie T. Cooper Jr, MD

IMPORTANCE Myocarditis has been reported with COVID-19 but is not clearly recognized as a possible adverse event following COVID-19 vaccination.

OBJECTIVE To describe myocarditis presenting after COVID-19 vaccination within the Military Health System.

DESIGN, SETTING, AND PARTICIPANTS This retrospective case series studied patients within the US Military Health System who experienced myocarditis after COVID-19 vaccination between January and April 2021. Patients who sought care for chest pain following COVID-19 vaccination and were subsequently diagnosed with clinical myocarditis were included.

EXPOSURE Receipt of a messenger RNA (mRNA) COVID-19 vaccine between January 1 and April 30, 2021.

MAIN OUTCOMES AND MEASURES Clinical diagnosis of myocarditis after COVID-19 vaccination in the absence of other identified causes.

RESULTS A total of 23 male patients (22 currently serving in the military and 1 retiree; median [range] age, 25 [20-51] years) presented with acute onset of marked chest pain within 4 days after receipt of an mRNA COVID-19 vaccine. All military members were previously healthy with a high level of fitness. Seven received the BNT162b2-mRNA vaccine and 16 received the mRNA-1273 vaccine. A total of 20 patients had symptom onset following the second dose of an appropriately spaced 2-dose series. All patients had significantly elevated cardiac troponin levels. Among 8 patients who underwent cardiac magnetic resonance imaging within the acute phase of illness, all had findings consistent with the clinical diagnosis of myocarditis. Additional testing did not identify other etiologies for myocarditis, including acute COVID-19 and other infections, ischemic injury, or underlying autoimmune conditions. All patients received brief supportive care and were recovered or recovering at the time of this report. The military administered more than 2.8 million doses of mRNA COVID-19 vaccine in this period. While the observed number of myocarditis cases was small, the number was higher than expected among male military members after a second vaccine dose.

CONCLUSIONS AND RELEVANCE In this case series, myocarditis occurred in previously healthy military patients with similar clinical presentations following receipt of an mRNA COVID-19 vaccine. Further surveillance and evaluation of this adverse event following immunization is warranted. Potential for rare vaccine-related adverse events must be considered in the context of the well-established risk of morbidity, including cardiac injury, following COVID-19 infection.

JAMA Cardiol. doi:10.1001/jamacardio.2021.2833
Published online June 29, 2021.

 Editorial

 Related article

 Supplemental content

Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Author: Jay Montgomery, MD, Walter Reed National Military Medical Center, 4954 N Palmer Rd, Bldg 19, Room 4026, Bethesda, MD 20889 (jay.r.montgomery.civ@mail.mil); Margaret Ryan, MD, MPH, Naval Medical Center San Diego, 34800 Bob Wilson Dr, Bldg 6, Room 4V7C1, San Diego, CA 92134 (margaret.a.ryan6.civ@mail.mil).

Myocarditis is a heterogeneous disease with diverse clinical patterns, etiologies, and therapeutic responses, reflecting inflammatory injury to myocardial tissue in the absence of ischemia.¹ While viral infections, now including SARS-CoV-2, are the most common triggers of the disease, some myocarditis cases are associated with certain drugs and vaccine exposures.¹ With the exception of cases following live-attenuated smallpox vaccine in the military population,² myocarditis as an adverse event following immunization is described in rare published case reports and infrequent submissions to the Vaccine Adverse Events Reporting System (VAERS).^{3,4}

Serious adverse events associated with receipt of new vaccines targeting COVID-19 are of high interest to the public and to public health vaccine safety surveillance. We describe a series of 23 individuals who developed probable hypersensitivity myocarditis in temporal association with COVID-19 messenger RNA (mRNA) vaccination.

Methods

The US military initiated COVID-19 vaccination following US Centers for Disease Control and Prevention (CDC)-defined phased distribution in December 2020. Adverse events following immunizations were identified from referrals to Defense Health Agency clinical specialists and through review of VAERS reports. Retrospective review of cases was conducted in accordance with the Walter Reed National Military Medical Center Institutional Review Board-approved protocol, "Adverse Events Following Immunization: Case Definitions and Outcomes Retrospective Review," and exempt from formal consent procedures.

Results

A total of 23 male patients (22 currently serving in the military and 1 retiree; median [range] age, 25 [20-51] years) were evaluated between January and April 2021 for acute-onset chest pain following mRNA COVID-19 vaccination. Care was provided in 15 distinct geographic locations globally with varying diagnostic evaluations. Each patient had a final diagnosis of myocarditis without infectious, ischemic, or autoimmune

Key Points

Question Should myocarditis be considered a potential adverse event following immunization with messenger RNA (mRNA) COVID-19 vaccines?

Findings In this case series of 23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days of receipt of a COVID-19 vaccine. For most patients (n = 20), the diagnosis was made after the second dose of mRNA COVID-19 vaccine; these episodes occurred against the backdrop of 2.8 million doses of mRNA COVID-19 vaccines administered.

Meaning Vigilance for rare adverse events, including myocarditis, after COVID-19 vaccination is warranted but should not diminish overall confidence in vaccination during the current pandemic.

etiologies identified. Diagnoses were reviewed by an adjudication process and met the CDC case definition criteria for probable myocarditis (Table 1). A total of 8 patients had cardiac magnetic resonance imaging (cMRI) with T2 weighting showing subepicardial late gadolinium enhancement and/or focal myocardial edema, consistent with Lake Louise criteria for myocarditis.¹ The eFigure in the Supplement exemplifies cMRI findings for one of these patients.

The demographic and clinical characteristics of patients are summarized in Table 2. All military service members were physically fit by military standards and lacking any known history of cardiac disease, significant cardiac risk factors, or exposure to cardiotoxic agents. All patients presented with acute chest pain and significantly elevated cardiac troponin levels (10-fold to 400-fold the upper limits of their respective reference ranges). Their symptoms began within 12 to 96 hours following immunization with an mRNA COVID-19 vaccine. Sixteen had received the mRNA-1273 vaccine (Moderna), and 7 had received the BNT162b2-mRNA vaccine (Pfizer-BioNTech). For all but 3 patients, the second dose of vaccine preceded their myocarditis presentations. Among the 3 patients presenting after an initial vaccine dose, all had confirmed COVID-19 infection more than 2 months prior to vaccination.

All patients underwent electrocardiography and echocardiography (Table 2). Abnormal electrocardiography findings were recorded in 19 patients (83%); findings included ST-segment elevations, T-wave inversions, and nonspecific ST

Table 1. Case Definition Criteria for Myocarditis Following Immunization^a

Suspected case	Probable case	Confirmed case
Dyspnea, palpitations, or chest pain of probable cardiac origin, with either one of the following: A. ECG abnormalities beyond normal variants, not documented previously, including: • ST-segment/T-wave abnormalities • Paroxysmal or sustained atrial or ventricular arrhythmias • AV nodal conduction delays or intraventricular conduction defects • Continuous ambulatory ECG monitoring that detects frequent atrial or ventricular ectopy B. Focal or diffuse depressed LV function of indeterminate age identified by an imaging study	Meets criteria for suspected myocarditis, in the absence of other likely cause of symptoms, in addition to one of the following: A. Elevated cardiac enzymes (troponin-I, troponin-T, or creatine kinase-MB) B. New-onset or increased degree of severity of focal or diffuse depressed LV function by imaging C. Abnormal imaging findings indicating myocardial inflammation (cardiac MRI with gadolinium, gallium-67 scanning, antimyosin antibody scanning)	Histopathologic evidence of myocarditis by endomyocardial biopsy or autopsy

Abbreviations: ECG, electrocardiography; LV, left ventricular; MRI, magnetic resonance imaging.

^a This definition was originally developed to evaluate cardiac events after smallpox vaccine. The definition is currently being reviewed by the international Brighton Collaboration for application to COVID-19 vaccine.

Table 2. Demographic and Clinical Characteristics of 23 Military Health System Patients With Myocarditis Following COVID-19 Vaccination, January-April 2021

Characteristic	No. (%)
Age, median (range), y	25 (20-51)
Sex	
Male	23 (100)
Female	0
Military status	
Currently serving	22 (96)
Retired	1 (4)
Proximate vaccine dose	
Second mRNA-1273 dose	14 (61)
Second BNT162b2-mRNA dose	6 (26)
First mRNA-1273 dose	2 (9)
First BNT162b2-mRNA dose	1 (4)
Time to symptom onset, mean (range), h	50 (12-96)
Troponin level ^a	
Elevated	23 (100)
Not elevated	0
Electrocardiogram findings ^b	
Abnormal	19 (83)
Normal	4 (17)
Echocardiogram findings ^c	
LVEF <50%	4 (17)
LVEF ≥50%	19 (83)
Coronary artery imaging	
Abnormal	0
Normal	16 (70)
Not performed	7 (30)
Cardiac MRI ^d	
Abnormal	8 (35)
Normal	0
Not performed	15 (65)
SARS-CoV-2 PCR findings at presentation	
Positive	0
Negative	19 (83)
Not performed	4 (17)
Other viral testing at presentation ^e	
Positive	0
Negative	13 (57)
Not performed	10 (43)
History of prior SARS-CoV-2 infection	
Positive	3 (13)
Negative	20 (87)

Abbreviations: LVEF, left ventricular ejection fraction; MRI, magnetic resonance imaging; mRNA, messenger RNA; PCR, polymerase chain reaction.

^a Inconsistencies in troponin types and laboratory sensitivity of testing preclude reporting combined quantified results.

^b Electrocardiogram findings included ST elevations, T-wave inversions, and nonspecific ST changes.

^c Echocardiogram findings are reported as LVEF; no structural abnormalities were noted in any patients.

^d All abnormal cardiac MRIs reportedly met current Lake Louise criteria for myocarditis, with subepicardial late gadolinium enhancement and/or focal myocardial edema.

^e Testing for other acute viral infections varied in each case; panels included some or all of these pathogens: coxsackie viruses, cytomegalovirus, Epstein-Barr virus, hepatitis A virus, hepatitis B virus, hepatitis C virus, herpes simplex virus, human herpesvirus 6, HIV, influenza viruses, and parvoviruses.

Table 3. Expected vs Observed Cases of Myocarditis in Military Health System Patients Based on Number of Messenger RNA (mRNA) COVID-19 Vaccine Doses Administered

Doses of mRNA COVID-19 vaccine (through April 30, 2021)	No. of myocarditis cases
	Expected ^a Observed
2 810 000 Total doses	2 to 52 23
1 065 000 Second doses	1 to 20 20
544 000 Second doses to military members	0 to 10 19
436 000 Second doses to male military members	0 to 8 19

^a Expected number is based on an expected annual incidence ranging from 1 per 100 000 person-years to 22 per 100 000 person-years^{5,6} presenting within a 30-day period after vaccination.

changes. Echocardiography in 4 patients (17%) demonstrated reduced left ventricular ejection fractions (40% to 50%). No structural abnormalities were noted on any echocardiograms. A total of 16 patients underwent coronary artery imaging (11 had cardiac catheterization and 5 had coronary computed tomography angiography); none showed evidence of coronary artery disease.

Nineteen patients had respiratory specimens tested for SARS-CoV-2 by polymerase chain reaction at the time of presentation; none had evidence of acute SARS-CoV-2 infection. There were no positive findings among 13 patients who were tested for other infections, nor among 9 patients who were tested for autoimmune diseases.

Cardiac symptoms resolved within 1 week of onset for 16 patients. Seven patients continued to have chest discomfort at the time of this report; follow-up is ongoing.

The number of doses of mRNA COVID-19 vaccine administered by the Military Health System through April 30, 2021, is shown in Table 3. Overall, 2 810 000 doses were administered; 1 065 000 second doses were administered; 544 000 second doses were administered to military service members; and 436 000 second doses were administered to male military service members. The expected number of myocarditis cases occurring in a 30-day period after vaccination may be estimated using an international incidence of 22 cases per 100 000 person-years⁵ or a US incidence of 1 to 10 cases per 100 000 person-years.⁶ Observed numbers of myocarditis in the Military Health System were higher than some estimates of expected numbers, especially when considering the subset of the population who were military service members who received second doses of an mRNA COVID-19 vaccine (Table 3).

Discussion

In this case series, we describe 23 patients with clinical evidence of myocarditis following mRNA COVID-19 vaccination and meeting the CDC case definition for probable myocarditis. Eight patients had cMRI findings consistent with myocarditis. All patients in this series reflect substantial similarities in demographic characteristics, proximate vaccine dose, onset interval, and character of vaccine-associated myocarditis. The consistent pattern of clinical presentation, rapid recovery, and absence of evidence of

other causes support the diagnosis of hypersensitivity myocarditis. Without myocardial biopsy, histology cannot be defined, but the clinical course suggests eosinophilic hypersensitivity myocarditis as described in the context of other drug-associated and vaccine-associated myocarditis.¹⁻³ Presentation after second vaccine dose or, in 3 patients, when vaccination followed SARS-CoV-2 infection, suggests that prior exposure was relevant in the hypersensitivity response.

With the exception of the smallpox vaccine, immunizations are rarely associated with hypersensitivity myocarditis. The spectrum of clinical presentation and reliance on patients seeking health care and on health care professionals recognizing a rare vaccine-associated adverse event limits determination of the true incidence of this condition.⁷ In contrast to passive case finding, Engler et al² reported a significantly higher incidence of myocarditis and pericarditis after smallpox vaccination through active prospective follow-up of vaccinated participants. They noted that 60% of these patients would not have sought medical care for symptoms outside of the study protocol.² Recognition of vaccine-associated myocarditis is clinically important since diagnosis impacts management, recommendations for exercise, and monitoring for cardiomyopathy.⁸

Notably, myocarditis cases were not reported following vaccination in clinical trials of current COVID-19 vaccines.^{9,10} Adverse cardiac events of any kind were reported in less than 0.1% of trial participants, and rates were not higher in recipients of vaccine compared with placebo. The inability to identify rare adverse events is understandable in preauthorization testing since fewer than 20 000 participants received a vaccine in each trial.

Background rates of myocarditis in the general population are variable and may be challenging to determine. As noted, a global estimate of incidence is 22 cases per 100 000 person-years.⁵ More recent estimates of US incidence are lower (1 to 10 cases per 100 000 person-years) and may be more appropriate for estimating expected rates of diagnoses in evaluations of immunization safety.⁶ Applying both the US and global background incidence to the population vaccinated by the US military yields a range of expected numbers of cases of myocarditis in this period (Table 3). The observed number of male military members who experienced myocarditis after their second dose of mRNA vaccine, while relatively small, is substantially higher than the expected number.

Finally, it is important to frame concerns about potential vaccine-associated myocarditis within the context of the cur-

rent pandemic. Infection with SARS-CoV-2 is a clear cause of serious cardiac injury in many patients.¹¹ The mechanism of injury may be direct infection, an immune-mediated response, or a combination of direct or indirect effects. Prevalence of cardiac injury may be as high as 60% in seriously ill patients. Notably, nearly 1% of highly fit athletes with mild COVID-19 infection have evidence of myocarditis on cMRI.^{12,13} Given that COVID-19 vaccines are remarkably effective at preventing infection, any risk of rare adverse events following immunization must be carefully weighed against the very substantial benefit of vaccination.

Limitations

Important limitations to this case series should be considered. Passive surveillance, even when stimulated by global attention on vaccine safety, may not identify all cases. The patients described in this report were identified in a brief period of observation after vaccine implementation from a cohort of essential workers who are not necessarily representative of the general population. Clinical evaluations varied and did not include complete testing in some patients who received care in different hospitals and in different countries. In particular, consistent application of cMRI and thorough viral testing would have strengthened clinical conclusions. This early report is also unable to describe longer-term outcomes among these patients. Despite limitations of this review, it is notable that the clinical presentations of these 23 patients appear consistent with other recent case reports of myocarditis after second doses of mRNA COVID-19 vaccines.^{14,15}

Conclusions

We report a case series of probable hypersensitivity myocarditis with consistent temporal association to receipt of an mRNA COVID-19 vaccine. While the true incidence of this adverse event is unknown at this time, the presentation pattern and clinical course suggest an association with an inflammatory response to vaccination. Increased attention to myocarditis as a potential adverse event following immunization is warranted. Recognition of the substantial morbidity associated with COVID-19 infection, including risk of cardiac injury, and the strong effectiveness of immunization in preventing infection provide important context for this topic. Concerns about rare adverse events following immunization should not diminish overall confidence in the value of vaccination.

ARTICLE INFORMATION

Accepted for Publication: June 1, 2021.

Published Online: June 29, 2021.

doi:10.1001/jamacardio.2021.2833

Author Affiliations: Immunization Healthcare Division, Defense Health Agency, Falls Church, Virginia (Montgomery, Ryan, Hoffman, McClenathan, Collins, Loran, Hrnir); Walter Reed National Military Medical Center, Bethesda, Maryland (Montgomery, Hoffman); Naval Medical Center, San Diego, California (Ryan, Loran); Uniformed Services University of the Health

Sciences, Bethesda, Maryland (Engler, Adams); Womack Army Medical Center, Fort Bragg, North Carolina (McClenathan); Wilford Hall Ambulatory Surgical Center, Lackland Air Force Base, San Antonio, Texas (Hrnir); Naval Hospital Bremerton, Bremerton, Washington (Herring); Marine Expeditionary Forces, Okinawa, Japan (Platzer, Adams, Sanou); Mayo Clinic, Jacksonville, Florida (Cooper).

Author Contributions: Drs Montgomery and Ryan had full access to all of the data in the study and

take responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Montgomery, Ryan, McClenathan, Collins, Hrnir, Herring.

Acquisition, analysis, or interpretation of data: Montgomery, Ryan, Engler, Hoffman, McClenathan, Loran, Hrnir, Herring, Platzer, Adams, Sanou, Cooper.

Drafting of the manuscript: Montgomery, Ryan, Engler, Cooper.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Ryan, McClenathan.

Administrative, technical, or material support: Montgomery, Ryan, Engler, Hoffman, McClenathan, Collins, Loran, Hrcir, Herring, Platzter, Adams, Sanou.

Study supervision: Montgomery, Ryan, Cooper.

Conflict of Interest Disclosures: Dr Cooper has received personal fees from Bristol Myers Squibb, Cantargia, CardioPath, Kiniksa Pharmaceuticals, and Cardiol Therapeutics. No other disclosures were reported.

Disclaimer: The views expressed are those of the authors and do not necessarily reflect official policy of the Department of Defense or the US government.

Additional Contributions: We thank the eldest patient for granting permission to publish identifiable information. We appreciate the contributions of the many clinicians who provided care or consultation for these patients worldwide, including, but not limited to, Todd Looney, MD; Matthew Needleman, MD; J. Edwin Atwood, MD; Carlie Cerne, MD; P. Gabriel Peterson, MD; Benjamin St. Clair, MD; and Nathan Boggs, MD (Walter Reed National Military Medical Center, Bethesda, Maryland); and Michael Romero, HM1, USN. We appreciate the support of Col Tonya Rans, USAF, MC; Laurie Duran, MSN; Laurie Housel, MSN; Ann Morse, MSN; Catherine Skerrett, MSN (Immunization Healthcare Division, Defense Health Agency, Falls Church, Virginia); and the Clinical Immunization Safety Assessment professionals at the US Centers for Disease Control and Prevention.

REFERENCES

1. Tschöpe C, Ammirati E, Bozkurt B, et al. Myocarditis and inflammatory cardiomyopathy: current evidence and future directions. *Nat Rev Cardiol*. 2021;18(3):169-193. doi:10.1038/s41569-020-00435-x
2. Engler RJ, Nelson MR, Collins LC Jr, et al. A prospective study of the incidence of myocarditis/pericarditis and new onset cardiac symptoms following smallpox and influenza vaccination. *PLoS One*. 2015;10(3):e0118283. doi:10.1371/journal.pone.0118283
3. Aslan I, Fischer M, Laser KT, Haas NA. Eosinophilic myocarditis in an adolescent: a case report and review of the literature. *Cardiol Young*. 2013;23(2):277-283. doi:10.1017/S1047951112001199
4. Mei R, Raschi E, Forcesi E, Diemberger I, De Ponti F, Poluzzi E. Myocarditis and pericarditis after immunization: gaining insights through the Vaccine Adverse Event Reporting System. *Int J Cardiol*. 2018;273:183-186. doi:10.1016/j.ijcard.2018.09.054
5. Global Burden of Disease Study 2013 Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015;386(9995):743-800. doi:10.1016/S0140-6736(15)60692-4
6. Gubernot D, Jazwa A, Niu M, et al. U.S. population-based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. *Vaccine*. Published online May 14, 2021. doi:10.1016/j.vaccine.2021.05.016
7. Kuntz J, Crane B, Weinmann S, Naleway AL; Vaccine Safety Datalink Investigator Team. Myocarditis and pericarditis are rare following live viral vaccinations in adults. *Vaccine*. 2018;36(12):1524-1527. doi:10.1016/j.vaccine.2018.02.030
8. Hurwitz B, Issa O. Management and treatment of myocarditis in athletes. *Curr Treat Options Cardiovasc Med*. 2020;22(12):65. doi:10.1007/s11936-020-00875-1
9. US Food and Drug Administration. Pfizer-BioNTech COVID-19 vaccine (BNT162, PF-07302048): Vaccines and Related Biological Products Advisory Committee briefing document. Accessed May 26, 2021. <https://www.fda.gov/media/144246/download>
10. US Food and Drug Administration. Moderna mRNA-1273 sponsor briefing document for Vaccines and Related Biological Products Advisory Committee. Accessed May 26, 2021. <https://www.fda.gov/media/144452/download>
11. Castiello T, Georgiopoulos G, Finocchiaro G, et al. COVID-19 and myocarditis: a systematic review and overview of current challenges. *Heart Fail Rev*. 2021;1-11. doi:10.1007/s10741-021-10087-9
12. Starekova J, Bluemke DA, Bradham WS, et al. Evaluation for myocarditis in competitive student athletes recovering from coronavirus disease 2019 with cardiac magnetic resonance imaging. *JAMA Cardiol*. Published online January 14, 2021. doi:10.1001/jamacardio.2020.7444
13. Martinez MW, Tucker AM, Bloom OJ, et al. Prevalence of inflammatory heart disease among professional athletes with prior COVID-19 infection who received systematic return-to-play cardiac screening. *JAMA Cardiol*. Published online March 4, 2021. doi:10.1001/jamacardio.2021.0565
14. Bautista García J, Peña Ortega P, Bonilla Fernández JA, Cárdenas León A, Ramírez Burgos L, Caballero Dorta E. Acute myocarditis after administration of the BNT162b2 vaccine against COVID-19. *Rev Esp Cardiol (Engl Ed)*. Published online March 20, 2021. doi:10.1016/j.rec.2021.04.005
15. Albert E, Aurigemma G, Saucedo J, Gerson DS. Myocarditis following COVID-19 vaccination. *Radiol Case Rep*. 2021;16(8):2142-2145. doi:10.1016/j.radcr.2021.05.033

Letters

RESEARCH LETTER

Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children: A Randomized Clinical Trial

Many governments have made nose and mouth covering or face masks compulsory for schoolchildren. The evidence base for this is weak.^{1,2} The question whether nose and mouth covering increases carbon dioxide in inhaled air is crucial. A large-scale survey³ in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings.

The normal content of carbon dioxide in the open is about 0.04% by volume (ie, 400 ppm). A level of 0.2% by volume or 2000 ppm is the limit for closed rooms according to the German Federal Environmental Office, and everything beyond this level is unacceptable.⁴

Methods | We measured carbon dioxide content in inhaled air with and without 2 types of nose and mouth coverings in a well-controlled, counterbalanced, short-term experimental study in volunteer children in good health (details are in the eMethods in [Supplement 1](#)). The study was conducted according to the Declaration of Helsinki and submitted to the ethics committee of the University Witten/Herdecke. All children gave written informed consent, and parents also gave written informed consent for children younger than 16 years. A 3-minute continuous measurement was taken for baseline carbon dioxide levels without a face mask. A 9-minute measurement for each type of mask was allowed: 3 minutes for measuring the carbon dioxide content in joint inhaled and exhaled air, 3 minutes for measuring the carbon dioxide content during inhalation, and 3 minutes for measuring the carbon dioxide content during exhalation. The carbon dioxide content of ambient air was always kept well under 0.1% by volume through multiple ventilations. The sequence of masks was randomized, and randomization was blinded and stratified by age of children. We analyzed data using a linear model for repeated measurements with $P < .05$ as the significance threshold. The measurement protocol (trial protocol in [Supplement 2](#)) is available online.⁵ Data were collected on April 9 and 10, 2021, and analyzed using Statistica version 13.3 (TIBCO).

Results | The mean (SD) age of the children was 10.7 (2.6) years (range, 6-17 years), and there were 20 girls and 25 boys. Measurement results are presented in the **Table**. We checked potential associations with outcome. Only age was associated with carbon dioxide content in inhaled air ($y = 1.9867 - 0.0555 \times x$; $r = -0.39$; $P = .008$; **Figure**). Hence, we added age as a continuous covariate to the model. This revealed an association (partial $\eta^2 = 0.43$; $P < .001$). Contrasts showed that this was attributable to the difference between the baseline value and the values of both masks jointly. Contrasts between the 2 types of masks were not significant. We measured means (SDs) between 13 120 (384) and 13 910 (374) ppm of carbon dioxide in inhaled air under surgical and filtering facepiece 2 (FFP2) masks, which is higher than what is already deemed unacceptable by the German Federal Environmental Office by a factor of 6. This was a value reached after 3 minutes of measurement. Children under normal conditions in schools wear such masks for a mean of 270 (interquartile range, 120-390) minutes.³ The **Figure** shows that the value of the child with the lowest carbon dioxide level was 3-fold greater than the limit of 0.2 % by volume.⁴ The youngest children had the highest values, with one 7-year-old child's carbon dioxide level measured at 25 000 ppm.

Table. Carbon Dioxide Values Under Various Conditions

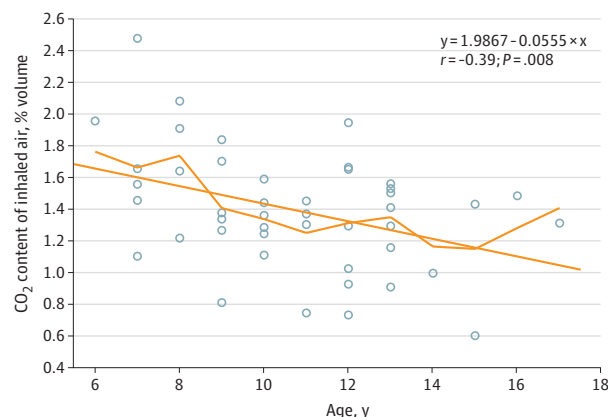
Measurement	Participants, No.	Carbon dioxide, % by volume	
		Mean (SD) [95% CI]	Range
Baseline			
Pretest	45	0.268 (0.108) [0.235-0.300]	0.100-0.628
Posttest ^a	39	0.281 (0.105) [0.247-0.316]	0.100-0.525
Main outcome			
Inhaled air with surgical mask	45	1.312 (0.384) [1.197-1.427]	0.577-2.554
Inhaled air with FFP2 mask	45	1.391 (0.374) [1.279-1.504]	0.600-2.475
Additional outcome			
Joint exhaled and inhaled air with surgical mask	45	2.650 (0.486) [2.504-2.796]	1.33-3.41
Exhaled air with surgical mask	44	3.847 (0.678) [3.641-4.053]	1.783-4.754
Joint inhaled and exhaled air with FFP2 mask	45	2.677 (0.386) [2.561-2.793]	1.660-3.418
Exhaled air with FFP2	45	3.846 (0.547) [3.682-4.011]	2.592-5.24
Carbon dioxide content in ambient air	NA	0.074 (0.003) [0.073-0.075]	0.067-0.083

Abbreviations: FFP, filtering facepiece; NA, not applicable.

^a Posttest scores were missing in 6 children because they stopped the measurement after wearing the masks.

This article has been retracted

Figure. Scatterplot of Carbon Dioxide Content in Inhaled Air Under Filtering Facepiece Mask by Age



Linear regression line with locally weighted scatterplot smoothing.

Discussion | The limitations of the study were its short-term nature in a laboratory-like setting and the fact that children were not occupied during measurements and might have been apprehensive. Most of the complaints reported by children³ can be understood as consequences of elevated carbon dioxide levels in inhaled air. This is because of the dead-space volume of the masks, which collects exhaled carbon dioxide quickly after a short time. This carbon dioxide mixes with fresh air and elevates the carbon dioxide content of inhaled air under the mask, and this was more pronounced in this study for younger children.

This leads in turn to impairments attributable to hypercapnia. A recent review⁶ concluded that there was ample evidence for adverse effects of wearing such masks. We suggest that decision-makers weigh the hard evidence produced by these experimental measurements accordingly, which suggest that children should not be forced to wear face masks.

Harald Walach, PhD
 Ronald Weigl, MD
 Juliane Prentice, BA
 Andreas Diemer, PhD, MD
 Helmut Traindl, PhD
 Anna Kappes, MA
 Stefan Hockertz, PhD

Author Affiliations: Poznan University of the Medical Sciences, Pediatric Clinic, Poznań, Poland (Walach); Obstetric, Gynecological, and General Practice, Passau, Germany (Weigl); Psychotherapeutic Practice, Müllheim, Germany

(Prentice); General Practice, Gernsbach, Germany (Diemer); Traindl Consult, Vienna, Austria (Traindl); Psychotherapeutic Practice for Children and Youth, Müllheim, Germany (Kappes); tpi consult GmbH, Bollschweil, Germany (Hockertz).

Accepted for Publication: June 7, 2021.

Published Online: June 30, 2021. doi:10.1001/jamapediatrics.2021.2659

Retraction: A notice of retraction was published on July 16, 2021.

Corresponding Author: Harald Walach, PhD, Poznan University of the Medical Sciences, Pediatric Clinic, ul. Szpitalna 27/33, PL-60-572 Poznań, Poland (harald.walach@uni-wh.de).

Author Contributions: Dr Walach (principal investigator) had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: All authors.

Acquisition, analysis, or interpretation of data: Walach, Weigl, Diemer, Traindl, Kappes, Hockertz.

Drafting of the manuscript: Walach, Traindl.

Critical revision of the manuscript for important intellectual content: Walach, Weigl, Prentice, Diemer, Kappes, Hockertz.

Statistical analysis: Walach.

Administrative, technical, or material support: Weigl, Prentice, Diemer, Traindl, Kappes, Hockertz.

Supervision: Weigl, Diemer, Traindl, Kappes, Hockertz.

Other-liaising with all other authors: Walach.

Conflict of Interest Disclosures: None reported.

Funding/Support: Mediziner und Wissenschaftler für Gesundheit, Freiheit und Demokratie eV, a public charity, has organized this study and covered only essential expenses, such as travel.

Role of the Funder/Sponsor: The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

Data Sharing Statement: See [Supplement 3](#).

1. Xiao J, Shiu EYC, Gao H, et al. Nonpharmaceutical measures for pandemic influenza in nonhealthcare settings—personal protective and environmental measures. *Emerg Infect Dis*. 2020;26(5):967-975. doi:10.3201/eid2605.190994
2. Matuschek C, Moll F, Fangerau H, et al. Face masks: benefits and risks during the COVID-19 crisis. *Eur J Med Res*. 2020;25(1):32. doi:10.1186/s40001-020-00430-5
3. Schwarz S, Jenetzky E, Krafft H, Maurer T, Martin D. Corona children studies "Co-Ki": first results of a Germany-wide registry on mouth and nose covering (mask) in children. Published 2021. Accessed June 15, 2021. <https://www.researchsquare.com/article/rs-124394/v1>
4. Mitteilungen der Ad-hoc-Arbeitsgruppe Innenraumrichtwerte der Innenraumlufthygiene-Kommission des Umweltbundesamtes und der Obersten Landesgesundheitsbehörden. [Health evaluation of carbon dioxide in indoor air]. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2008; 51(11):1358-1369. doi:10.1007/s00103-008-0707-2
5. Walach H, Weigl R, Traindl H, et al. Is carbon dioxide content under nose-mouth covering in children without potential risks? a measurement study in healthy children. Published April 14, 2021. Accessed June 15, 2021. https://osf.io/yh97a/?view_only=df003592db5c4bd1ab183dad8a71834f
6. Kisieliński K, Giboni P, Prescher A, et al. Is a mask that covers the mouth and nose free from undesirable side effects in everyday use and free of potential hazards? *Int J Environ Res Public Health*. 2021;18(8):4344. doi:10.3390/ijerph18084344

From: Laurie Jensen
Sent: 1/4/2022 1:07:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - children vaccine mandate

External Email

Greetings,

I am a parent of three kids ranging from 14 down to 4.
I am 100% opposed to mandating the covid vaccine as a part of WA states vaccine requirements for school.

It is irresponsible to mandate these vaccines for kids when the threat to kids is so incredibly minimal, and we have zero long-term studies on their after-effects.

Do not mandate this vaccine. I repeat - do NOT mandate this vaccine for kids.

Thank you,
Laurie Jensen
Spokane County resident

Sent from my iPhone

to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

We are closely observing the WA State Government, its authoritative and punitive measures, and however powerful they may deem themselves to be at the moment, there is a God in Heaven and Justice will come calling.

To judge the fatherless and the oppressed, that the man of the earth may no more oppress. Psalm 10:18

Corporate interests and entities may flee this State at some future date, but elected and responsible State Officials will be held accountable.

Please Leave our Children alone.

Thank you for your time.

Sincerely,

Deborah

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%70>>
Secure Email.

VAERS COVID-19 Vaccine Adverse Events Data

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

All VAERS COVID Reports ☒ US/Territories/Unknown

983,756 Reports
Through December 17, 2021

20,622

DEATHS

108,572

HOSPITALIZATIONS

107,860

URGENT CARE

153,971

DOCTOR OFFICE VISITS

8,590

ANAPHYLAXIS

12,317

BELL'S PALSY

3,365

Miscarriages

10,429

Heart Attacks

20,560

Myocarditis/Pericarditis

34,615

Permanently
Disabled

4,907

Thrombocytopenia/
Low Platelet

23,405

Life Threatening

35,997

Severe Allergic
Reaction

11,292

Shingles

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

From: Sarah Kaster
Sent: 1/4/2022 8:28:04 PM
To: DOH WSBOH
Cc:
Subject: Public comment for January 12th meeting

External Email

Hello,

I would like to provide a comment for the meeting next week. The COVID vaccine should not be mandated for school children. Children are not dying from COVID unless they have an underlying health condition. They have an incredibly low risk of mortality. We do not know enough about these vaccines to mandate them. An FDA adviser actually said in a recent meeting that we need to give kids the vaccine to fully understand their safety. This is unacceptable. I am not going to risk my child's life with an experimental shot. These shots are not preventing anyone from getting COVID. They are not preventing transmission. To top all of this off, the criteria that pediatric vaccines are required to meet, have not been at all met by this vaccine. Please do not bow down to political pressure to accept the narrative without really doing the research and listening to ALL of the voices in the community.

Thank you,
Sarah Kaster

From: Lois Sales
Sent: 1/4/2022 12:33:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment NO to VAX CHILDREN

External Email

Children do not need to be vaxxed from covid. This is still experimental. Children hardly ever get covid and more will die from the side affects than the disease. There are a lot of side effects from this shot, that is not being talked about in the media. If a child dies from this, their death will be on YOUR hands.
Lois Sales

From: Kahler, Kelie (SBOH)
Sent: 1/1/2022 5:25:41 PM
To: DOH WSBOH
Cc:
Subject: FW: children covid vaccination



attachments\2CC2938DE6A54FEB_SKM_C554e21100117020 (1).pdf

attachments\80274AB4246A437B_image002.jpg

From: Inna Trots <innatrots@yahoo.com>
Sent: Saturday, January 1, 2022 1:35 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: children covid vaccination

External Email

Dear Kelie Kahler. Please find enclosed attachment from Sacred Heart medical Center informed consents for all three covid vaccines.

A few days ago, during WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to current WA vaccine scheduled for school and daycare entry. Unfortunately, public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from parents.

I strongly oppose the covid vaccine being added to the school and daycare schedule. As a nurse for 36 years, as a mother, and as a grandmother, I am shocked how easily we implement vaccines are being in clinical trial, particularly for kids. I have seen breakthrough cases and even vaccinated people died from covid. I have seen life threatening adverse reactions to vaccines.

Please look at cdc.org selected adverse reactions to vaccines. From 12/14/2020 to 12/20/2021, just for one year, there are 10 688 deaths from covid vaccines.

Children have mild to no symptoms. Why do we need to have them vaccinated?

<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>

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>

COVID - MODERNA - CONSENT V1.7

* indicates required fields

COVID-19 MODERNA - CONSENT

MODERNA COVID-19 VACCINE is a vaccine developed by Moderna to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). There is no FDA approved vaccine to prevent COVID-19. The purpose of this form is to obtain your consent to receive this vaccine.

EXCLUSION QUESTIONS: ANSWERING YES TO ANY OF THESE QUESTIONS EXCLUDES YOU FROM RECEIVING THE VACCINE.

Do you have a known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Moderna COVID-19 Vaccine: SM-102, polyethylene glycol [PEG], 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

Have you had an immediate allergic reaction of ANY severity to a previous dose of an mRNA COVID-19 vaccine or any of its components, including polyethylene glycol (PEG)?

Are you younger than 18 years of age?

ANSWERING "YES" TO THIS QUESTION EXCLUDES YOU FROM RECEIVING THE VACCINE AT THIS TIME

SCREENING QUESTIONS:

Immunizer: If patient answers "yes" to any of the below, provide patient counseling or instruct them to consult with their provider prior to receiving the vaccine.

Are you feeling sick today?

Have you ever received a dose of COVID-19 vaccine?

- If yes, which vaccine product did you receive?

If other, please provide name of vaccine

Have you had a new onset of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?

In the past two weeks have you tested positive for COVID-19?

In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?

Are you pregnant or breastfeeding or do you plan to become pregnant?*

*** PREGNANT WOMEN AND BREASTFEEDING WOMEN HAVE NOT BEEN INCLUDED IN ANY COVID VACCINE CLINICAL TRIALS TO DATE, SO THERE IS CURRENTLY NO SAFETY DATA SPECIFIC FOR THIS POPULATION. IF YOU ARE PREGNANT, PLAN TO BECOME PREGNANT, OR ARE BREASTFEEDING, WE STRONGLY RECOMMEND YOU SPEAK TO YOUR CARE PROVIDER BEFORE GETTING THE VACCINE**

Are you immune compromised or on a medicine that affects your immune system?

Do you have a bleeding disorder or are you on a blood thinner?

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Do you have a known polysorbate allergy?

Do you have history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)?

Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication?

- If yes, what vaccine or injectable medication:

If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with vaccination

*Vaccinator: if patient answers yes to question concerning blood thinner, instruct patient to monitor injection site for bruising and swelling. If develops, patient may use compression and ice to relieve symptoms.

Caregiver safety is our number one priority. By receiving this COVID-19 vaccine you are agreeing to our safety protocol, which requires caregivers remain in the vaccination area for at least 15 minutes following their vaccination. This additional time is for caregiver safety and allows the vaccine team to monitor caregivers in the event of a reaction.

I KNOW THAT IF I HAVE A SEVERE ALLERGIC REACTION, INCLUDING DIFFICULTY BREATHING, SWELLING OF MY FACE AND/OR THROAT, A FAST HEARTBEAT, A BAD RASH ALL OVER MY BODY OR DIZZINESS AND WEAKNESS I SHOULD CALL 9-1-1 OR GO TO THE NEAREST HOSPITAL. I KNOW I CAN CALL MY HEALTH CARE PROVIDER IF I HAVE ANY SIDE EFFECTS THAT BOTHER ME OR DO NOT GO AWAY.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE VACCINATION

The following has been discussed with me or I have been provided information about:

1. The FDA has authorized the emergency use of Moderna COVID-19 Vaccine, which is not FDA approved in this population, for vaccination against COVID-19.
2. The option to accept or refuse vaccination and alternative options.
3. Information on available alternative vaccines and the risks and benefits of those alternatives.
4. Significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time.

I HAVE BEEN PROVIDED A COPY AND/OR OPPORTUNITY TO REVIEW THE EUA FACT SHEET

- FDA Fact Sheet for Patients/Patients/Caregivers
- I have been provided a vaccination card with the timeframe for when I need to return for the second dose of Moderna COVID-19 Vaccine.

I understand and agree that this consent form and records relating to my vaccination will be maintained in designated records, including, if applicable, my medical record and/or my occupational health record.

I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations during the public health emergency.

I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine.

I confirm that I have been told about the pros and cons of this vaccine and have been able to ask any questions. I consent to receive this vaccine injection.

By selecting the check box below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with all terms and conditions as listed on this form; and (iv) you consent to using the check box as the means of providing your signature electronically and that such electronic signature is valid.

☐ I consent to receive the Moderna COVID-19 vaccine.*

COVID - PFIZER - CONSENT V1.7

* indicates required fields

COVID-19 PFIZER VACCINE CONSENT

BNT162B2 is a vaccine developed by Pfizer-BioNtech to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). The purpose of this form is to obtain your consent to receive this vaccine.

EXCLUSION QUESTIONS: ANSWERING YES TO ANY OF THESE QUESTIONS EXCLUDES YOU FROM RECEIVING THE VACCINE.

1. Do you have a known history of a severe allergic reaction (e.g. anaphylaxis) to any components of the Pfizer BioNTech COVID-19 vaccine: mRNA, lipids ((4- hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)- 2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose?

2. Have you had an immediate allergic reaction of ANY severity to a previous dose of an mRNA COVID-19 vaccine or any of its components, including polyethylene glycol (PEG)?

3. Are you under the age of 12 years?

SCREENING QUESTIONS: IMMUNIZER: IF PATIENT ANSWERS "YES" TO ANY OF THE BELOW, PROVIDE PATIENT COUNSELING OR INSTRUCT THEM TO CONSULT WITH THEIR PROVIDER PRIOR TO RECEIVING THE VACCINE.

4. Are you feeling sick today?

5. Have you ever received a dose of COVID-19 vaccine?

• If yes, which vaccine product did you receive?

If other, please provide name of vaccine:

6. In the past two weeks have you tested positive for COVID-19?

7. In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?

8. Are you pregnant or breastfeeding or do you plan to become pregnant? *

* PREGNANT WOMEN AND BREASTFEEDING WOMEN HAVE NOT BEEN INCLUDED IN ANY COVID VACCINE CLINICAL TRIALS TO DATE, SO NO SAFETY DATA SPECIFIC FOR THIS POPULATION. IF YOU ARE PREGNANT, PLAN TO BECOME PREGNANT, OR ARE BREASTFEEDING, YOU MAY WANT TO SPEAK TO YOUR CARE PROVIDER BEFORE GETTING THE VACCINE.

9. Are you immune compromised or on a medicine that affects your immune system?

10. Do you have a bleeding disorder or are you on a blood thinner?

11. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

12. Do you have a known polysorbate allergy?

13. Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)?

14. Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication?

- If yes, what vaccine or injectable medication:

15. If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with the vaccination.

Caregiver safety is our number one priority. By receiving this COVID-19 vaccine you are agreeing to our safety protocol, which requires caregivers remain in the vaccination area for at least 15 minutes following their vaccination. This additional time is for caregiver safety and allows the vaccine team to monitor caregivers in the event of a reaction.

I KNOW THAT IF I HAVE A SEVERE ALLERGIC REACTION, INCLUDING DIFFICULTY BREATHING, SWELLING OF MY FACE AND/OR THROAT, A FAST HEARTBEAT, A BAD RASH ALL OVER MY BODY OR DIZZINESS AND WEAKNESS I SHOULD CALL 9-1-1 OR GO TO THE NEAREST HOSPITAL. I KNOW I CAN CALL MY HEALTH CARE PROVIDER IF I HAVE ANY SIDE EFFECTS THAT BOTHER ME OR DO NOT GO AWAY.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE VACCINATION

The following has been communicated with me: • The FDA has authorized the emergency use of Pfizer-BioNTech COVID-19 Vaccine (also known as BNT162b2), which is not FDA approved in this population, for vaccination against COVID-19. • The option to accept or refuse vaccination and alternative options. • Information on available alternative vaccines and the risks and benefits of those alternatives. • Significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time. I have been provided a copy and/or opportunity to review the EUA Fact Sheet

I was provided a vaccination card with the date when the recipient needs to return for the second dose of Pfizer-BioNTech COVID-19 Vaccine

I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine.

I understand and agree that this consent form and records relating to my vaccination will be maintained in designated records, including, if applicable, my medical record and/or my occupational health record.

I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations during the public health emergency.

Therefore, I attest that I understand the nature of administering Pfizer-BioNTech Covid-19 Vaccine the relative known risks and benefits, available alternatives, and have received information and answers to questions. I am consenting to being vaccinated under the EUA until such a time as I have completed the vaccination schedule of two doses, I substantially decompensate or show a significant adverse reaction to the vaccine, or my goals of care have changed. I understand that I am free to withdraw consent and stop treatment prior to the second dose. I understand that stopping the vaccination series will not impact other medical care and treatment options.

By selecting the check box below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with

all terms and conditions as listed on this form; and (iv) you consent to using the check box as the means of providing your signature electronically and that such electronic signature is valid.

☐ I consent to receive the Pfizer COVID-19 vaccine.*

COVID-19 - JANSSEN - CONSENT V1.5

* indicates required fields

COVID-19 JANSSEN VACCINE CONSENT

Janssen COVID-19 VACCINE is a vaccine developed by Johnson & Johnson to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). There is no FDA approved vaccine to prevent COVID-19. The purpose of this form is to obtain your consent to receive this vaccine.

EXCLUSION QUESTIONS: ANSWERING YES TO ANY OF THESE QUESTIONS EXCLUDES YOU FROM RECEIVING THE VACCINE.

Do you have a known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Janssen COVID-19 vaccine: citric acid monohydrate (0.14 mg), trisodium citrate dihydrate (2.02 mg), ethanol (2.04 mg), 2-hydroxypropyl- β -cyclodextrin (HBCD) (25.50 mg), polysorbate-80 (0.16 mg), sodium chloride (2.19 mg)?

Are you younger than 18 years of age?

SCREENING QUESTIONS:

Vaccinator: If patient answers "yes" to any of the below, consult with provider prior to proceeding with administration.

Are you feeling sick today?

Have you ever received a dose of COVID-19 vaccine?

• If yes, which vaccine product did you receive?

If other, please provide name of vaccine

In the past two weeks have you tested positive for COVID-19?

In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?

Are you pregnant or breastfeeding or do you plan to become pregnant? *

* Pregnant women and breastfeeding women have not been included in any COVID vaccine clinical trials to date, so there is currently no safety data specific for this population. If you are pregnant, plan to become pregnant, or are breastfeeding, we strongly recommend you speak to your care provider before getting the vaccine.

Are you immune compromised or on a medicine that affects your immune system?

Do you have a bleeding disorder or are you on a blood thinner? *

*If patient answers yes to question concerning blood thinner, instruct patient to monitor injection site for bruising and swelling. If develops, patient may use compression and ice to relieve symptoms.

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication?

If yes, what vaccine or injectable medication:

Note: must remain in observation area for 30 minutes post vaccination

If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with vaccination

POTENTIAL ADVERSE EFFECTS

I understand that blood clots involving blood vessels in the brain, abdomen, and legs along with low levels of platelets (blood cells that help your body stop bleeding), have occurred in some people who have received the Janssen COVID-19 Vaccine. In people who developed these blood clots and low levels of platelets, symptoms began approximately one to two-weeks

following vaccination. Most people who developed these blood clots and low levels of platelets were females ages 18 through 49 years. The chance of having this occur is remote.

I know that I should seek medical attention right away if I have any of the following symptoms after receiving Janssen COVID-19 Vaccine: • Shortness of breath • Chest pain • Leg swelling • Persistent abdominal pain • Severe or persistent headaches or blurred vision • Easy bruising or tiny blood spots under the skin beyond the site of the injection

I understand that Guillain Barré syndrome (a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis) has occurred in some people who have received the Janssen COVID-19 Vaccine. In most of these people, symptoms began within 42 days following receipt of the Janssen COVID-19 Vaccine. The chance of having this occur is very low.

I know that I should seek medical attention right away if I develop any of the following symptoms after receiving the Janssen COVID-19 Vaccine: • Weakness or tingling sensations, especially in the legs or arms, that's worsening and spreading to other parts of the body • Difficulty walking • Difficulty with facial movements, including speaking, chewing, or swallowing • Double vision or inability to move eyes • Difficulty with bladder control or bowel function I understand there are other COVID-19 vaccines available for which these risks have not been seen.

I also know that if I have a severe allergic reaction, including difficulty breathing, swelling of my face and/or throat, a fast heartbeat, a bad rash all over my body, or dizziness and weakness, I should call 9-1-1 or go to the nearest hospital. I know I can call my health care provider if I have any side effects that bother me or do not go away.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE VACCINATION

The following has been discussed with me or I have been provided information about: • The FDA has authorized the emergency use of Janssen (Johnson & Johnson) COVID-19 Vaccine, which is not FDA approved in this population, for vaccination against COVID-19. • The option to accept or refuse vaccination and alternative options. • Information on available alternative vaccines and the risks and benefits of those alternatives. • Additional significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time.

I have been provided a copy and/or opportunity to review the EUA Fact Sheet. • FDA Fact Sheet for Patients/Patients/Caregivers

I have been provided a vaccination card. I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations. I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID- 19 vaccine. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>) I confirm that I have been told about the pros and cons of this vaccine and have been able to ask any questions. I consent to receive this vaccine injection.

Recipient printed name:

By selecting the check box below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with

all terms and conditions as listed on this form; and (iv) you consent to using the check box as the means of providing your signature electronically and that such electronic signature is valid.

☐ I consent to receive the Janssen (Johnson & Johnson) COVID-19 vaccine.*

From: Dawn Thompson
Sent: 1/5/2022 8:59:18 AM
To: DOH WSBOH
Cc:
Subject: Public comment for the January 12, 2022 meeting agenda

External Email

To The Washington State Board of Health,

Thank you for accepting public comments in regards to the topic of immunization createria for child care and school entry. We absolutely should NOT make the Covid shot a requirment for our children. Children are at extremely low risk for Covid-19. We should not make the Covid-19 shots required as they still only have a status of Emergency use authorization. We should not require a vaccine of any type that is only authorized for Emergency use through the FDA.

Thank you for your time and consideration.

Sincerely,

Dawn Thompson

From: Zana Carver
Sent: 12/29/2021 6:54:44 PM
To: DOH WSOH
Cc:
Subject: FW: 8 reasons vaccine mandates for 5- to 11-year-olds are unscientific (and immoral)



attachments\FDB005A8AB7B4304_why are we vaccinating children.pdf



attachments\21AD3E16AD2E4143_SARS_CoV_2 in children.pdf



attachments\C0E074CB14EA4162_us-covid19-vaccines-proven-to-cau_PRDTool_NAMEToolong.pdf



attachments\0FCED2488D994FE1_Vaccinated spreading Covid-19.pdf



attachments\2D602B14436D43E0_Autopsy reports Bhakdi and Burkhardt.pdf

External Email

To whom it may concern,

I strongly oppose vaccine mandates for children for the following reasons. My area of expertise is in physiology, toxicology, and pharmacokinetics. Please read the attachments and email me if you have questions

1. The COVID injections do not prevent infection and do not prevent transmission.
2. According to the CDC the risk of death for children aged 17 years and under is 0.2% and if adjusted to remove children with co-morbidities it then becomes 0.058%, which rounds to 0 for healthy children.
3. Research shows that highly vaccinated countries, states and counties do not have lower infection rates.
4. The inoculations were developed against the original strain of COVID-19 and are only 39-42% effective against the Delta variant.
5. Natural immunity is robust, complete, and durable. In a public records request, the CDC admitted there has NEVER been a case of a anyone with natural immunity spreading COVID.
6. Children are not spreaders of COVID because they have a very low expression of ACE2 receptors in the upper airway.

Dr. Zana A. Carver

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: Chris Kresser <<mailto:info@chriskresser.com>>
Sent: Wednesday, December 29, 2021 8:13 AM
To: Zana Carver <<mailto:Zana@zanacarver.com>>
Subject: 8 reasons vaccine mandates for 5- to 11-year-olds are unscientific (and

immoral)

<<http://250ok.chriskresser.com/ea/HQWz3xVCAD/?e=%5BUNIQUE%5D>>

Hi, Everyone,

As promised, I am following up on the email I sent a couple of weeks ago examining the risks and benefits of vaccinating healthy children and young adults against Covid-19.

Today, I'd like to focus on the 5- to 11-year-old age group. In particular, I'd like to answer the question, "Is there any scientific basis for a vaccine mandate for 5- to 11-year-olds?"

This is a critical question because as we speak, school districts across the U.S. (and the world) are beginning to require Covid vaccines for kids as a condition for attending school. Excluding children from in-person education is a dramatic and unprecedented step to take, so the bar for evidence to support a decision with such far-reaching consequences should be very high.

In this email, I will argue that not only has this high bar not been met, but there is also no evidence whatsoever to support a vaccine mandate for 5- to 11-year-old kids, and such a mandate is both unscientific and immoral.

Specifically, I will show that:

1. Covid was already a very mild illness for healthy children, and the Omicron variant looks to be even milder.
2. Kids 5 to 11 years old have never been significant spreaders of SARS-CoV-2 (to other children or adults).
3. Covid infection in kids produces far more robust and long-lasting immunity than the vaccines.
4. More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19, and vaccinating kids with natural immunity doesn't provide additional protection.
5. There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids. This is even more true with Omicron.
6. The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant).
7. There is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown.
8. The mandates will cause serious and lasting harm to unvaccinated children.

This will be a long email. I considered splitting it into parts, but I wanted to present the entire case in one place so you can more easily refer back to it and share it with others.

So, grab a cup of tea, and get comfortable!

[Author's note: the question of whether Covid vaccine mandates make sense for any age group is also worthy of critique, but I want to dedicate this email to 5- to 11-year-old children for reasons that will become clear shortly.]

#1: Covid was already a very mild illness for healthy children, and Omicron looks to be even milder

We've known since the beginning of the pandemic that the vast majority of Covid-19 cases in healthy children 5 to 11 years old are extremely mild.

According to the Centers for Disease Control and Prevention (CDC)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp5nKwhV3Zsc37CgKP2W8pfLvs5B2DVqW7qnK7M5HYP0sW5TRNpK6wwLbCW3llwqp5ZtmGHVjpbwk4Gx2vR1822f6TP2N8SNXJ7t0xN4W38Yckx4j8h8XW4VKf9n7DVk3DW6Vyg3p93Vp1IN3PdwbP8ZVcKW4PpflQ9dbITKW304PNx9PW1Z2hWx5NMr9VW8j90qG8-3VQSVfqw_28qghjRW4ZbFcQ1IBq1BW20vIDD1qt-BkN8hfGH3bsm3YW4Z_d4k5ZWkdFW36v_XS6V3rXXW6QD_3Y3Bkp-LW1v7N0B6dVyStW6mK1lw9gn1P2W49ZBxs5r8CR1W5JDW1-4wqKc5W61QkZz7j4lWXW32GnmN5qjJJCW20DFr48JPGVF3cWX1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff32>, there have been just 216 deaths in this age group since the start of the pandemic. This represents only 0.03% of the total Covid-19 deaths, despite the fact that 5- to 11-year-old kids comprise almost 9% of the population.

<https://lh6.googleusercontent.com/l-9KkeDnomcRKGAHtuC5oeRI5cU3Ly1UnXSZVWsmiGAeBLQTDHENBqRiVIEwXYVwZ46XYTx_UGVinwSBD9k0E>

With 28,384,878 kids in this age group, that's a mortality rate of 0.0008%. Put another way, at worst, a child 5 to 11 years old has a 1 in 131,411 chance of dying from Covid-19.

But even this very low number is likely to be a significant overestimate for healthy children for two reasons.

The first is that Covid deaths have almost certainly been over-counted in the U.S. and other industrialized countries because of how they are classified. For example, say a child with a pre-existing leukemia diagnosis is admitted to the hospital for issues related to their disease. The child tests positive for SARS-CoV-2 upon admission, does not develop any signs or symptoms of Covid-19 infection, but later dies due to complications of leukemia. This will be classified as a Covid-19 death—even though, in this case, Covid-19 likely had nothing to do with the child's passing.

The overestimate of hospitalizations and deaths due to this method of classification is not small. A recent analysis out of the U.K.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp5nKwhV3Zsc37CgKP2W8pfLvs5B2DVqW7qnK7M5HYP0sW5TRNpK6wwLbCW3llwqp5ZtmGHVjpbwk4Gx2vR1822f6TP2N8SNXJ7t0xN4W38Yckx4j8h8XW4VKf9n7DVk3DW6Vyg3p93Vp1IN3PdwbP8ZVcKW4PpflQ9dbITKW304PNx9PW1Z2hWx5NMr9VW8j90qG8-3VQSVfqw_28qghjRW4ZbFcQ1IBq1BW20vIDD1qt-BkN8hfGH3bsm3YW4Z_d4k5ZWkdFW36v_XS6V3rXXW6QD_3Y3Bkp-LW1v7N0B6dVyStW6mK1lw9gn1P2W49ZBxs5r8CR1W5JDW1-4wqKc5W61QkZz7j4lWXW32GnmN5qjJJCW20DFr48JPGVF3cWX1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff32>NpxB4rDw0rW2H5s9s8K-7fmW25LtVB5G-Y9KW2rGTH69l_jhSW4TrPc43CR9kVW6ynhJd5Vmg6IVyvVF95sqhDVW8m3dNN3QPQvRN10PGTyQW3zcW2JLW6PbLM_W6SMIG26DPm3-W2XWmf1rgpFRN4Q7rX08wpstW897PyM44IQRYW8F8WID9gF2bSW2jwXsP6JIKBtT9c2P7FGQQgW4HpYqG8 found that a full two-thirds of patients with Covid-19 in the hospital only tested positive AFTER being admitted for another condition.

The second reason is that the majority of hospitalizations and deaths in 5- to 11-year-olds occur in children with pre-existing health conditions. A study by the CDC back in September 2020

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp5nKwhV3Zsc37CgKP2W8pfLvs5B2DVqW7qnK7M5HYP0sW5TRNpK6wwLbCW3llwqp5ZtmGHVjpbwk4Gx2vR1822f6TP2N8SNXJ7t0xN4W38Yckx4j8h8XW4VKf9n7DVk3DW6Vyg3p93Vp1IN3PdwbP8ZVcKW4PpflQ9dbITKW304PNx9PW1Z2hWx5NMr9VW8j90qG8-3VQSVfqw_28qghjRW4ZbFcQ1IBq1BW20vIDD1qt-BkN8hfGH3bsm3YW4Z_d4k5ZWkdFW36v_XS6V3rXXW6QD_3Y3Bkp-LW1v7N0B6dVyStW6mK1lw9gn1P2W49ZBxs5r8CR1W5JDW1-4wqKc5W61QkZz7j4lWXW32GnmN5qjJJCW20DFr48JPGVF3cWX1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff32>J3q90pV1-WJV7CgPh_W3TP7qp3mZmNXW9kNg8t8-N98FW2KltjK4-Tw4sN8gGggDHDCTmW8Ftjk15kYwNyW8_ghZ_5bN9XYN3R-4tR6DqZjW5q6ZdR54-92gW1HpxM-3T1XlZw3VGWCC5FvtCxVtwHBK6fKX_CW3xmJ907Vgb6rN4QcL5YB0M_jW6FsP4M49C8IJW28QHqH6md6Ltw_1whc9LW1v-Zw82FKYKdN8Gkkl5FHydwW2VddWx18zG313fvX1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff32 found that, among 121 childhood deaths related to Covid-19, 75% had an underlying health condition. Another study by the CDC

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp5nKwhV3Zsc37CgKP2W8pfLvs5B2DVqW7qnK7M5HYP0sW5TRNpK6wwLbCW3llwqp5ZtmGHVjpbwk4Gx2vR1822f6TP2N8SNXJ7t0xN4W38Yckx4j8h8XW4VKf9n7DVk3DW6Vyg3p93Vp1IN3PdwbP8ZVcKW4PpflQ9dbITKW304PNx9PW1Z2hWx5NMr9VW8j90qG8-3VQSVfqw_28qghjRW4ZbFcQ1IBq1BW20vIDD1qt-BkN8hfGH3bsm3YW4Z_d4k5ZWkdFW36v_XS6V3rXXW6QD_3Y3Bkp-LW1v7N0B6dVyStW6mK1lw9gn1P2W49ZBxs5r8CR1W5JDW1-4wqKc5W61QkZz7j4lWXW32GnmN5qjJJCW20DFr48JPGVF3cWX1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff32>WJV7CgXymW8MIHMx7vkr27W8JDc175fPh_pW1pKptc2dxDSvV3_kw53Z536LW1TYV8H4zHTMPW8LhDr02ky

Jdj21CwqdW21B9_l4ln6GpW8vPsqS7ntr3DW2k8RN074zYJyW3GrrdX2w96YP3nhm1&data=04%7C01%7Cw found that 53% of kids hospitalized for Covid-19 had at least one pre-existing condition, the most common being obesity (45%), asthma (14%), and neurological conditions (13%). Yet another large, international review of 14 studies <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F%2FyNW6P1GnW7k0JxvN6Ngq6SSdJzxW3kWvHC3NcjKFW10YHFJ5ldhMdW6jKRRB6JLTn_W6mLBPf8S7Kz-W96jx0z978lgFW7cDBPz8h4-1DW6JLNDq1T5RJMW4GQwk_1FQbqLV81HN-1GjBqZW6wxT_1348jYSW4TPLqp2y_-DjW3byK0d3kg-jbW19jVKJ1tnny0W5rnRwz7DvTVgW8rhwZV5CB1CjW7PM8MG1Z2YzQW540tBL5jPVz6W83Vzn55w2dIIW9lX09w2N1nWzH4M_vNJW6TwkHJ4Qk9k2W75Qbqd4PJMFmw2rPVRH6bpGnyW3s_B2q85kkfL3mtr1&data=04%7C01%7Cw covering almost 20,000 children found that kids with pre-existing conditions were over 25 times more likely to experience severe symptoms from Covid-19 infection than healthy kids.

The point here is not that kids with pre-existing conditions don't deserve our consideration. Of course they do! The question I am trying to answer in this email is whether the vaccines should be mandated for all 5- to 11-year-old children, including healthy ones. And to do that properly, we have to know what the risk is for healthy children specifically.

Unfortunately, the CDC does not routinely distinguish between healthy kids and kids with pre-existing conditions in their reporting of Covid-19 hospitalizations and deaths. But some other industrialized countries do.

For example, a recent study out of Germany

[illegible]

- * A rate of hospitalization of 8.5 per 100,000 (~1 in 11,750)
- * A rate of ICU admission of 2 per 100,000 (1 in 50,000)
- * A rate of death of ZERO (there was not a single death in this age group)

This gives us a much better idea of what we can expect in terms of the risk of hospitalization and death in healthy kids in this age group.

Omicron appears to be milder than previous variants

That said, even these incredibly low numbers are related to previous variants of Covid-19, like Alpha, Beta, and, most recently, Delta. But the Omicron variant has already become dominant for new cases in many countries like South Africa, Denmark, the U.K., and the U.S.

And all of the early data we have so far suggest that Omicron is far milder than all previous variants.

Denmark has been producing very detailed daily reports of Covid cases and hospitalizations throughout December. According to their most recent report from December 24

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
WJV7CgJcdW3WVwqd88Zz-jW48mtzc4BXT0HW84gv0s5_xhPLW8FHZ0t33MDz-
W9frqv1T4QZ1W8d1MdH6PWCTRV883Rr3WPBMRW7V6BZP2mm64fW1NjN077r8Pk1W60nvVx9IQSXwW2p8
gcZn42gtMcw38QMW5ZfQrh7rXdSPW97tbDR8P6B1RW2S8YvW8rHk_wW6NHjmQ3Vp94tW2vZxpZ4IW_wdW

N5_SZRp1tG2sW3F6t9S5xmrn3N3hr8xK8R_mj3jsZ1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb , there have been 27,132 Omicron cases so far, but there have been only 35 Omicron-related hospitalizations. This is a hospitalization rate of 0.13%—which is approximately 8-fold lower than the estimated hospitalization rate for Delta (~1%).

It's also worth pointing out that there have been fewer than 5 ICU admissions from Omicron. Denmark doesn't report on the exact number, so, for all we know, it could be zero. Or, it could be 4. Either way, it's an incredibly small number given almost 30,000 cases.

There's more to say about Omicron, and I'll be writing a separate email about that soon. For now, it's enough to say that if the current trends hold, we should expect the risk of hospitalization and death from Covid-19 in healthy children—which is already incredibly low—to be lower still in the future.

When we consider that:

- * Covid-19 was already an extremely mild illness for healthy kids 5 to 11 years old
- * Hospitalizations and deaths have been over-counted
- * Omicron appears to be far milder than previous variants

... we get a current risk of serious outcomes like ICU admission or death in healthy 5- to 11-year-old kids that is minuscule.

#2 Kids have never been significant spreaders of SARS-CoV-2 (to other children or adults)

Some advocates of vaccine mandates have argued that, while Covid-19 is a mild illness in kids, we should vaccinate them anyway in order to protect those at the highest risk, like the elderly and individuals with pre-existing conditions.

In order for this argument to be valid, two things would need to be true:

1. We'd need evidence of significant child-to-adult and child-to-child transmission of Covid-19.
2. We'd need evidence that the vaccines prevent, or at least significantly reduce, the transmission of SARS-CoV-2.

In fact, neither of those is the case.

Studies have now shown that kids under 10 years old rarely transmit Covid-19

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F3q90JV1->

WJV7CgLnXW4ztJ7Q8yB_DwW93NPYQ6ps8vdW6ljXD828K41LW8Cjk_14rY56SW7YKCgl4nCHg6W2wNRfz1pN3VMRXGJS5PzVml8q51YtCBzW64tYmx1zN-

nFW4ldpxF7nWR3gW4Y0Wrs1pCqHsW66sGXK6CXv-

5W5PNTFw7KHpp8N4IVpP6ZXVCZW87d4fV4gnw61W4cYHj27dvFLMW6pf_1m7P3Sh6W3vhqtZ5ggX6BW73NXbILW7PqNR24DR0K13lvC1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb

, and all kids/adolescents up to 20 years old are only 43% as susceptible to the disease and 63% as likely to infect others

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgVWzVZgrtW4fRnJMW8qzcsc1m_WG2W3pcMfQ2YpxrHW92B1fj58PfwMW8NCNNV61JmQ0W72f5Tt6MZ-7Vr3ybW3HpqqP1FX-2qVV_c9C9k-

xMvW6lCQFH2j5KnFW5rnVJm93kStgW1FvGfp5WNhzmW5NnKP16nkyJ0W7C3cxN2KHW09W183zd_3R7jXKVdMQ1VZ3wdN5Xhf9qQtKvtW3zbFG227ZdLI344C1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff326

than adults.

I will address the question of whether the vaccines prevent or reduce transmission in detail below, in section #5. The short answer is: they don't.

Given that neither of these things is true, the argument that we should vaccinate kids to protect the vulnerable has no scientific basis.

#3: Covid infection in kids produces far more robust and long-lasting immunity than the vaccines

Another argument I've heard to justify a massive vaccination campaign for 5- to 11-year-old kids is that the vaccines provide more robust immunity than a natural infection and that because of this, the vaccines will "end the pandemic."

Numerous studies have now shown that this is not the case, and, in fact, the opposite is true: kids who have a Covid-19 infection go on to develop much stronger, more lasting, and broader immunity against future SARS-CoV-2.

A new, peer-reviewed study published in Nature Immunology on December 22
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F3q90pV1-WJV7CgK1VW90bbNy99wX-FW8HSWzW5c05jIW75jw-F22Z96qW2ZpQPr3kJFmYW1N_JL71T-D7sW7nZ7778S8CLSW8CMV-T3WhpYRW5Cwrqy8NFVWYW30tYPY20CWTCV3-S6m7-YkpmW8yfCh51BSh6GW9dnx0P8gbtW-W738rvb7snVsHW6tWWvG7-g5nxW8t21m64fkp7JW5WPZwp6Ls3IW14p0NL973BS5W2tSypF4qJ_mnW6wJ6M5381wsbW6bXFFC8-RKqPN3pKRr26g4kRW1mQ38M8x58QDN2Djy8sn7mgTW4MwzsJ6bFs7mVKTHx_9kLbLnW1bFvKI5sDWXy3hM
 found that both the innate (initial antibody response) and adaptive (later T-cell response)
 immune reaction to SARS-CoV-2 is much stronger in children than in adults.

In other words, kids who get Covid-19 mount a more effective and robust immune response to the disease than adults do. What's more, this immune response lasted throughout the entire length of the study period—which was nearly one year—and it appeared to protect them against multiple SARS-CoV-2 variants.

The authors speculate that increased immunity to coronaviruses that cause the common cold, and are cross-reactive with SARS-CoV-2, may be part of the reason that children are more protected from Covid-19 than adults.

From the study:

“In conclusion, we showed that children display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs [human coronaviruses].”

Given how remarkably low the risk of serious illness is in 5- to 11-year-old kids, and given how strong and long-lasting their immune response is to natural infection, wouldn't it make more sense to simply allow healthy kids in this age group to get Covid-19—especially now that the Omicron variant is becoming dominant—rather than expose them to vaccines with uncertain benefits and concerning side effects (more on both of these points below)?

#4: More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19

At the end of May of this year, the CDC estimated

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%3q90JV1-WJV7CgZ0wW1G0t_l8r0ft9W3-2zjm81mxvCW3Lfr2j7p5P1fW72XrQ51ny42ZW9k5Rmr6BHMm9W8XX32Z3GrXRvW8R1_h661wmpZW4KZB4PPTwW1fNkmp23RDdhW32Mc9b2-xZbzN2_l5FGDPfXIW2yKW_j2GMcDMW27xQt3NX1_jW58skH792Y3JXN4CyBx97QwP6VfNZjn6g53LLW5NrF0JVV3y79wVW5h4yqj4qH8hLW2ppnK36zMgS5W3G0NMj1vM8B-W31PSjD2wHR2tW4sbNKh3G0FQxW9h0VRG7x0vYXW2jC0Mx1YM3DqW7fKCHR96xY2T3kcz1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e>
that 36% of all children had been infected with SARS-CoV-2. That estimate was made 16 months into the pandemic. If we adjust that estimate for the current time frame (22 months), we get 49.8% or roughly half of U.S. children.

However, the CDC estimate was performed before the emergence of the Delta and Omicron variants, both of which are significantly more transmissible than prior variants. Therefore, it is highly likely that the rate at which kids were getting infected between May 2021 and now is significantly higher than during the first 16 months of the pandemic. This means that more than half of U.S. children have natural immunity against Covid-19.

The Nature Immunology paper I just mentioned above clearly indicates that natural immunity to Covid-19 is especially robust in children.

We also have other evidence that natural immunity is stronger than vaccine-induced immunity. For example, previous research out of Israel

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%3q90JV1-WJV7CgCWHW5C6tLr8_3ZvcW80FTHc3HfvvIVmx7TQ88Ckd9W1zYN4364XsJqVFsc673yPv0W3Gxk7B1n7fX1W1yFG628NJPC-W8DbxRg5PF0b5W52YZ6F7JsSGwW138k6z6Bmk7TVfcZ0R2FCPg3W82h5pv4PDXfGW1kQ1t_1j0CCZW1VIHtX31dp1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e>
suggested that those who had recovered from Covid-19 infection were 13 times less likely to be reinfectd than those who'd been vaccinated but had not yet had Covid-19.

And so far, there is little convincing evidence that vaccinating someone who has already been infected offers any benefit.

For example, a study published in June 2021 by Cleveland Clinic

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%3q90JV1-WJV7CgZLNW8Z-bdN5dws_jN1CP05RHGrjhW2mwjjV9gvhbrW11zHWC6pBKXrW8F0tmv1FsY4VW3twJmt7n9n-3W84cnN_7sLVC1W1wmKwF6mfMY9VgxjR4Z5G4RW5D1fqk6gSGRDVzT7np2y-G_HW2VKpdZ5sZ05pW8jt3RB6n_hkMW7fJ4pm7X5X0xW26k1dJ2LCclZW897jQj3g1dp3V_p71j5v8TB4W5tCs7wW5QNbKS59k3J5W17LK_86_xJ_tW4MVCrf7pIIVDW21VM5N7GNIQ7Mltp1-75hvWW99qnX_92ckzfW2fB2hj7pvYP0W5YfXxt1dj_2kW1wQ4YZ3NHhnL3pbf1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e>
of almost 53,000 people found that vaccinating people with natural immunity (i.e., those who had already been infected with SARS-CoV-2) did not confer additional protection. Most importantly, there was not a single case of reinfection among the 1,359 previously infected, unvaccinated subjects in the study.

The fact that most kids have already had Covid-19 and thus already have immunity to it, and that vaccinating people who've already been infected doesn't strengthen their protection against the virus, casts even further doubt on a universal vaccine campaign for 5- to 11-year-olds.

#5: There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids

When I have a chance to talk to parents about the Covid vaccines for kids, I'll often ask them what they've heard about the effectiveness of the vaccines in kids 5 to 11 years old.

Most will respond by saying that they've read that the vaccines are "over 90% effective" for kids in this age group.

They're often quite surprised—even shocked—to learn that, in fact, we know very little about the potential benefits of these vaccines in kids 5 to 11 years old.

Why? Because severe illness in kids is so rare that there wasn't a SINGLE case of severe Covid-19 or a SINGLE death from Covid-19 in the 2,268 kids that Pfizer studied to obtain their Emergency Use Authorization (EUA)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FJQ0_5FLhP3W887DsY8VvgrlW2fJ79B4z_jp7W88g6T32btrFmW4N1ytf9fzDkXW1wJ8wW1YT1N3N3yT1YzqR5v8ZD-N4dpk-xg_lhgW1hcQvY7Xb-6CV82xCQ534258W15QVnx4byKRqW6VZbQ78GxHY_W7y8wK78m70RFVMBIMz4K2w_ZW2pXtQ15dkGWhW20LnhM64r8z1W5CXT5k80bnlnW2-7jt41prMxSW77KZfC6-7JZHW7flNb-5FkhHwW4yl-jJ5WtPgXW1LrVP02qNjWzW6zChqH4_8PnWW84dJ_-99j3LBW9cMMH-53vpf8W6NzK1b22dtK8W5c6GqL23b27F3g4F1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f7>
by the CDC.

Because there were no significant adverse outcomes from Covid-19 in the trial, Pfizer had to estimate the potential benefit by looking at the antibody response generated by the vaccine in the kids' blood.

There are several problems with this. First, antibodies are a poor predictor of clinical response to Covid-19

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FJW5wrQZ1622TxTN93lyL_PJ-KkVJD0w-5Kyx0QVWnrby7VRgR2W4sZS621d0zThW8JsrbK3sfDKPW4Jq1HG4l5NfsW51NIZG4qwZMSW8kxsFP3jk9DmVnd86W1RYssR6gDSxCW4MfDvR7j92XmW83LGqn11Q42wVNCbbF76RBJCW6hDvK62Wh22NVL9dcM49WRzjWlW6W8HL4xn8hJJyTW8LZ49f7cVQP6N2GVhbyl8FcbW2xC9r41_DYNIW84Xp8j4JRSmNW5xgppR6D8wMHW5K>
. Second, since there were no cases of severe Covid-19 in kids in this study, Pfizer had no idea what antibody level would be protective against severe infection.

This means that any claims you've seen that the Pfizer vaccine is 90% effective are misleading because this only refers to an antibody response in the blood from the vaccine and not actual protection against severe illness, hospitalization, or death.

Yes, the massive campaign to vaccinate 5- to 11-year-old kids is based on a small study of 2,268 kids in which the vaccines did not prevent a single case of severe Covid-19 or a single death and demonstrated only an elevated antibody response in those that received the vaccine.

As hard as that is to believe, that's where we are.

#6: The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant)

Even before the emergence of the Omicron variant, we already knew that the Covid vaccines do not significantly reduce transmission of the virus. Unlike the measles or polio vaccines, they do not provide "sterilizing immunity"—that is, they don't keep people from getting the virus or spreading it to others.

CDC Director Rochelle Walensky disclosed this back in August 2021 in an interview with Wolf Blitzer on CNN

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FvVIW3c98tFzYtTI5hs7qmjLYN4Nm-2H3Sr1MMZIV3r9NYGtV3G21J5wYBpYW2m2F8M2bVk51Vc6ysQ6nYHntW70HCV14P9NGfN3X20fhVBRsHW8sTVdK12Mt04W6nNXN5rly2RW69JCbs1bnRGZN1bxLVvXSY0NW6DNXvh9jP0qVW4DptTY33116rW7WLCTM8H>>
. She said:

"They [the vaccines] continue to work well with 'Delta' with regard to severe illness and death, but what they can't do anymore is prevent transmission." [Emphasis added]

But in countries where Omicron has become the dominant variant, we have even less reason to believe that the vaccines do anything at all to reduce transmission.

According to Denmark's Covid-19 report from December 24

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FWJV7CgS8dW7fx6S-6fV2z4VxBjMk7JqXc5W281gWP4g-LFwW3f60_F8BDMvRW8df3qW8ZN-Z9W7tGmL75gp4pFW4m2S8R34BJ5jW2zQByq5-S6y_VpV9Ng662WBYW94QDR_7dmwGXW1Bw4XN5nNK3mW2nPRTP1FXx-SW2WYyGq4LtwJfW3TZMpP1_vRC2Vhb5ZX2hvTNRW1PY0WH610wc_W42rzZI7z9Nw_N3X7zZvd7W1KW5bD7cnM80qkFtW5DG3w81mt6PPW4NTKxb1Db9m_W2JMjjY75G0nHW88Twp4ft5KZW1LmCn87ZcYISN5bLJty5kW973mg24VrbckW5ZVLvV5wSvwWW394zPy54_3RxW74zByw88n7-33hXh1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e21>
(mentioned earlier in this email), 92% of confirmed Omicron cases occurred in people who had received either 1, 2, or 3 doses of a Covid vaccine:

<https://lh3.googleusercontent.com/T2PN9u2tJkEV-1b4-lbTt3Zu7nxtbSyJgBaPY2qapmESv62S6As9TQBpep2ZGxcvg4x7beyGkaibH_j2p2uK3gu8u_TnPviWuU1cT-bcQ_IULO7YPzkbBkw0gcgZnJEY6HNeqr83>

We're seeing similar data out of Ontario, Canada

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp3q905V1-WJV7CgTVGN4yfZBDGdFnbW2ZkzgK7xM-P5W1_grMh5kCSskW50nQ177mln14W95dhQw8CS4HmW7d3ZZ12m2mR-VZpP718jBRN2W2bcMDM4plf0-W5t-0kb2PBNzzW5vXyNc1CY4kYW2HFkpF2t3fvVN62-0D7zNT07W8hCf1P4NSSR_W5NYt6j50L7RYW3xmj-p4QGyZwW6sG-pb4k80zkW3XhtlX97-4s9W7nN4W26NgrzmW60STsK5vgh89W8jn9kp3xsN6DW65sT_75-X75LW5R1V107R99msW52SJIF6fR-Q_W5IHTg02-W51h32kJ1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e21>
, which has also been issuing detailed reports on cases. You can see in the chart below that, as of late December, the number of Omicron cases per 100,000 people is virtually identical in the unvaccinated, partially vaccinated, and fully vaccinated:

<https://lh4.googleusercontent.com/-i3io-VfRkQWF3UG9gbFtHLURZiQ_gvIPXBZaYYXIJg7S6LI8CJMs1t7xu3USpPqQC7w3FbmkN8fKMqjpg5jausfcqBCO>

Also, a preprint study out of Denmark

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F_3q90JV1-WJV7CgB8XW66w4cV6VSB5GW3rNxW-7GfCYsW12W01C2XcpBDW9bynHD75hDs1W1g5sFm183QM5W4kwDvB2ZzLcJW8tD0_52XwtBwVHbqgc65nwXmW1fD3dP39Mc1nW6VIHs76ymbPcVXLxyj5HGhB7W2f3yMZ6mKGyHW4QRgN43dH5KIW4k1xVq8tlv6tW8LJW597GPL4ysTpNW2CZxTL7FkJ8pW8w1kVC7RD1rsW1rZXmV98z-S12FS1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e21>
shows that vaccine effectiveness against Omicron drops to nearly zero just over two months after peak protection (14 days after the second dose). Even more disturbingly, the vaccines go into negative effectiveness—meaning those who were vaccinated were more likely to contract Covid-19—3 months after peak protection.

Here's the key figure from that study. The blue dots represent vaccine effectiveness against Delta, and the green dots/bars represent vaccine effectiveness against Omicron. When the dot is above the horizontal line, effectiveness is positive. When it's below the line, it's negative.

<<https://lh5.googleusercontent.com/ZDTB4f3SVIdPUbu1MlePy48-2G8-Btp-vFtxj2OWIzgVtKHS->

u6qsfwknwYDYNay6LIF0tXsZ3cJfIL9DvKaNNfM3WAw2O7WxEihnVT0_h6lft-

8HV5gp67zu1SRUWNwhUBOpVDV> Finally, we have data from the U.K.'s "SARS-CoV-2 variants of concern and

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%ZqRpW24sC3L86mg0vW6mFy6t71kzm9W3sWQ0n887W4WW7CvZ696JZvCIW2QI9S33nhX33W8-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%ZqRpW24sC3L86mg0vW6mFy6t71kzm9W3sWQ0n887W4WW7CvZ696JZvCIW2QI9S33nhX33W8-19-41BFDG0W4K_B2g9IYBFnN5c-)

19-41BFDG0W4K_B2g9IYBFnN5c-

H1xzjzfZW1FQv8N2fX9CWVyp9NN1h7WBTW44Jzrq4RL_vhN4syKqV9rpYzW8Zcyx47-

FRFgW6wnmzS4s5Z_IW32BVkH5H4nrDW1crfxN31kSDSW24W8z33ZjBNPW6NKpGN6ktfMTVjSJ1G2mtwgNV

variants under investigation in England, Technical briefing 33

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%43NtNVN5wqXYBJ_pdgW4_RRWb5KQbsHW7tcwg03HKKgW8W_1_q1QtYTKW4HL1Fg4r51WSW5fHT3n92h04s5W4m03wb4pb3H2W19zwd165J3ckN2NNBKRvfFb0W7JXhjn6wD4MxN3G6pcMDjvVGW4FQyb36wLg4_W37MW67fmM_29qKt5W81Gh0F95-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%43NtNVN5wqXYBJ_pdgW4_RRWb5KQbsHW7tcwg03HKKgW8W_1_q1QtYTKW4HL1Fg4r51WSW5fHT3n92h04s5W4m03wb4pb3H2W19zwd165J3ckN2NNBKRvfFb0W7JXhjn6wD4MxN3G6pcMDjvVGW4FQyb36wLg4_W37MW67fmM_29qKt5W81Gh0F95-C0VW6BR1fT89h6sNW2NRSZ47wKWNPW5sWHyt365tBx3kz91&data=04%7C01%7Cwsboh%40sboh.wa.gov)

C0VW6BR1fT89h6sNW2NRSZ47wKWNPW5sWHyt365tBx3kz91&data=04%7C01%7Cwsboh%40sboh.wa.gov

" indicating that even with a booster, symptomatic protection against Omicron wanes

significantly after just 10 weeks:

"Among those who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster. Among those who received a Pfizer primary course, vaccine effectiveness was around 70% after a Pfizer booster, dropping to 45% after 10-plus weeks and stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster."

Frankly, these are remarkable data that raise questions about the effectiveness of the current vaccines against Omicron for people of all ages, not just 5- to 11-year-old kids.

It's clear that we are not in the same situation today that we were in when the vaccines were initially developed. Omicron is very different from Alpha, which was the dominant strain when the vaccines were released. And as these studies clearly show, these vaccines aren't as effective against Omicron as they were against earlier variants.

At best:

- * Two shots of Pfizer provide just over 50% effectiveness for about a month; that drops close to zero just after the second month and goes deeply negative before the third month.

- * Two shots of Moderna provide just under 50% effectiveness for about two months; that drops to zero in the third month, and into negative territory shortly after that

- * A booster provides an additional 2.5 months of partial protection (below 45% for all but people who received two shots of Pfizer plus a Moderna booster).

If we were starting out with the current vaccines today, with Omicron, that's the level of protection they would provide. We'd have to start giving boosters just 2-3 months after the initial shots and then give a booster every 2-3 months after that. Does that make sense, given how mild Omicron is for healthy kids (and most adults)?

It's worth noting that most of these data regarding Omicron infections and vaccination status are from adults, not children, because the vaccines have only recently been offered to 5- to 11-year-old kids. But there is no reason to believe that vaccines will be more effective against Omicron in children than they are in adults (and, in fact, there are reasons to believe they would be less effective, as I've described earlier in this email).

#7: ☐☐ There's already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown

Despite the incredibly low risk that Covid-19 poses to healthy children, the fact that over 50% of kids have already had Covid, and that natural immunity is robust and durable, some still might argue that vaccinating children makes sense.

After all, if we can save even one life with the vaccines, shouldn't we do that?

Certainly, if we knew without a doubt that 1) vaccinating every 5- to 11-year-old child would prevent even a small number of severe illnesses and deaths, and 2) the vaccines were 100% safe and would not cause any adverse events, then this would be a strong argument.

However, we still don't know that vaccinating children this age actually reduces severe illnesses or deaths. All we know is that the vaccines induce an antibody response.

And we already know that the vaccines are not 100% safe and are producing a significant number of adverse events in children 5 to 11 years old. This should not be surprising. All medical interventions have potential side effects and risks, and the Covid vaccines are no exception.

The CDC's own data show harm for the vaccines—despite Director Walensky's denial

According to the CDC's data, as of December 9, 2021, there have been 3,233 reports of adverse events in kids 5 to 11 years old from the Covid-19 vaccines, including 14 reports of myocarditis (8 of which have already met the CDC criteria for a vaccine-induced myocarditis case).

<https://lh3.googleusercontent.com/1BsulH6gyu_FwVy3CnpyEngRhZPkluo0hxtb7PFpv0DCZB4q7P1krdDhviEBFzYIgVyk7LFfd2yF8DV5>

Yet, strangely, Director Walensky went on ABC News

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FyK35W1_SQyT3zyvJMW5C4Dvd47QX9XW70wvHG6fxKMhW6kDqTn7skrSTVqns645NtP4YW64Pmk3179fr0V4k4kJLSfW8_cgRP2rVf_fw4P50W75ZMvKwW8xfbTR7-f4KsW72CKFF2kCzkNW8wtq6N8qw9qzW3ynghL1PmWF5W5Hzwc76FLSQ-N8DJWVn7sQZ1N7DDfGDcjQTmW4BnWJf5Wtx7tW7-543j8pJTT0Tqsc82xl8pCN3Jy32jfm1HHN7mzVrjmKrZXVDGZsl74_h1YW6Qm_fm3g4nHBN7Wy7bksBJzLW74JPVbDBlp85ltXPN4s5C5cvpCrS33ym1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991>
the following day, December 10, and said that there have been no cases of myocarditis seen in kids. How is this possible? Was she not aware of the data her own agency issued just the day before? Or was she lying? Either way, it's incredibly disturbing.

<https://lh5.googleusercontent.com/A9dSMSs5swMuXdMulqgzB1fVdhZDtImTEsJjdeWcCWjb_WkcyJ0hvxNY>

It's worth pointing out that myocarditis is only one of several possible side effects that

have been observed with the Covid-19 vaccines

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F3q90JV1-WJV7CgQs8W6tVh8w7g3xx0N95499qIS-m4W4_CrbB6ngfkpW3bms_D5IMp6wW6K9Glc6LmYr6V5ZJXs11ww2CW8yVtJw6fJ1s9W1Sv87c7XwcFDW7ItG2pfrXbV80dBl3RbvJ4W4xr6Qb2xCfcDN7XbwXpFQ7QFW8Vvznj34MH3BW4dYF5k3wNtnf387r1&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F3q90JV1-WJV7CgQs8W6tVh8w7g3xx0N95499qIS-m4W4_CrbB6ngfkpW3bms_D5IMp6wW6K9Glc6LmYr6V5ZJXs11ww2CW8yVtJw6fJ1s9W1Sv87c7XwcFDW7ItG2pfrXbV80dBl3RbvJ4W4xr6Qb2xCfcDN7XbwXpFQ7QFW8Vvznj34MH3BW4dYF5k3wNtnf387r1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f47)
, which include arthritis, autoimmunity, acute liver and kidney injury, thyroiditis, and more.

It's also important to know that the Vaccine Adverse Event Reporting System (VAERS) is imperfect, and adverse effects are often underreported. For example, a 2001 study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2FJ3q90pV1-WJV7CgRsnW97yB_j4ZZdfQW89q3vK7vCJkJW2MDb846rsp-CW82I00K7LGSDrW4mMfRv870F92N35nwVkQKShWV65zF071-TPkW5JgZzV30Y6VGW3kRML934NCxsW4dgXBz2zTcm9W4V7LnZ4JhzlBW5rRNjK3pKMP-W2ftWPT88YBKsW7Mym3C5SCTV0W8CmjGh8D85qdW9564nS1r6d6LW2xXkJ48SKm_QW8wK4Fc4Yn_zFW1
found that less than half of cases of rotavirus vaccine-associated intussusception (severe intestinal disorder) were successfully reported to VAERS. And a 2020 study
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F55nKv_V3Zsc37CgDd1W7ShT_m5XWtW4W8kHvFM5_Z0FrW6pVQqS7v9SvvW8BF8d467wrZBW70KGLL27WzzW81XkmP8WgJKZW8v0WYc4Nlpb4W22GBMv1nZDbcVxJ-pt5Pkcf8N8409q27gF1WVB6y0V5yZW8FW9d91td4KlbqsW9dsDFY7yFkvdV4wM6h3Nty3HW25_MPX7q03J9WvybW91IQzM6RVgnWW83qQm11jFGTZW1HWRsK3pkjL6W5xCXkN4n9rKyVD8-Zz264yVYN71bskpfXNRJW4wfn4R2RSJ4IW23Pwb396Ljv8W45vfyz7yfxTYW8TyMJv247qLDMNwz7JcfK-MW2Zb0hK84vWNk148DtP43r42_W8sqxJ66rB_4DW8HsZ3L6qCb5-W77TyqR1nSvvNW47GrFw8K_ZJKW850cx67m8P-fW955X_53YrrX434JD1&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F55nKv_V3Zsc37CgDd1W7ShT_m5XWtW4W8kHvFM5_Z0FrW6pVQqS7v9SvvW8BF8d467wrZBW70KGLL27WzzW81XkmP8WgJKZW8v0WYc4Nlpb4W22GBMv1nZDbcVxJ-pt5Pkcf8N8409q27gF1WVB6y0V5yZW8FW9d91td4KlbqsW9dsDFY7yFkvdV4wM6h3Nty3HW25_MPX7q03J9WvybW91IQzM6RVgnWW83qQm11jFGTZW1HWRsK3pkjL6W5xCXkN4n9rKyVD8-Zz264yVYN71bskpfXNRJW4wfn4R2RSJ4IW23Pwb396Ljv8W45vfyz7yfxTYW8TyMJv247qLDMNwz7JcfK-MW2Zb0hK84vWNk148DtP43r42_W8sqxJ66rB_4DW8HsZ3L6qCb5-W77TyqR1nSvvNW47GrFw8K_ZJKW850cx67m8P-fW955X_53YrrX434JD1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f47)
found that the reporting sensitivity for anaphylaxis (severe allergic reaction) and Guillain-Barré syndrome (severe nerve disorder)—both of which have been seen with the Covid-19 vaccines—ranged from 12%–76%.

There are at least 2 reasons to believe that underreporting of side effects for the Covid-19 vaccines is at least as prevalent as the studies above suggest—and probably more:

- * Many doctors and nurses are afraid to report side effects of the vaccines because of the current polarized political climate.
- * The vaccine program for 5- to 11-year-olds began only recently, and there's often a lag time between receiving the vaccines, side effects, and reporting of those side effects.

Nevertheless, let's be generous and assume that the underreporting of side effects from the Covid-19 vaccines in VAERS is only 0.5, or one-half. This would mean 6,466 adverse events reported from 7,141,428 doses of the vaccine in 5- to 11-year-olds, or a risk of a vaccine-related adverse event of 1 in 1,104.

This compares with (according to the German study I mentioned above) a risk of hospitalization of 1 in 11,750, a risk of ICU admission of 1 in 50,000, and a risk of death of zero from Covid-19 in a sample of 400,000 kids.

To make it as clear as possible: these data suggest that, for healthy kids 5 to 11 years old, there is a much higher risk of an adverse event from the vaccine than there is of preventing a hospitalization, ICU admission, or death from Covid-19.

You might argue, "Well, if those adverse events from the vaccine are mild, what does it matter?" That's a reasonable question to ask. However, many of the side effects reported to VAERS are in the moderate-to-severe range. Most people won't bother with the time or hassle required to file a VAERS report if they simply had a sore arm for a couple of days.

OpenVAERS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp3q905V1->

WJV7CgKgGW1Kxd591XXpxYW6nr0X98qr6j_W9bkFrr11brXxW2F1kh_7Fyx38N24sDmFyJRqqW8FgKCP1-xvzFW98J0kW80vLv_W5xc4L-4gQTKbW5G2dJj20xl2jN3mW-

S2zRHG0N8sMIMynHyjmW907p_47hRCImW8M8FRb8prR7FW21LmB46GgqkNW8JlfkG1Cg9MIW6mwXx93TpF1W6YD8S79g46lsW8-dVKN6GHBg-W9kJ4t58_gnmXVFJBPF6-

RB9MW1JPdYq77k33bW2Q5nVp7Cn_fW35BH1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713

has been diligently reporting on the raw VAERS data throughout the pandemic. According to their website, there have been 983,756 Covid vaccine-related reports submitted to VAERS as of December 17, 2021 across all ages. Within the 5- to 11-year-old age group, these include:

- * 2 deaths
- * 90 hospitalizations
- * 331 urgent care visits
- * 772 doctor's visits
- * 2 cases of Bell's Palsy
- * 3 cases of anaphylaxis

These are clearly not mild side effects, and together with the CDC's data on myocarditis risks, there is enough evidence to warrant concern about both the short- and long-term effects of these vaccines—especially since they are being given to healthy children with their entire lives ahead of them.

In addition to the known risks above, there are also the unknown risks. While mRNA vaccines have been studied for many years, they are new, experimental therapies in humans with no long-term safety data. We simply don't know the long-term risks of these vaccines.

#8: The mandates will cause serious and lasting harm to unvaccinated children

So far, we've focused on the risks and benefits for 5- to 11-year-olds receiving the Covid vaccines.

But if these vaccines are mandated as a condition of attending schools in person, as some districts in the U.S. and abroad have already done, we also must consider the potential harm that children who remain unvaccinated—for any reason—may experience as a result of not being able to go to school.

An unvaccinated child will be punished by withholding in-person education and contact with their peers and teachers. This is a far higher risk than a healthy child faces from contracting Covid-19.

School closures have already caused untold harm to children—some of which may be lifelong. As Dr. Vinay Prasad of UCSF has argued, "school closure was the greatest self-inflicted wound of the pandemic

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2Fp3q905V1->

WJV7Cg-R9W8n8SG879TckMW27NNJX5S9ssWW1Svm_q6XQCgGN8WbN9Zxc2gXW1yTDqG983fG_V4LCB_4y8C8zVz6sMCvZW14Z6-g1GrkD2W7M7Tp427hfq8VZ7lQW6p-cyqW4pSRNy1KQ-B7VR-ccw1w4v-

5N2Hx8bbNrzz1VJn6Fj1b95q2Vrt84h3Vh7rHW8bWB9S8jMfxpW2fyYYr1RC5V9W6BR8bL16XF4HW614b1_39ThqXD71X6pQ3b1j1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713

."

As evidence for this, we've seen a disturbing rise in mental and behavioral health issues

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F33q90pV1-WJV7CgBP7W6RNrcQ8bw3pNW6XyVRy7RL38dW74n1RL74Lyk4W8d6fpK6JsdCNW87mZx055ffTnW7hq_rQ6Zv37Ry3TW3yRX2Z7S0mL9W21pwm56Dm680W1cmZ7W7-wrP8W6_SmFd6Q8D4tVp-SpC5prqgmW9dz-mB1x3y5ZN38mdy0VxS1mW522PZD11K9rjW8KXT3G7PNWFrW5BpTYt2RR_p6W5VxxT13dQb7vW6kYKhV57W68IBkD1zR9gmN3Xkhf3Bs-HQ313g1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e documented a wide range of harms experienced by children during lockdown (which would be similarly experienced by kids excluded from in-person education because of their vaccination status):

- The list goes on and on. But even studies like this one, which can take months to research and publish, are not documenting the full effects. Public health departments, school counselors, and mental health professionals around the world are reporting deeply disturbing patterns.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F3q90pV1-WJV7CgZHtW7L7dRq1JJXXhW3tBQ9m4n_Qr3W8xx0Bk4cj88vW5lQ1xh3KVpsyW8qZN708wtXdrF3_-lmQjxd3W416WS_3z0XRIW11dFp_6M_qFkW8wdvIx45mwD9W7tdlkL439rCGW1f98bs2p8Vf1Mk0kczJD5mCWYVgxsgp1Q7vn3Vbg0r74GsSWtW3HG61v5WQ04QW4jVwhp97gRmYN27W48nh2vmqW6tHH069ldmX2W6dFYdYsW19BcNB7J1LT_N14sW0fxrr8BW3DBGI88N_IM1V4d5y11z6Fnf39Sf1&data=04%7C01%7Cwsboh%40sl

This is a terrifying and horrific statistic that should be sounding the alarms on the impact of keeping kids away from school and isolating them from their peers and other important people in their lives.

<https://lh4.googleusercontent.com/YOnNPNxeMVypaWGZKvJfFo0XxP8XZxZH0iB7bD8TGAPQVdxbxy3Ax4acuXNYIHfTmdSY5XCq050xP6niqGdAKFjYN-Pr3CLmkFVGqfHI0PCCMWiA930TEB8c1I48OD8>

Is this the world that we want to live in, where parents are forced to decide between giving their children an unnecessary, ineffective, untested, and unsafe vaccine with both known and unknown adverse effects, so the kids can continue to participate in a normal, healthy life, or not give their kids the vaccine and remove them from many if not most of

their typical activities, including attending school in person, eating out at a restaurant, or playing on a sports team?

We do not have to take this path.

Other countries have chosen not to. For example, the U.K.'s expert body the Joint Committee on Vaccination and Immunisation (JCVI) has decided not to vaccinate healthy 5- to 11-year-old children

<[\(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%55nKv_V3Zsc37CgRpxN7P6RwrFMHyJV-zzwd3TsslnW9dWjTm7Cf4c8W4dqTTQ7tlPcQW2n6h206D2H3BW5QBNdg302x2mW6fF5Pp8SJ3XbW6_pFQk7V4Pv7m60v0W64RTsP4bNm2HW4lDh6R91nl9IW6JPk6d7bkLYmW5dvcnz63dLX_W4hg1S41WWw9N7QNNQJN2pW7GH0fp46BX-QW75gH0X27qc44W3870k55CsShIW843X8x2myNsfVxMHLq6r9SQMN83-NgDg6FyNVpkfV880qTkhW70F7729dqNQgN58nQWKd1rkSW7YISsl84nD4BW2dQRHr9gMcPsw3N13CB3ZZvr9Sylv1y69Z131B61&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%55nKv_V3Zsc37CgRpxN7P6RwrFMHyJV-zzwd3TsslnW9dWjTm7Cf4c8W4dqTTQ7tlPcQW2n6h206D2H3BW5QBNdg302x2mW6fF5Pp8SJ3XbW6_pFQk7V4Pv7m60v0W64RTsP4bNm2HW4lDh6R91nl9IW6JPk6d7bkLYmW5dvcnz63dLX_W4hg1S41WWw9N7QNNQJN2pW7GH0fp46BX-QW75gH0X27qc44W3870k55CsShIW843X8x2myNsfVxMHLq6r9SQMN83-NgDg6FyNVpkfV880qTkhW70F7729dqNQgN58nQWKd1rkSW7YISsl84nD4BW2dQRHr9gMcPsw3N13CB3ZZvr9Sylv1y69Z131B61&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%)) (though they did approve vaccination for kids in this age group with underlying health conditions).

Even if we decided to make the vaccines available for healthy kids in this age group—which I don't think is an evidence-based decision, for the reasons I've laid out above—there's absolutely no basis for making them mandatory.

- * They do not prevent transmission, especially with Omicron.
- * There is no direct evidence that they reduce the risk of hospitalization or death.
- * The risk of serious illness in healthy kids is extremely low (and likely even lower with Omicron).
- * Over half of kids have already had Covid-19 and have robust and lasting immunity. There is no evidence that vaccinating kids with natural immunity provides additional protection.
- * There is already evidence of harm from the vaccines.

As parents and caregivers, we have a moral and ethical obligation to safeguard the health and well-being of our children. Mandating the Covid vaccines for 5- to 11-year-olds not only fails to achieve this goal, but it works directly against it in numerous ways.

I believe that once the facts I've outlined in this article become more widely known, mandating the Covid vaccines for kids will be viewed as one of the most egregious and unconscionable failures of public health in the history of humanity.

That is why I wrote this email. I want those of you who are parents to truly have informed consent—which is the process by which a healthcare provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention.

It should be the job of our public health authorities to provide this informed consent regarding the vaccines for 5- to 11-year-olds (and other age groups, as well).

Unfortunately, our agencies and authorities are no longer fulfilling their vital role. (As a side note, this shouldn't surprise my long-time readers. I've been writing about the regulatory capture of public health agencies in other contexts for many years. See here

<[\(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%55nKv_V3Zsc37CgRpxN7P6RwrFMHyJV-zzwd3TsslnW9dWjTm7Cf4c8W4dqTTQ7tlPcQW2n6h206D2H3BW5QBNdg302x2mW6fF5Pp8SJ3XbW6_pFQk7V4Pv7m60v0W64RTsP4bNm2HW4lDh6R91nl9IW6JPk6d7bkLYmW5dvcnz63dLX_W4hg1S41WWw9N7QNNQJN2pW7GH0fp46BX-QW75gH0X27qc44W3870k55CsShIW843X8x2myNsfVxMHLq6r9SQMN83-NgDg6FyNVpkfV880qTkhW70F7729dqNQgN58nQWKd1rkSW7YISsl84nD4BW2dQRHr9gMcPsw3N13CB3ZZvr9Sylv1y69Z131B61&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%55nKv_V3Zsc37CgRpxN7P6RwrFMHyJV-zzwd3TsslnW9dWjTm7Cf4c8W4dqTTQ7tlPcQW2n6h206D2H3BW5QBNdg302x2mW6fF5Pp8SJ3XbW6_pFQk7V4Pv7m60v0W64RTsP4bNm2HW4lDh6R91nl9IW6JPk6d7bkLYmW5dvcnz63dLX_W4hg1S41WWw9N7QNNQJN2pW7GH0fp46BX-QW75gH0X27qc44W3870k55CsShIW843X8x2myNsfVxMHLq6r9SQMN83-NgDg6FyNVpkfV880qTkhW70F7729dqNQgN58nQWKd1rkSW7YISsl84nD4BW2dQRHr9gMcPsw3N13CB3ZZvr9Sylv1y69Z131B61&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%)) and here

<[\(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%55nKv_V3Zsc37CgRpxN7P6RwrFMHyJV-zzwd3TsslnW9dWjTm7Cf4c8W4dqTTQ7tlPcQW2n6h206D2H3BW5QBNdg302x2mW6fF5Pp8SJ3XbW6_pFQk7V4Pv7m60v0W64RTsP4bNm2HW4lDh6R91nl9IW6JPk6d7bkLYmW5dvcnz63dLX_W4hg1S41WWw9N7QNNQJN2pW7GH0fp46BX-QW75gH0X27qc44W3870k55CsShIW843X8x2myNsfVxMHLq6r9SQMN83-NgDg6FyNVpkfV880qTkhW70F7729dqNQgN58nQWKd1rkSW7YISsl84nD4BW2dQRHr9gMcPsw3N13CB3ZZvr9Sylv1y69Z131B61&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%55nKv_V3Zsc37CgRpxN7P6RwrFMHyJV-zzwd3TsslnW9dWjTm7Cf4c8W4dqTTQ7tlPcQW2n6h206D2H3BW5QBNdg302x2mW6fF5Pp8SJ3XbW6_pFQk7V4Pv7m60v0W64RTsP4bNm2HW4lDh6R91nl9IW6JPk6d7bkLYmW5dvcnz63dLX_W4hg1S41WWw9N7QNNQJN2pW7GH0fp46BX-QW75gH0X27qc44W3870k55CsShIW843X8x2myNsfVxMHLq6r9SQMN83-NgDg6FyNVpkfV880qTkhW70F7729dqNQgN58nQWKd1rkSW7YISsl84nD4BW2dQRHr9gMcPsw3N13CB3ZZvr9Sylv1y69Z131B61&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%))

7tYJgVW3LNhsc4YCBJIW9b6q0X4Y1fYRW2yYbnz7JsKg7W8w1ZVr3f-V-
9W1Vlrsj6dG5KKW3dNI1t4QJ9GjVhgyM_4tIQSGN768jffz4FpDW29t2hD2GPyHIW4sgSjL7KHzYJW35yJXn9f26
VTrGW6zrmb3k_D1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f471
for examples.)

I know that many of you as parents are finding yourselves in extremely difficult situations, where you feel pressured into giving your children a vaccine that you don't believe is necessary, just so your kids can continue to participate in normal life.

It's up to us, as informed citizens, to fight back against these unscientific and immoral mandates, and protect the health and well-being of our children.

There is no duty that is more sacred.

In health,
Chris

You received this email because you are subscribed to Chris Kresser General News. You may update your preferences

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhs-3056268.s.hubspotemail.net%2Fhs%2Fmanage-preferences%2Funsubscribe%3Fd%3DVncJJ27d72yHVkrk1d3yVRzrW41PF7B49SzjIN1JxwY5WWc0tM4chPbHqH6W5dZ22J9gDxk2W1KVcpz7jDJDWW1wvYxj6dSYKNW83NS1w2xs2d-f3syhFF04%26v%3D3%26utm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3D8V6sYOWU5ZXVaG5LKb_QFNOyjSLbm7EAlbduZQ8V1eFesuy6xsjLWNkeXo1kjiUyhbpAujX6BXL818Ly01eqNv>
to choose the types of emails you receive at any time.

Chris Kresser LLC, a Nevada LLC / Kresser Institute | 1810 E. Sahara Ave | Suite 402 | Las Vegas | NV | 89104 | USA

Manage your subscription

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhs-3056268.s.hubspotemail.net%2Fhs%2Fmanage-preferences%2Funsubscribe%3Fd%3DVncJJ27d72yHVkrk1d3yVRzrW41PF7B49SzjIN1JxwY5WWc0tM4chPbHqH6W5dZ22J9gDxk2W1KVcpz7jDJDWW1wvYxj6dSYKNW83NS1w2xs2d-f3syhFF04%26v%3D3%26utm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3D8V6sYOWU5ZXVaG5LKb_QFNOyjSLbm7EAlbduZQ8V1eFesuy6xsjLWNkeXo1kjiUyhbpAujX6BXL818Ly01eqNv>
| Unsubscribe

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhs-3056268.s.hubspotemail.net%2Fhs%2Fmanage-preferences%2Funsubscribe-all%3Fd%3DVncJJ27d72yHVkrk1d3yVRzrW41PF7B49SzjIN1JxwY5WWc0tM4chPbNw3v8W5w9GRS6jp_DBVHqH6W5dZ22J9gDxk2W1KVcpz7jDJDWW1wvYxj6dSYKNW83NS1w2xs2d-f3syhFF04%26v%3D3%26utm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3D8V6sYOWU5ZXVaG5LKb_QFNOyjSLbm7EAlbduZQ8V1eFesuy6xsjLWNkeXo1kjiUyhbpAujX6BXL818Ly01eqNv>

View as webpage

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%2F%2F5nKwV3Zsc37CgXmcVP-KTm6lnl-4W6hJ-3V5WvqtFVdtPZ731Zf1WVdMRyD8qLzsXW5g13vh1pn2LqVbSJ6Z15vnnfW54QRRQ68QXP-N5JtQKXWdTRdW8jf0vQ6jKNy4W2h2GP12NP3HnVprhl84l7_RNW1d_gQl6SkKF8W5LQ25k3G_FFdW6dWRnR-SzmW6886yd54NNnRW5Gnr0-1kty12W2h1ncb3c387pW2YY1Yy5M8L-cW9c_gKm6RCtWKW8bsFIB4brRcGW90bn1V4w0y-TN6W6-jv7XQ12W68h8C44IL3z4W7NX_D6687MRcW2QnYby4zRxVQVDhmzr242S-kW22bgkN8TyyYcW7Pd4tM91jLF2VXG2JW2VDyVmw22R1fL929_zNW6c9hvb83llmdW74Z7Mt45T1ISW8GkkX-FBsW6SdT1z1jysBvW36NG7P71FLx3W3jy4sQ1P-G31V9xjtQ1l7y7dW4YyfDK5482bkN4dq0DWW_Z7Y38jX1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
p3q905V1-
WJV7CgGdRVj1P8L2M7y1NW1yzjMH2LB2qKN75TvBvNJCDGW35DP0739tj8LW96fjhV7Q7v9fW7mb1P24BYfh
W6j4hG57bQ8XdW34GZw27-rN5-N8HGDbckYLK-
W98CF9v2hpbIFW8vxTCd1xJLI3W16tGwq66LNqWW43p1h_4MryNgW8kgHGK28BnYfW4F25ZZ691dPcW1VrZ
w27pT3xPN22dkY7GnGbFW29zBC84MwlbPW3QWg7Q5dh0xY3nz31&data=04%7C01%7Cwsboh%40sboh.w

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
p3q905V1-
WJV7CgLt5W6XMM2Z5Bng6vW8xT5jx74Yx3FW34yKJ_8fQKXbW8Nlf6b94LJ0dW2mzVCw6_mNzHW1dxNjD4
SW69HSbJ5ZZp9kW6sk84Z93ckQ3W9bCtGg1vCsHcN8ZPbxWvhbRHW1LQ7C12FqKfbN4JRP1xNqd4SW3jLyr
1-gkrtW6vszPL991G-XW2yShYP7lrbj6W2_M8HR2-
5P6PW2C3qw940pSNqW8X7yjH4Kdm503h-
n1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f4713%7C11d0e217264

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
p3q905V1-
WJV7CgQbkW1BzyTx8VD4rBW8sgwrP6R0ZwHW31Lmwr8yqwy8W1lc_Jc4LHhdMMmjr8QT1NCdW8n6Frh20x
Rhj75Z53KQW8mPb2K4d_cqsW7TQS3B4dwtDRW84W84W2_wsTvN6lNd9GhxMPMW8Q6tzV966NdCW4HZdP
Wq3_tdsbW7h_Sx9765830N7CCfGrmhTVNW75PIDb7cttfDW3f0PZ51GY5dcW4QNPZ12RPNvkW7qDy1p7FwV
1WZQ2-
W2PYPPf3LgXxF39hc1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91ff3265f77c43991f0f08d9cb3f471

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
J3q90pV1-WJV7CgXTdW7Pvw-V8L5yM4W6qhWfV6_pBpYW5hvnqZ2krtt5W1--
Ylx8Y76dRW1rDf5-5Cj7YcN4wDL5m2z7b-
W43Xr595phYxMW7ztx6Q70qJMQW8zcNYs7Bs5M0W8Qt09_7gZ_lfN7PM7WjDWxJjW20N7_V2KPRzDW5lffdj
MnGW3dGfBX5HZRHpN2_6bmkRVC3dW2VJRD-
6fp0jxW5tg6mB8NjLcWW1hrRYb7SCSVRW6TCZqq68qNmpW48Yb0w8bhRQ7N2Q91JqlgzjjN3Z3251xYcC3W

<https://cmq5z04.na1.hubspotlinks.com/Bto/GB+113/cmq5z04/VW81FD1SnLPHW5hjnd82T2PRHW197v5Z



Why are we vaccinating children against COVID-19?

Ronald N. Kostoff^{a,*}, Daniela Calina^b, Darja Kanduc^c, Michael B. Briggs^d,
Panayiotis Vlachoyiannopoulos^e, Andrey A. Svistunov^f, Aristidis Tsatsakis^g

^a Independent Consultant, Gainesville, VA, 20155, USA

^b Department of Clinical Pharmacy, University of Medicine and Pharmacy of Craiova, 200349, Craiova, Romania

^c Department of Biosciences, Biotechnologies and Biopharmaceutics, University of Bari, Italy

^d Independent Consultant, Roscommon, MI, 48653, USA

^e Department of Pathophysiology, Medical School, National and Kapodistrian University of Athens, Athens, Greece

^f Department of Pharmacology, I.M. Sechenov First Moscow State Medical University (Sechenov University), 119146, Moscow, Russia

^g Department of Forensic Sciences and Toxicology, Faculty of Medicine, University of Crete, 71003, Heraklion, Greece

ARTICLE INFO

Handling Editor: Dr. Konstantinos Poulas

Keywords:

COVID-19
SARS-CoV-2
Inoculation
mRNA vaccines
Viral vector vaccines
Adverse events
Vaccine safety

ABSTRACT

This article examines issues related to COVID-19 inoculations for children. The bulk of the official COVID-19-attributed deaths per capita occur in the elderly with high comorbidities, and the COVID-19 attributed deaths per capita are negligible in children. The bulk of the normalized post-inoculation deaths also occur in the elderly with high comorbidities, while the normalized post-inoculation deaths are small, but not negligible, in children. Clinical trials for these inoculations were very short-term (a few months), had samples not representative of the total population, and for adolescents/children, had poor predictive power because of their small size. Further, the clinical trials did not address changes in biomarkers that could serve as early warning indicators of elevated predisposition to serious diseases. Most importantly, the clinical trials did not address long-term effects that, if serious, would be borne by children/adolescents for potentially decades.

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.

1. Introduction

Currently, we are in the fifteenth month of the WHO-declared global COVID-19 pandemic. Restrictions of different severity are still in effect throughout the world [1]. The global COVID-19 mass inoculation is in its eighth month. As of this writing in mid-June 2021, over 800,000,000 people globally have received at least one dose of the inoculation and roughly half that number have been fully inoculated [2]. In the USA, about 170,000,000 people have received at least one dose and roughly 80 % of that number have been fully inoculated [2].

Also, in the USA, nearly 600,000 deaths have been officially attributed to COVID-19. Almost 5,000 deaths following inoculation have been reported to VAERS by late May 2021; specifically, “Over 285 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through May 24, 2021. During this time, VAERS received 4,863 reports of death (0.0017 %) among people who received

a COVID-19 vaccine.” [3] (the Vaccine Adverse Events Reporting System (VAERS) is a passive surveillance system managed jointly by the CDC and FDA [3]. Historically, VAERS has been shown to report about 1% of actual vaccine/inoculation adverse events [4]. See Appendix 1 for a first-principles confirmation of that result). By mid-June, deaths following COVID-19 inoculations had reached the 6000 levels.

A vaccine is legally defined as any substance designed to be administered to a human being for the prevention of one or more diseases [5]. For example, a January 2000 patent application that defined vaccines as “compositions or mixtures that when introduced into the circulatory system of an animal will evoke a protective response to a pathogen.” was rejected by the U.S. Patent Office because “The immune response produced by a vaccine must be more than merely some immune response but must be protective. As noted in the previous Office Action, the art recognizes the term “vaccine” to be a compound which prevents infection” [6]. In the remainder of this article, we use the term

* Corresponding author.

E-mail address: rkostoff@gmail.com (R.N. Kostoff).

<https://doi.org/10.1016/j.toxrep.2021.08.010>

Received 16 July 2021; Received in revised form 11 August 2021; Accepted 29 August 2021

Available online 14 September 2021

2214-7500/© 2021 The Author(s). Published by Elsevier B.V. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

‘inoculated’ rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission. Since its main function in practice appears to be symptom suppression, it is operationally a “treatment”.

In the USA, inoculations were administered on a priority basis. Initially, first responders and frontline health workers, as well as the frailest elderly, had the highest priority. Then the campaign became more inclusive of lower age groups. Currently, approval has been granted for inoculation administration to the 12–17 years demographic, and the target for this demographic is to achieve the largest number of inoculations possible by the start of school in the Fall. The schedule for inoculation administration to the 5–11 years demographic has been accelerated to start somewhere in the second half of 2021, and there is the possibility that infants as young as six months may begin to get inoculated before the end of 2021 [7].

The remainder of this article will focus on the USA situation, and address mainly the pros and cons of inoculating children under eighteen. The article is structured as follows:

Section 1 (the present section) introduces the problem.

Section 2 (Background):

- 1) provides the background for the declared COVID-19 “pandemic” that led to the present inoculations;
- 2) describes the clinical trials that provided the justification for obtaining Emergency Use Authorization (EUA) from the FDA to administer the inoculations to the larger population;
- 3) shows why the clinical trials did not predict either the seriousness of adverse events that have occurred so far (as reported in VAERS) or the potential extent of the underlying pre-symptomatic damage that has occurred as a result of the inoculations.

Section 3 (Mass Inoculation) summarizes the adverse events that have occurred already (through reporting in VAERS) from the mass inoculation and will present biological evidence to support the potential occurrence of many more adverse effects from these inoculations in the mid-and long-term.

Section 4 (Discussion) addresses these effects further

Section 5 (Summary and Conclusions) presents the conclusions of this study.

There are four appendices to this paper.

Appendix A provides some idea of the level of under-reporting of post-inoculation adverse events to VAERS and presents estimations of the actual number of post-inoculation deaths based on extrapolating the VAERS results to real-world experiences.

Appendix B provides a detailed analysis of the major clinical trials that were used to justify EUA for the inoculants presently being administered in the USA.

Appendix C summarizes potential adverse effects shown to have resulted from past vaccines, all of which could potentially occur as a result of the present inoculations.

Appendix D presents a novel *best-case scenario* cost-benefit analysis of the COVID-19 inoculations that have been administered in the USA.

2. Background

2.1. Pandemic history

In December 2019, a viral outbreak was reported in Wuhan, China, and the responsible coronavirus was termed Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) [8,9]. The associated disease was called Coronavirus Disease 2019, or COVID-2019. The virus spread worldwide, and a global pandemic was declared by the WHO in March 2020 [10,11]. Restrictive measures of differing severity were implemented by countries globally, and included social distancing, quarantining, face masks, frequent hand sanitation, etc. [12,13]. In the USA, these measures were taken as well, differing from state-to-state [14]. At

the same time, vaccine development was initiated to control COVID-19 [15]. In the USA, non-vaccine treatments were not encouraged at the Federal level, but different treatment regimens were pursued by some healthcare practitioners on an individual level [11,16,17].

By the end of May 2021, the official CDC death count attributed to COVID-19 was approaching 600,000, as stated previously. This number has been disputed for many reasons. First, before COVID-19 testing began, or in the absence of testing, after it was available, the diagnosis of COVID-19 (in the USA) could be made by the presumption of the healthcare practitioner that COVID-19 existed [4,18]. Second, after testing began, the main diagnostic used was the RT-PCR test. This test was done at very high amplification cycles, ranging up to 45 [19–21]. In this range, very high numbers of false positives are possible [22].

Third, most deaths attributed to COVID-19 were elderly with high comorbidities [1,22]. As we showed in a previous study [22], attribution of death to one of many possible comorbidities or especially toxic exposures in combinations [23] is highly arbitrary and can be viewed as a political decision more than a medical decision. For over 5 % of these deaths, COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death [24]. These deaths with comorbidities could equally have been ascribed to any of the comorbidities [22]. Thus, the actual number of COVID-19-based deaths in the USA may have been on the order of 35,000 or less, characteristic of a mild flu season.

Even the 35,000 deaths may be an overestimate. Comorbidities were based on the clinical definition of specific diseases, using threshold biomarker levels and relevant symptoms for the disease(s) of interest [25,26]. But many people have what are known as pre-clinical conditions. The biomarkers have not reached the threshold level for official disease diagnosis, but their abnormality reflects some degree of underlying dysfunction. The immune system response (including pre-clinical conditions) to the COVID-19 viral trigger should not be expected to be the same as the response of a healthy immune system [27]. If pre-clinical conditions had been taken into account and coupled with the false positives as well, the CDC estimate of 94 % misdiagnosis would be substantially higher.

2.2. Clinical trials

2.2.1. Clinical trials to gain FDA Emergency Use Authorization (EUA) approval

The unprecedented accelerated development of COVID-19 vaccines in the USA, dubbed Operation Warp Speed, resulted in a handful of substances available for clinical trials by mid-2020 [28]. These clinical trials were conducted to predict the safety and efficacy of the potential vaccines (which have turned out to be treatments/inoculations as stated previously), and thereby gain approval for inoculating the public at large [29]. An overview of the Pfizer clinical trials is presented in this section, and a more detailed description of the main clinical trials is shown in Appendix B.

Two types of inoculants have gained FDA EUA in the US: mRNA-based inoculants and viral vector-based inoculants, with the mRNA inoculants having the widest distribution so far. Comirnaty is the brand name of the mRNA-based inoculant developed by Pfizer/BioNTech, and Moderna COVID-19 Vaccine is the brand name of the mRNA-based inoculant developed by Moderna [30]. Both inoculants contain the genetic information needed for the production of the viral protein S (spike), which stimulates the development of a protective immune response against COVID-19 [31]. Janssen COVID-19 Vaccine is the brand name of the viral vector-based inoculant developed by Johnson and Johnson. Janssen COVID-19 vaccine uses an adenovirus to transport a gene from the coronavirus into human cells, which then produce the coronavirus spike protein. This spike protein primes the immune system to fight off potential coronavirus infection [32].

The results of these trials that allowed granting of EUA by the FDA

Table 1

Demographics (population for the primary efficacy endpoint). The number of participants who received vaccine and placebo, stratified by age.

AGE GROUP	Pfizer-BioNTech COVID-19 Vaccine (N = 18,242) n (%)	Placebo (N = 18,379) n (%)
≥12 through 15 years ^b	46 (0.3 %)	42 (0.2 %)
≥16 through 17 years	66 (0.4 %)	68 (0.4 %)
≥16 through 64 years	14,216 (77.9 %)	14,299 (77.8 %)
≥65 through 74 years	3176 (17.4 %)	3226 (17.6 %)
≥75 years	804 (4.4 %)	812 (4.4 %)

Symbols: b: “100 participants 12 through 15 years of age with limited follow-up in the randomized population received at least one dose (49 in the vaccine group and 51 in the placebo group). Some of these participants were included in the efficacy evaluation depending on the population analyzed. They contributed to exposure information but with no confirmed COVID-19 cases, and did not affect efficacy conclusions.”; N: number of test subjects, n: number of controls.

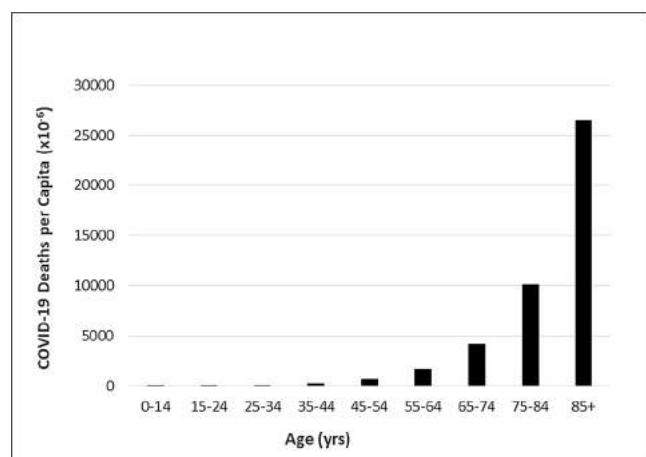


Fig. 1. COVID-19 Deaths per capita by age in the United States (as of Jun 5, 2021). Population-based on U.S. CDC WONDER Bridge-Race Population Estimate 2019. Data obtained from <https://wonder.cdc.gov/bridged-race-v2019.html> on 6/15/2021. Provisional COVID-19 deaths based on CDC data provided by the National Center for Health Statistics for the period 1/1/2020 – 6/5/2021. Data obtained from <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku> on 6/10/2021.

can be found in the inserts to the inoculation materials. For example, the Pfizer inoculation trial results are contained in the fact sheet for healthcare providers administering vaccine (vaccination providers) [33].

There were two clinical trials conducted to gain FDA EUA for Pfizer: a smaller Phase 1/2 study, and a larger Phase 1/2/3 study. The age demographics for the larger clinical study are as follows (from the Pfizer insert): “Of the total number of Pfizer-BioNTech COVID-19 Vaccine recipients in Study 2 (N = 20,033), 21.4 % (n = 4,294) were 65 years of age and older and 4.3 % (n = 860) were 75 years of age and older.” Additionally: “In an analysis of Study 2, based on data up to the cutoff date of March 13, 2021, 2,260 adolescents (1,131 Pfizer-BioNTech COVID-19 Vaccine; 1,129 placebo) were 12 through 15 years of age. Of these, 1,308 (660 Pfizer-BioNTech COVID-19 Vaccine and 648 placebo) adolescents have been followed for at least 2 months after the second dose of Pfizer-BioNTech COVID-19 Vaccine. The safety evaluation in Study 2 is ongoing.”

The relevant demographics are presented in Table 7 on p.31 of the Pfizer insert. The age component of those demographics is shown below in Table 1.

There are very minor differences between most of the data in the above table and the preceding narrative shown, and they are probably due to different time horizons. The major difference is the number of adolescents used and appears to result from a much later reporting time.

Fig. 1 uses the official large CDC numbers (coupled with USA census data estimates from CDC Wonder) to show the COVID-19 deaths per capita as a function of age, circa early June 2021. Unfortunately, the most critical range, 85+, has the least resolution. It is obvious that most of the deaths occurred in the 55 to 100+ range, and the remaining individuals in the other ranges (especially under 35) have negligible risk of dying from the disease.

The age distribution in Fig. 1 differs substantially from the age distribution in Table 1. Why is this important? When designing a trial for the efficacy and safety of a potential treatment, the focus should be on the target population who could benefit from that treatment. There is little rationale for including participants in a trial for whom the treatment would not be relevant or warranted.

For the COVID-19 Pfizer trials, based on the data from Fig. 1, the trial population should have been limited at most to the 45–100+ age segment, appropriately weighted toward the higher end where the deaths per capita are most frequent. That was almost the exact opposite of what was done in the Pfizer clinical trials. In Fig. 1, approximately 58 % of the deaths occurred in the age range 75+, whereas 4.4 % of the participants in the Pfizer clinical trial were 75+. Thus, the age range most impacted by COVID-19 deaths was minimally represented in the Pfizer clinical trials, and the age range least impacted by COVID-19 deaths was maximally represented in the Pfizer clinical trials. This skewed sampling has major implications for predicting the expected numbers of deaths for the target population from the clinical trials.

Besides age, the other metric of importance in determining COVID-19 deaths is the presence of comorbidities. The more comorbidities, and the more severe the comorbidities, the greater the chances of death or severe adverse outcomes from COVID-19. It is not clear how well the number and severity of comorbidities in the clinical trial sample matched those reflected in Fig. 1, but the insert does mention the large number of conditions that excluded participation in the trials. In sum, the results from the clinical trials could not be expected to reflect the results that could occur (and have occurred) from mass inoculation of the public, given the unaffected nature of the bulk of the trial population from SARS-CoV-2 exposure.

The prior discussion on the clinical trials has focused on the efficacy and safety of the inoculants, and the relationship of the trial test population to the total target population. We have limited the focus so far to the safety and efficacy issues since these constituted the core of what was presented to the FDA for EUA approval. We have not focused on the trials from an early warning indicator perspective.

We will address summarily the science/early warning indicator issues associated with the Pfizer trials, and how the neglect of these issues has translated into disastrous consequences during the mass inoculation rollout. Standard practice for determining and understanding the impact of new technology (such as mRNA “vaccines”) on a system involves measuring the state and flux variables of the system before the new technology intervention, measuring the state and flux variables of the system after the new technology intervention, and identifying the types and magnitudes of changes in the state and flux variables attributable to the intervention. This would be in addition to evaluating performance metrics before and after the intervention.

In Pfizer’s proposed clinical trials for the mRNA “vaccine” (Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals - <https://clinicaltrials.gov/ct2/show/NCT04368728>), the focus was on determining 1) adverse events/symptoms, 2) SARS-CoV-2 serum neutralizing antibody levels, 3) SARS-CoV-2 anti-S1 binding antibody levels and anti-RBD binding antibody levels, and 4) effectiveness. These metrics are all related to safety at the symptom level and performance.

However, symptoms/diseases are typically end points of processes

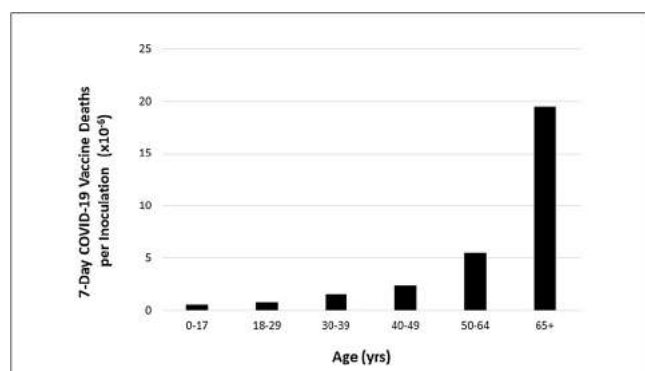


Fig. 2. Post-inoculation deaths per dose of inoculant. 7-day COVID-19 vaccine deaths per inoculation by age in the United States (as of 5/28/2021). Data shown includes the total number of all deaths up to 7 days after receiving the vaccine for both those administered 1 dose and the complete series of doses by age in the United States as of 5/28/2021 reported in VAERS (updated on 5/28/2021). COVID-19 Vaccinations (Inoculations) based on CDC data provided by ISSInfo up thru 5/28/2021. Data obtained from <https://data.cdc.gov/Vaccinations/COVID-19-Vaccination-Demographics-in-the-United-St/km4m-vcsb> on 6/10/2021. COVID-19 Vaccinations Deaths based on CDC WONDER VAERS Database as of 5/28/2021, obtained from <https://wonder.cdc.gov/controller/datarequest/D8.jsessionid=4B5522C8D1DA68F1A364646B0DA5> on 6/9/2021.

that can take months, years, or decades to surface. During that symptom/disease development period, many biomarker early warning indicators tend to exhibit increasing abnormalities that reflect an increasing predisposition to the eventual symptom/disease. Thus, serious symptoms/diseases that ordinarily take long periods to develop would be expected to be rare events if they occurred shortly following an inoculation. If the clinical trials that were performed by Pfizer and Moderna were designed to focus on efficacy and *only adverse effects at the symptom level of description* as an indicator of safety, the trial results would be limited to the identification of rare events, and the trial results would potentially under-estimate the actual pre-symptom level damage from the inoculations.

Credible safety science applied to this experiment would have required a much more expansive approach to determining effects on a wide variety of state and flux metrics that could serve as early warning indicators of potentially serious symptoms/disease, and might occur with much higher frequencies at this early stage than the rare serious symptoms. The only mention of these other metrics in the above proposal is in the Phase I trial description: “Percentage of Phase 1 participants with abnormal haematology and chemistry laboratory values”, to be generated seven days after dose 1 and dose 2.

A paper published in NEJM in December 2020 [34] summarized the Phase 1 results. The focus was on local and systemic adverse events and efficacy metrics (antibody responses). The only metrics other than these reported were transiently decreased lymphocyte counts.

We view this level of reporting as poor safety science for the following reasons. Before the clinical trials had started, many published articles were reporting serious effects associated with the presence of the SARS-CoV-2 virus such as hyperinflammation, hypercoagulation, hypoxia, etc. SARS-CoV-2 includes the S1 Subunit (spike protein), and it was not known how much of the damage was associated with the spike protein component of SARS-CoV-2. A credible high-quality safety science experiment would have required state measurements of specific biomarkers associated with each of these abnormal general biomarkers before and after the inoculations, such as d-dimers for evidence of enhanced coagulation/clotting; CRP for evidence of enhanced inflammation; troponins for evidence of cardiac damage; occludin and claudin for evidence of enhanced barrier permeability; blood oxygen levels for evidence of enhanced hypoxia; amyloid-beta and phosphorylated tau for

evidence of increased predisposition to Alzheimer’s disease; Serum HMGB1, CXCL13, Dickkopf-1 for evidence of an increased disposition to autoimmune disease, etc. A credible high-quality safety science experiment would have required flux measurements of products resulting from the mRNA interactions, from the LNP shell interactions, from dormant viruses that might have been stimulated by the mRNA-generated spike protein, etc., emitted through the sweat glands, faeces, saliva, exhalation, etc.

Most importantly, these types of measurements would have shown changes in the host that did not reach the symptom level of expression but raised the general level of host abnormality that could predispose the host to a higher probability of serious symptoms and diseases at some point in the future. Instead, in the absence of high-quality safety science reflected in these experiments, all that could be determined were short-term adverse effects and deaths. This focus on symptoms masked the true costs of the mRNA intervention, which would probably include much larger numbers of people whose health could have been degraded by the intervention as evidenced by increased abnormal values of these biomarkers. For example, the trials and VAERS reported clots that resulted in serious symptoms and deaths but gave no indication of the enhanced predisposition to forming serious clots in the future with a higher base of micro-clots formed because of the mRNA intervention. The latter is particularly relevant to children, who have a long future that could be seriously affected by having an increased predisposition to multiple clot-based (and other) serious diseases resulting from these inoculations.

3. Mass inoculation

3.1. Adverse events reported for adults

This section describes the adverse effects that followed COVID-19 mass inoculation in the USA. The main source of adverse effects data used was VAERS. Because VAERS is used to estimate adverse event information by many other countries as well, a short overview of VAERS and its intrinsic problems is summarized in Appendix 1.

The period in the present study covered by the reported inoculations is mid-December 2020 to the end of May 2021. The population inoculated during this period is mainly adults. Child inoculations did not begin until mid-May. Because the different age groups were inoculated starting at different times based on priority, the elapsed times after inoculation will be different, and any adverse event comparisons across age groups will require some type of elapsed post-inoculation time normalization.

We examined VAERS-reported deaths by age group, normalized to:

- 1) the number of inoculations given
- 2) the period within seven days after inoculation.

This allows a credible comparison of very short-term adverse effects post-inoculation for all age groups. During this period, which is eight days post-inoculation (where day zero is the day of inoculation), sixty percent of all post-inoculation deaths are reported in VAERS.

Fig. 2 below shows the results circa late May 2021 [3]. The age band ranges are different from those in Fig. 1 because the CDC provides inoculation after-effect age bands differently from COVID-19 death age bands. In general, the inoculation deaths by age per inoculant roughly parallel the COVID-19 deaths by age per capita (the curve structures are very similar), with one exception: the 0–17 demographic. In the normalized COVID-19 death graph (Fig. 1), the deaths per capita in the 0–17 demographic are negligible, while in the normalized inoculant death graphs (Fig. 2) the normalized deaths are small, but not negligible. The members of the 65+ demographic, where the bulk of deaths are occurring in Figs. 1 and 2, have been receiving inoculations for five months, whereas the members of the youngest demographic have been receiving inoculations only for a few weeks. More time needs to pass

before more definitive conclusions can be drawn about the youngest demographic, and how its members are impacted adversely following the inoculations.

The high death rates from both COVID-19 and the inoculations in the 65+ demographic should not be surprising. In both cases, the immune system is challenged, and in both cases, a dysfunctional immune system characteristic of many elderly people with multiple comorbidities cannot respond adequately to the challenge.

3.1.1. Specific short-term adverse events reported in VAERS

The most comprehensive single evaluation of VAERS-reported adverse events (mainly for adult recipients of the COVID-19 “vaccines”) we have seen is a non-peer-reviewed collection of possible side effects by Dr. Ray Sahelian [35]. We recommend reading this short data-rich summary of the broad types of events reported already, in the context that these events are very short-term. Dr. Sahelian identifies five mechanisms he believes are responsible for most of these events, with research potentially uncovering other mechanisms. These five mechanisms include:

- 1 “An overreacting inflammatory response is known as systemic inflammatory response syndrome (SIRS). This SIRS reaction, perhaps a cytokine storm, can range from very mild to very severe. It can begin the very first day of the shot or begin days or weeks later as a delayed reaction.”
- 2 “Interaction of the spike proteins with ACE2 receptors on cell membranes. Such cells are found widely in the body including the skin, lungs, blood vessels, heart, mouth, gastrointestinal tract, kidneys, and brain.”
- 3 “Interaction of spike proteins with platelets and/or endothelial cells that line the inside of blood vessels. This can lead to clotting or bleeding (low number of circulating platelets in the bloodstream). Some of the clots, even if tiny, cause certain neurological symptoms if the blood supply to nerves is compromised.”
- 4 “Immediate or delayed release of histamine from mast cells and basophils (mast cell activation syndrome, MCAS).”
- 5 “Swelling of lymph nodes in various areas of the body could interfere with blood flow, put pressure on nerves causing pain, or compromise their proper function.”

These reactions can be classified as Hyperinflammation, Hypercoagulation, Allergy, and Neurological, and can contribute to many symptoms and diseases, as VAERS is showing.

An excellent review of acute and potential long-term pathologies resulting from the COVID-19 inoculations [36] showed potential relationships to blood disorders, neurodegenerative diseases and autoimmune diseases. This review discussed the relevance of prion-protein-related amino acid sequences within the spike protein.

3.1.2. Potential mid- and long-term events and serious illnesses for adults and children from past vaccines

A detailed description of potential mid- and long-term events and serious illnesses for adults and children from past vaccines is presented in Appendix C. Most of these events and illnesses are not predictable, and most, if not all, would be possible for the COVID-19 inoculations in the mid- and long-term for adults and children.

3.1.3. Potential short-, mid-, and long-term risks of mass COVID-19 inoculation for children

3.1.3.1. Intrinsic inoculant toxicity. Children are unique relative to COVID-19. They have negligible risks of serious effects from the disease, as shown in Fig. 1. Given that the COVID-19 inoculants were only tested for a few months, and mid-or long-term adverse effects are unknown, any mid- or long-term adverse events that emerge could impact children

adversely for decades.

We believe that mid-or long-term adverse effects are possible based on the recent emergence of evidence that would support the probability of mid-and long-term adverse effects from the COVID-19 inoculants, such as:

- 1) The spike protein itself can be a toxin/pathogenic protein:
- 2) S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function [37].
- 3) it is concluded that ACE2 and endothelial damage is a central part of SARS-CoV2 pathology and may be induced by the spike protein alone [38].
- 4) the spike protein of SARS-CoV-1 (without the rest of the virus) reduces ACE2 expression, increases angiotensin II levels, exacerbates lung injury, and triggers cell signaling events that may promote pulmonary vascular remodeling and Pulmonary Arterial Hypertension (PAH) as well as possibly other cardiovascular complications [39].
- 5) the recombinant S protein alone elicits functional alterations in cardiac vascular pericytes (PCs) [40]. This was documented as:
- 6) increased migration
- 7) reduced ability to support EC network formation on Matrigel
- 8) secretion of pro-inflammatory molecules typically involved in the cytokine storm
- 9) production of pro-apoptotic factors responsible for EC death. Furthermore, the S protein stimulates the phosphorylation/activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) through the CD147 receptor, but not ACE2, in cardiac PCs, the S protein may elicit vascular cell dysfunction, potentially amplifying, or perpetuating, the damage caused by the whole coronavirus [40].
- 10) “even in the absence of the angiotensin-converting enzyme 2 receptors, the S1 subunit from SARS-CoV-2 spike protein binding to neutral phospholipid membranes leads to their mechanical destabilization and permeabilization. A similar cytotoxic effect of the protein was seen in human lung epithelial cells.” [125].
- 11) The LNP layer encapsulating the mRNA of the inoculant is highly inflammatory in both intradermal and intranasal inoculation [41] and “Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine” [42]. “Humans are likely developing PEG antibodies because of exposure to everyday products containing PEG. Therefore, some of the immediate allergic responses observed with the first shot of mRNA-LNP vaccines might be related to pre-existing PEG antibodies. Since these vaccines often require a booster shot, anti-PEG antibody formation is expected after the first shot. Thus, the allergic events are likely to increase upon re-vaccination” [43].
- There is also the possibility that the components of the LNP shell could induce the ASIA Syndrome (auto-immune/inflammatory syndrome induced by adjuvants), as shown by studies on post-inoculation thyroid hyperactivity [44] and post-inoculation subacute thyroiditis [45].
- 12 The spike protein has been found in the plasma of post-inoculation individuals, implying that it could circulate to, and impact adversely, any part of the body [46].
- 13 The spike protein of SARS-CoV-2 crosses the blood-brain barrier in mice [47], and “the SARS-CoV-2 spike proteins trigger a pro-inflammatory response on brain endothelial cells that may contribute to an altered state of BBB function” [48].
- 14 The spike proteins manufactured in vivo by the present COVID-19 inoculations could potentially “precipitate the onset of autoimmunity in susceptible subgroups, and potentially exacerbate autoimmunity in subjects that have pre-existing autoimmune diseases”, based on the finding that anti-SARS-CoV-2 protein

antibodies cross-reacted with 28 of 55 diverse human tissue antigens [49].

- 15 “The biodistribution of ChaAdOx1 [Astra Zeneca’s recombinant adenovirus vaccine candidate against SARS-CoV-2] in mice confirmed the delivery of vaccine into the brain tissues [50]. The vaccine may therefore spur the brain cells to produce CoViD spike proteins that may lead to an immune response against brain cells, or it may spark a spike protein-induced thrombosis. This may explain the peculiar incidences of the fatal cerebral venous sinus thrombosis (CVST) observed with viral vector-based CoViD-19 vaccines” [51,52].

A complementary perspective to explain adenovirus-based vaccine-induced thrombocytopenia is that “transcription of wildtype and codon-optimized Spike open reading frames enables alternative splice events that lead to C-terminal truncated, soluble Spike protein variants. These soluble Spike variants may initiate severe side effects when binding to ACE2-expressing endothelial cells in blood vessels.” [100].

- 16 A Pfizer Confidential study performed in Japan showed that “modRNA encoding luciferase formulated in LNP comparable to BNT162b2” injected intramuscularly concentrated in many organs/tissues in addition to the injection site [53]. The main organs/sites identified were adrenal glands, liver, spleen, bone marrow, and ovaries. While damage to any of these organs/sites could be serious (if real for humans), adverse effects on the ovaries could be potentially catastrophic for women of child-bearing or pre-childbearing age.

The main objective of credible biodistribution studies (of inoculants for eventual human use) is to identify the spatio-temporal distribution of the actual inoculant in humans; i.e., how much of the final desired product (in this case, expressed protein antigen/spike protein) is produced in different human tissues and organs as a function of time. That’s not what was reported in the Pfizer Confidential study.

Rats were used for the *in vivo* studies; the relationship of their biodistribution to that of humans is unclear. They were injected in different locations (hindpaw/intramuscular); the relationship to human injections in the deltoid muscle is unclear. They were injected with “modRNA encoding luciferase formulated in LNP comparable to BNT162b2”; it is unclear why they weren’t injected with BNT162b2, it is unclear why spike protein expression wasn’t evaluated rather than LNP concentration, and it is unclear how well the biodistribution from the actual inoculant used in the experiments compares to the biodistribution from BNT162b2.

They were injected once per rat. Given that a second injection would not be in the same exact location as the first, and that the circulatory system might have changed due to clotting effects from the first injection and other potential vascular complications, it is unclear how the biodistribution change with the second injection would compare with the first. If a booster injection is given to counter variants, it is unclear how its biodistribution would be altered as a consequence of the preceding two injections.

Clotting will occur with the highest probability where the blood flow is reduced (and more time is available for LNP-endothelial cell interaction). It is unclear whether the clotting process would show *positive feedback* behaviour where the initial inoculation constricts the flow in low-velocity regions even further by enhanced clotting, and subsequent inoculations further amplify this reduced flow-enhanced clotting cycle.

The rats were injected under pristine conditions; how that compares with humans, who have been, are being, and will continue to be exposed to multiple toxic substances in combination, is open to question. We know these combinations can act synergistically to adversely impact myriad organs and tissues throughout the body [23]. We don’t know how these toxic exposures in humans affect the permeability of the blood/tissue barriers, and especially the ability of the injected material to diffuse into the bloodstream (and also the ability of the manufactured

spike proteins to diffuse from the bloodstream into the surrounding tissue).

Higher-level primates should have been used for these short-term experiments, to obtain a more realistic picture of the biodistribution of inoculant in human organs and tissues. In other words, these laboratory experiments may be just the tip of the iceberg of estimating the amount of inoculant that concentrates in critical organs and tissues of human beings.

The many studies referenced above indicate collectively that the mRNA-based COVID-19 inoculations (the most prolific inoculations used in the USA for COVID-19 so far) consist of (at least) two major toxins: the instructions for the spike protein (mRNA) and the mRNA-encapsulating synthetic fat LNP. The vaccine is injected into the deltoid muscle, at which time it contributes to inflammation at the injection site due in part to the LNP and potentially to anaphylaxis from the LNP PEG-2000 component. Some of the injected material stays at the injection site, where it combines with cells through endocytosis to express spike protein on the cell surface, stimulating the adaptive immune system to eventually produce antibodies to the spike protein [54].

The remainder of the injected material enters the lymphatic system and the bloodstream, and is distributed to tissues and organs throughout the body: e.g., “Drugs administered by the intramuscular (IM) route are deposited into vascular muscle tissue, which allows for rapid absorption into the circulation” [55]. The basis of this process is that the bulky muscles have good vascularity, and therefore the injected drug quickly reaches the systemic circulation and thereafter into the specific region of action, bypassing the first-pass metabolism [56]. The widespread distribution is greatly enhanced by the LNP PEG-2000 coating as follows: building from the success of PEGylating proteins to improve systemic circulation time and decrease immunogenicity [57]. PEG coatings on nanoparticles shield the surface from aggregation, opsonization, and phagocytosis, prolonging systemic circulation time. [57]. PEG coatings on nanoparticles have also been utilized for overcoming various biological barriers to efficient drug and gene delivery associated with other modes of administration. [57]

In the bloodstream, one possible outcome is that the LNPs coalesce with the endothelial cells on the inner lining of the blood vessels and transfer the mRNA to the cells through endocytosis. The endothelial cells would then express the spike protein on their surface. Platelets flowing by the spike protein express ACE2 receptors on their surface; therefore, one possible outcome would be activation of the platelets by the spike protein and initiation of clotting. Another possible outcome would be the modified endothelial cells being recognized by innate immune system cells as foreign. These immune killer cells would then destroy parts of the endothelium and weaken the blood-organ barriers. The LNPs would inflame the endothelium as well, both increasing barrier permeability and increasing the blood vessel diameter. This weakening of the blood-organ barriers would be superimposed on any inflammation due to the myriad toxic contributing factors operable [4]. The newly-formed cells with spike proteins would penetrate the blood-organ barriers and bind to tissue with expressed ACE2 receptors. Any LNPs that did not coalesce with the endothelial cells, but remained intact, could also pass through the permeable blood-organ barrier, and coalesce directly with the organ cells. This could lead to an attack by innate immune system cells, and be a precursor to autoimmunity [4].

In the preceding discussion of the Pfizer biodistribution studies, the issue of multiple inoculations on changes in biodistribution was raised. Similarly, the alteration of effects as described above by multiple inoculations must be considered. Each inoculation will have positive aspects and negative aspects. The positive aspects are the formation of antibodies in the muscle cells and lymphatic system. The negative aspects include, but are not limited to, the potential clotting effects and permeability increases for that fraction of the inoculant that enters the bloodstream. The first inoculant dose can be viewed as priming the immune system. The immune response will be relatively modest. The second inoculant dose can be expected to elicit a more vigorous immune

Table A1
Expected deaths from non-COVID-19 causes for inoculees (Thousands).

Potential covid deaths/# non-covid expected	Mean time location/five months									
	0	%REP	1/3	%REP	1/2	%REP	2/3	%REP	1	%REP
0	723	0.5	482	0.74	362	0.98	242	1.47	4.77	75
.5	1085	0.33	723	0.5	543	0.66	363	0.98	7.14	50
1	1446	0.25	964	0.37	724	0.49	484	0.74	9.51	37

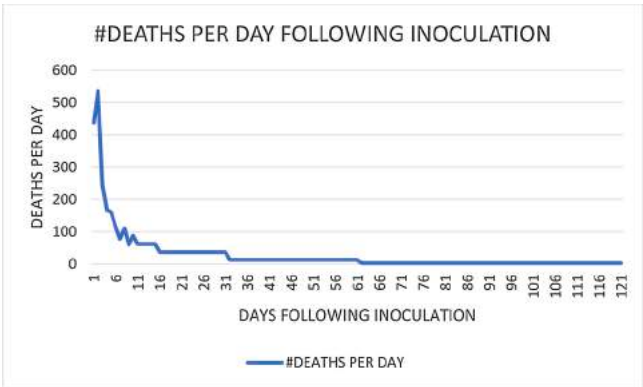


Fig. A1. Figure A1-1 is a plot of number of deaths from COVID-19 inoculation (reported to VAERS and obtained from the CDC search engine CDC Wonder) as a function of days from inoculation (zero reflects day of inoculation). If there were no effect from the inoculation, as claimed by the CDC and other official government agencies, the curve would be essentially a straight horizontal line, reflecting normal expected deaths in a non-COVID-19 year. The curve is stepped past the tenth day because the data after that point is provided in bands by CDC Wonder. The knee of the curve, which will denote the beginning of the transition of 1) deaths **from** inoculation to 2) deaths **expected**, appears somewhere in the range between day ten and day thirty.

Table A2
Actual COVID-19 inoculation-based deaths.

Actual COVID-19 inoculation-based deaths from vaers reporting				
	Separate Groups		Overlapping Groups	
Expected Deaths Reported	37	20	37	20
Range Of Days Inoculation Deaths	0–30	0–30	0–30	0–30
Total Reported Deaths Over Range	2901	2901	2901	2901
Total Expected Deaths Over Range	1147	620	1147	620
Inoculation-Based Deaths Reported	1754	2281	2901	2901
Expected Deaths Reported/Total Expected	.0077	.0041	.0077	.0041
Total Actual Inoculation-Based Deaths Using Expected Ratio (Above)	227792	556341	376753	707561

Table A3
Possible COVID-19 inoculation-based deaths.

Possible COVID-19 inoculation-based deaths from vaers reporting				
	Separate Groups		Overlapping Groups	
Expected Deaths Reported	10	15	10	15
Range Of Days Inoculation Deaths	0–30	0–30	0–30	0–30
Total Reported Deaths Over Range	2901	2901	2901	2901
Total Expected Deaths Over Range	310	465	310	465
Inoculation-Based Deaths Reported	2591	2436	2901	2901
Expected Deaths Reported/Total Expected	.0021	.0031	.0021	.0031
Total Actual Inoculation-Based Deaths Using Expected Ratio (Above)	1233810	785806	1381429	935806

response. This will enhance the desired antibody production in the muscle cells and lymphatic system, but may also enhance the immune response to both the blood vessel-lining endothelial cells displaying the spike protein and the platelets, causing more severe damage. If a booster (s) inoculation is also required, this may further enhance both the positive and negative immune responses resulting from the second inoculation. While the positive effects are reversible (antibody levels decrease with time), adverse effects may be cumulative and irreversible, and therefore injury and death rates may increase with every additional inoculation [58].

These effects can occur throughout the body in the short term, as we are seeing with the VAERS results. They can occur in the mid- and long-term as well, due to the time required for destructive processes to have full effect and the administration of further inoculations. For example, micro-clots resulting from the inoculation that were insufficient to cause observable symptoms could in effect raise the baseline for thrombotic disease [92]. Lifestyle activities that contribute to enhanced blood clotting would have less distance to travel to produce observable symptoms, and thus the serious effects of clotting would have been accelerated [59,60]. As an example: the risk of venous thrombosis is approximately 2- to 4-fold increased after air travel [61]. How much this rate would increase after the inoculations, where microthrombi have formed in some recipients, is unknown. These potential baseline-raising effects could impact the interpretation of the VAERS results, as we show at the end of Appendix 1.

3.1.3.2. Adverse inoculant effects on children. What are the potential mid- and long-term adverse health effects from the COVID-19 inoculation on children specifically, taking into account that they will be exposed not only to the spike protein component of the SARS-CoV-2 virus but also to the toxic LNP encapsulating-shell? This toxic combination will have bypassed many defensive safeguards (typically provided by the innate immune system) through direct injection [62]. As we have shown, the main reasons why we believe the spike protein could be harmful to children even though they don't seem to get sick from exposure to SARS-CoV-2 are 1) the bypassing of the innate immune system by inoculation, 2) the larger volume of spike protein that enters the bloodstream, and 3) the additional toxic effects of the encapsulating LNP layer.

3.1.3.2.1. Potential mid-term adverse health effects. Examination of the myriad post-COVID-19 inoculation symptoms/biomarker changes for the 0–17 age demographic reported to VAERS circa mid-June 2021 provides some indication of very early damage [84]. Main regions/systems affected adversely (VAERS symptoms/biomarkers shown in parentheses) include:

- Cardiovascular (blood creatine phosphokinase increased, cardiac imaging procedure abnormal, echocardiogram abnormal, electrocardiogram abnormal, heart rate increased, myocarditis, palpitations, pericarditis, tachycardia, troponin I increased, troponin increased, fibrin D-Dimer increased, platelet count decreased, blood pressure increased, bradycardia, brain natriuretic peptide increased, ejection fraction decreased, migraine)
- Gastrointestinal (abdominal pain, diarrhoea, vomiting, alanine aminotransferase increased, aspartate aminotransferase increased.)
- Neural (gait disturbance, mobility decreased, muscle spasms, muscle twitching, seizure, tremor, Bell's Palsy, dyskinesia)

- Immune (C-Reactive Protein increased, red blood cell sedimentation rate increased, white blood cell counts increased, inflammation, anaphylactic reaction, pruritis, rash, lymphadenopathy)
- Endocrine (heavy menstrual bleeding, menstrual disorder)

In addition, there were large numbers of different vision and breathing problems reported.

All the major systems of the body are impacted, and many of the major organs as well. Given the lag times in entering data into VAERS and the fact that inoculations of children started fairly recently, we would expect the emphasis to be immediate symptomatic and biomarker reactions. More time is required for organ and system damage to develop and emerge. Cardiovascular problems dominate, as our model for spike protein/LNP circulation and damage predicts, and it is unknown how reversible such problems are. Many of the VAERS symptoms listed above were also found in COVID-19 adult patients [64].

Consider the example of Multisystem Inflammatory Syndrome in Children (MIS-C). It has emerged in VAERS with modest frequency so far, and it also occurred about a month after COVID-19 infection [65]. In both cases, the presence of the spike protein was a common feature. Many of its characteristic symptoms are those listed above from VAERS. MIS-C has similarities with known disease entities like Kawasaki Disease (KD), toxic shock syndrome (TSS) and macrophage activation syndrome (MAS)/secondary hemophagocytic lymphohistiocytosis (HLH) [66]. One presentation of MIS-C is in adolescents with a high disease burden as evidenced by more organ systems involved, almost universally including cardiac and gastrointestinal systems, and with a higher incidence of shock, lymphopenia, and elevated cardiac biomarkers indicating myocarditis [67]. Since the first reports of children developing MIS-C, it was evident that others presented with some of the classic symptoms of the well-recognized childhood illness KD [68]. Further, despite KD being ordinarily incredibly rare in adults, patients with MIS-A have also been reported with KD-like features. [68] Thus, an examination of the adverse effects from COVID-19 as evidenced through these diseases might shed some light on what can be expected further down the line from the inoculations.

The following section addresses Kawasaki disease (KD) and Multisystem Inflammatory Syndrome in Children (MIS-C) [65].

KD is an acute vasculitis and inflammation that predominantly affects the coronary arteries and can cause coronary artery aneurysms. Other KD manifestations include systemic inflammation of arteries, organs, and tissues, with consequent hepatitis and abdominal pain; lung interstitial pneumonitis, aseptic meningitis due to brain membrane inflammations; myocarditis, pericarditis, and valvulitis; urinary tract pyuria, pancreatitis; and lymph-node enlargement [69]. In general, although almost all children fully recover, some of them later develop coronary artery dilation or aneurysm [70]. Etiologically and pathologically, numerous studies indicate that KD is triggered by an abnormal autoimmune response caused by an infection [71]. The infection hypothesis is supported by epidemiology data showing that an infectious disease is involved at least as a starting point. Previously proposed infectious agents include Herpesviridae, retroviruses, Parvovirus B19, bocavirus, and bacterial infections such as staphylococci, streptococci, Bartonella, and Yersinia infections [72].

SARS-CoV-2 adds to these infectious agents by eliciting autoantibodies likely via molecular mimicry and cross-reactivity with autoantigens [72,73].

Then, the formation of antigen–antibody immune complexes can lead to KD symptoms via activation of the receptors of mast cells, neutrophils, and macrophages with consequent release of pro-inflammatory cytokines and increase of blood vessel permeability; activation of the complement system, stimulation of neutrophils and macrophages to secrete proteases and more proinflammatory cytokines [74], thus merging into the “cytokine storm” that characterizes MIS-C [75]. Indeed, features of KD are raised levels of Interleukin (IL)-6, IL-8, IL-15, and IL-17, with the cytokine level predicting coronary aneurysm

formation in KD patients [76,77]

3.1.3.2.2. Potential long-term adverse health effects. In the long-term, SARS-CoV-2-induced KD vasculitis can lead to severe pathologies. Vasculitis has a predilection for coronary arteries with a high complication rate across the lifespan for those with medium to large coronary artery aneurysms [78]. The cytokine-induced inflammation produces endothelial dysfunction and damage to the vascular wall, leading to aneurysmal dilatation. Successively, vascular remodeling can also occur, but this does not imply resolution of the disease or reduction of risk for future complications. A rigorous follow-up to detect progressive stenosis, thrombosis and luminal occlusion that may lead to myocardial ischemia and infarction becomes mandatory [78]. Of equal importance, among other long-term outcomes, children with KD may have increased risks not only for ischemic heart disease, but also for autoimmune disorders, cancer as well as an increased all-cause mortality [71].

Additional questions regarding mass inoculation of children and adolescents include:

- a) Do children, being asymptomatic carriers of SARS-CoV-2, transmit the virus?
- b) Do recently vaccinated people, infected with SARS-CoV-2, transmit the virus?

There is evidence of children transmitting SARS-CoV-2 in community settings, but the existing literature is heterogeneous with regards to the relative rate at which they do so compared to adults [79].

Studies from South Korea and Thailand found a very limited number of secondary cases [80,81]. On the contrary, a large contact tracing study from India concluded that the highest probability of transmission was between case-contact pairs of similar age and that this pattern of enhanced transmission risk was highest among children 0–4 years of age as well as adults 65 years of age and older [80].

With regard to the second question, it was shown that household members of healthcare workers inoculated with a single dose of either Pfizer or Astra Zeneca COVID-19 inoculant were at significantly reduced risk of PCR-confirmed SARS-CoV-2 infection but at non-statistically significant reduced risk of hospitalization, compared to household members of uninoculated healthcare workers, fourteen days after inoculation [82]. This finding again underlines the association of severe disease to the characteristics of the infected person and not directly to the transmission, implying that the elderly should be inoculated and not the children.

3.2. Novel best-case scenario cost-benefit analysis of COVID-19 inoculations for most vulnerable

Traditional cost-benefit analyses are typically financial tools used to estimate the potential value of a proposed project. They involve generating cost streams over time, benefit streams over time, and then comparing the net present value of these two streams (including risk) to see whether the risk-adjusted discounted benefits outweigh the risk-adjusted discounted costs. Appendix D presents a detailed non-traditional *best-case scenario* pseudo-cost-benefit analysis of inoculating people in the 65+ demographic in the USA. In this incarnation of a cost-benefit analysis, the costs are the number of deaths resulting from the inoculations, and the benefits are the lives saved by the inoculations. The time range used was from December 2019 to end-of-May 2021. No discounting was done; an inoculation-based death occurring immediately post-inoculation was given the same importance/weighting as an inoculation-based death months after inoculation.

Why was this non-traditional approach selected for a cost-benefit analysis? In a traditional non-financial cost-benefit analysis relative to inoculations, the adverse events prevented by the inoculations would be compared with the adverse events resulting from the inoculations. Presently, in the USA, definitions, test criteria, and reporting incentives

for COVID-19 and its inoculants have shifted over time, and we believe a standard approach could not be performed credibly. Appendix Da presents some of the problems with the COVID-19 diagnostic criteria on which the above statements are based.

In contrast to the pandemic buildup phase, where many who died *with* COVID-19 were assumed to have died *from* COVID-19 by the medical community and the CDC, the post-inoculation deaths reported in VAERS are assumed by the CDC to be mostly from causes other than the inoculations. We wanted to use a modified cost-benefit analysis that would have less dependence on arbitrary criteria and subjective judgments.

The approach selected can be viewed as a *best-case scenario* pseudo-cost-benefit analysis. We assume the inoculations prevent *all* the deaths *truly* attributable to COVID-19 (these are the total deaths attributed to COVID-19 officially minus 1) the number of false positives resulting from the PCR tests run at very high amplification cycles and 2) the number of deaths that could have been attributed to one of the many comorbidities that were typical of those who succumbed, as shown in our results section) over the period December 2019 to end-of-May 2021, and relate that number to the deaths *truly* attributable to the inoculation (from January 2021 to end-of-May 2021) based on our computations in the results section. The results show *conservatively* that there are five times the number of deaths *truly* attributable to each inoculation vs those *truly* attributable to COVID-19 in the 65+ demographic. As age decreases, and the risk for COVID-19 decreases, the cost-benefit increases. Thus, if the best-case scenario looks *poor* for benefits from the inoculations, any realistic scenario will look *very poor*. For children the chances of death from COVID-19 are negligible, but the chances of serious damage over their lifetime from the toxic inoculations are not negligible.

4. Discussion

Two issues arise from these results.

First, where is the data justifying inoculation for children, much less most people under forty? It's not found on Fig. 1, where the most vulnerable are almost exclusively the elderly with many comorbidities [83]. Yet, in the USA, Pfizer has been approved to inoculate children 12–17, and the goal is to accomplish this by the start of the school year in the Fall. As stated previously, there are plans to inoculate children as young as six months starting before the end of 2021.

What is the rush for a group at essentially zero risks? Given that the inoculations were tested only for a few months, only very short-term adverse effects could be obtained. It is questionable how well even these short-term effects obtained from the clinical trials reflect the short-term effects from the initial mass inoculation results reported in VAERS.

Figs. 1 and 2 reflect only these very short-term results. A number of researchers have suggested the possibility of severe longer-term autoimmune, Antibody-Dependent Enhancement, neurological, and other potentially serious effects, with lag periods ranging from months to years. If such effects do turn out to be real, the children are the ones who will have to bear the brunt of the suffering. There appear to be no benefits for the children and young adults from the inoculations and only Costs!

The second issue is why the deaths shown on Fig. 2 were not predicted by the clinical trials. We examined the Pfizer trial results (based on a few months of testing) and did not see how (potentially) hundreds of thousands of deaths could have been predicted from the trials' mortality results. Why this gap?

As we showed in the clinical trials section, 17.4 % of the Pfizer sample members were over 65, and 4.4 % were over 75. When the later phases of the trials started in late July 2020, the managers knew the COVID-19 age demographics affected from the July 2020 analog of Fig. 1. Rather than sampling from the age region most affected, they sampled mainly from the age region least affected! And even in the very limited sampling from the oldest groups, it is unclear whether they

selected from those with the most serious comorbidities. Our impression is that the sickest were excluded from the trials, but were first in line for the inoculants.

It is becoming clear that the central ingredient of the injection, the recipe for the spike protein, will produce a product that can have three effects. Two of the three occur with the production of antibodies to the spike protein. These antibodies could allegedly offer protection against the virus (although with all the "breakthrough" cases reported, that is questionable), or could suppress serious symptoms to some extent. They could also cross-react with human tissue antigen, leading to potential autoimmune effects. The third occurs when the injected material enters the bloodstream and circulates widely, which is enabled by the highly vascular injection site and the use of the PEG-2000 coating.

This allows spike protein to be manufactured/expressed in endothelial cells at any location in the body, both activating platelets to cause clotting and causing vascular damage. It is difficult to believe this effect is unknown to the manufacturer, and in any case, has been demonstrated in myriad locations in the body using VAERS data. There appears to be modest benefit from the inoculations to the elderly population most at risk, no benefit to the younger population not at risk, and much potential for harm from the inoculations to both populations. It is unclear why this mass inoculation for all groups is being done, being allowed, and being promoted.

5. Overall conclusions

The people with myriad comorbidities in the age range where most deaths with COVID-19 occurred were in very poor health. Their deaths did not seem to increase all-cause mortality as shown in several studies. If they hadn't died with COVID-19, they probably would have died from the flu or many of the other comorbidities they had. We can't say for sure that many/most died from COVID-19 because of: 1) how the PCR tests were manipulated to give copious false positives and 2) how deaths were arbitrarily attributed to COVID-19 in the presence of myriad comorbidities.

The graphs presented in this paper indicate that the frail injection recipients receive minimal benefit from the inoculation. Their basic problem is a dysfunctional immune system, resulting in part or in whole from a lifetime of toxic exposures and toxic behaviors. They are susceptible to either the wild virus triggering the dysfunctional immune system into over-reacting or under-reacting, leading to poor outcomes or the injection doing the same.

This can be illustrated by the following analogy. A person stands in a bare metal enclosure. What happens when the person lights a match and drops it on the floor depends on what is on the floor. If the floor remains bare metal, the match burns for a few seconds until extinguished. If there is a sheet of paper on the floor under the match, the match and the paper will burn for a short time until both are extinguished. If, however, the floor is covered with ammonium nitrate and similar combustible/explosive materials, a major explosion will result! For COVID-19, the wild virus is the match. The combustible materials are the toxic exposures and toxic behaviors. If there are no biomarker 'footprints' from toxic exposures and toxic behaviors, nothing happens. If there are significant biomarker 'footprints' from toxic exposures and toxic behaviors, bad outcomes result.

Adequate safety testing of the COVID-19 inoculations would have provided a distribution of the outcomes to be expected from 'lighting the match'. Since adequate testing was not performed, we have no idea how many combustible materials are on the floor, and what the expected outcomes will be from 'lighting the match'.

The injection goes two steps further than the wild virus because 1) it contains the instructions for making the spike protein, which several experiments are showing can cause vascular and other forms of damage, and 2) it bypasses many front-line defenses of the innate immune system to enter the bloodstream directly in part. Unlike the virus example, the injection ensures there will always be some combustible materials on the

floor, even if there are no other toxic exposures or behaviors. In other words, the spike protein and the surrounding LNP are toxins with the potential to cause myriad short-, mid-, and long-term adverse health effects even in the absence of other contributing factors! Where and when these effects occur will depend on the biodistribution of the injected material. Pfizer's own biodistribution studies have shown the injected material can be found in myriad critical organs throughout the body, leading to the possibility of multi-organ failure. And these studies were from a single injection. Multiple injections and booster shots may have cumulative effects on organ distributions of inoculant!

The COVID-19 reported deaths are people who died **with** COVID-19, not necessarily **from** COVID-19. Likewise, the VAERS deaths are people who have died **following** inoculation, not necessarily **from** inoculation.

As stated before, CDC showed that 94 % of the reported deaths had multiple comorbidities, thereby reducing the CDC's numbers attributed strictly to COVID-19 to about 35,000 for all age groups. Given the number of high false positives from the high amplification cycle PCR tests, and the willingness of healthcare professionals to attribute death to COVID-19 in the absence of tests or sometimes even with negative PCR tests, this 35,000 number is probably highly inflated as well.

On the latter issue, both Virginia Stoner [85] and Jessica Rose [86] have shown independently that the deaths **following** inoculation are not coincidental and are **strongly related to** inoculation through strong clustering around the time of injection. Our independent analyses of the VAERS database reported in Appendix 1 confirmed these clustering findings.

Additionally, VAERS historically has under-reported adverse events by about two orders-of-magnitude, so COVID-19 inoculation deaths **in the short-term** could be in the hundreds of thousands for the USA for the period mid-December 2020 to the end of May 2021, potentially swamping the *real* COVID-19 deaths. Finally, the VAERS deaths reported so far are for the very short term. We have no idea what the death numbers will be in the intermediate and long-term; the clinical trials did not test for those.

The clinical trials used a non-representative younger and healthier sample to get EUA for the injection. Following EUA, the mass inoculations were administered to the very sick (and first responders) initially, and many died quite rapidly. However, because the elderly

who died following COVID-19 inoculation were very frail with multiple comorbidities, their deaths could easily be attributed to causes other than the injection (as should have been the case for COVID-19 deaths as well).

Now the objective is the inoculation of the total USA population. Since many of these potential serious adverse effects have built-in lag times of at least six months or more, we won't know what they are until most of the population has been inoculated, and corrective action may be too late.

All the authors contributed equally and approved the final version of the manuscript.

Author's contribution

Kostoff RN contributed to this paper with conception, data analysis, and writing the manuscript; Calina D contributed to data analysis, writing the manuscript, and editing; Kanduc D participated in data analysis and writing the manuscript; Briggs MB participated in data analysis, results validation, and graphics development; Vlachoyiannopoulos P participated in writing the manuscript; Svistunov AA participated in editing and reviewing the manuscript; Tsatsakis A participated in editing and reviewing the manuscript; all the authors contributed equally and approved the final version of the manuscript.

Ethical approval

Not applicable.

Declaration of Competing Interest

The authors declare that they have no competing interests. Aristides Tsatsakis is the Editor-in-Chief for the journal but had no personal involvement in the reviewing process, or any influence in terms of adjudicating on the final decision, for this article.

Acknowledgement

Not applicable.

Appendix A

EXPECTED DEATHS IN 65+ DEMOGRAPHIC VS COVID-19 INOCULATION DEATHS

The goal of this appendix is to estimate the number of actual deaths from the COVID-19 inoculation based on the number of deaths following inoculation reported in VAERS [93,94,101]. The approach used will:

- 1) identify the number of deaths following COVID-19 inoculation that would have been **expected** without COVID-19 inoculation (i.e., pre-COVID-19 death statistics);
- 2) relate the VAERS **expected** death data to the actual number of deaths **expected** based on historical death statistics; and
- 3) apply this ratio to scale-up the deaths attributed to COVID-19 inoculation reported in VAERS to arrive at actual deaths attributable to COVID-19 inoculation.

For example, if ten deaths could be shown in VAERS to reflect expected pre-COVID-19 deaths, and the actual number of expected pre-COVID-19 deaths from historical data was 100, the scaling factor of deaths would be ten to translate VAERS-reported deaths to actual deaths. Then, the deaths reported in VAERS that can be attributed to the COVID-19 inoculation will be multiplied by the expected deaths scaling factor, ten, to arrive at the actual number of deaths resulting from the COVID-19 inoculation. Thus, if VAERS shows fifty deaths that can be attributed to the COVID-19 inoculation, then the actual number of deaths attributed to COVID-19 will be 500 with these assumptions [3].

The basis for our approach is the following statement from the USA Federal government: "Healthcare providers are required to report to VAERS the following adverse events after COVID-19 vaccination [33] and other adverse events if later revised by FDA" [96,102,103]. "Serious AEs regardless of causality.", including death [3,95].

If there had been full compliance with this requirement in VAERS, then the VAERS-reported deaths would have equaled the sum of

- 1) actual expected deaths (based on past statistics)

2) actual deaths over and above expected deaths that could be attributed to the COVID-19 inoculations.

Based on this requirement, we will generate a rough estimate (in the simplest form possible) of the number of deaths that would have occurred in the 65+ demographic if there had been no COVID-19 “pandemic”. Then, we will relate this number to the number of deaths reported to VAERS following COVID-19 inoculations in the 65+ demographic. This would provide a “floor” for estimating the fraction of actual deaths reported to VAERS. This will be followed by parameterizing potential deaths attributable to the COVID-19 inoculations and displaying the effects on ratio of reported deaths to actual deaths. We will perform a global analysis and a local analysis, to see whether major or minor differences occur. The local analysis (Section A1-a2) may be somewhat easier to comprehend than the global analysis, but both come to similar conclusions.

A1-a Deaths Following COVID-19 Inoculations Reported to VAERS Compared to Expected Deaths

A1-a . Problems with VAERS

Before we discuss numbers of adverse events reported by VAERS, we need to identify potential shortcomings of, and problems with, VAERS, so these numbers of adverse events can be understood in their proper context. As stated previously, VAERS is a passive surveillance system managed jointly by the CDC and FDA, and historically has been shown to report about 1% of actual vaccine/inoculation adverse events (confirmed by the first principles analysis that follows in this appendix). There is no evidence that even the 1% reported have been selected randomly.

Some of this gross underreporting of adverse events reflects a major conflict-of-interest of CDC with respect to VAERS. CDC provides funding for administration of many vaccines, including the COVID-19 inoculations. Prior to COVID-19, the CDC provided about five billion dollars annually to the Vaccines for Children Program alone [102].

For COVID-19, the CDC has received many billions of dollars in supplemental funding for myriad activities, including vaccine distribution. It is difficult to separate out the CDC funding available for vaccine distribution from other CDC COVID-19 related activities, but one budget item (of many) should illustrate the magnitude of the effort: “Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116–260): P.L. 116–260 provided \$8.75 billion to CDC to plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage.” [3]. Low reporting rates of actual adverse events in VAERS should not be surprising, since the same organization that receives multi-billions of dollars in funding annually for promoting and administering vaccines also has responsibility for monitoring the safety of these products (whose liability has been waived).

In addition, the 1% reporting rates came from a thirty-day tracking study [22], and therefore are strictly applicable to *very near-term* adverse events. For mid-term and especially long-term events, the reporting rates would be much lower, since the links between inoculation and adverse events would be less obvious. That doesn’t mean these non-very-short-term adverse events don’t exist; it just means they haven’t been tracked. Absence of evidence is not evidence of absence. Thus, the VAERS numbers should be viewed as a very low “floor” of the numbers and types of adverse events from COVID-19 inoculations that exist in the real-world.

A1-a2 Global analysis

We used 2019 death statistics from CDC to start the analysis. According to search results from CDC Wonder [104] obtained 11 June 2021, there were 2,117,332 deaths from all causes for people aged 65+ in the United States in 2019. Assuming uniformity throughout the year, there would have been 882,000 deaths occurring the first five months of the year, and that number will be used as the expected deaths for the first five months of 2021. From the same source, the population estimate is 54,000,000 for the 65+ age range. From CDC COVID-19 data tracker, the number of people 65+ vaccinated with at least one dose is 44,000,000 [24].

For those who were inoculated somewhere in the time frame 1 January 2021 to 31 May 2021, the number who would have been expected to die in the period from inoculation to 31 May will be a function of the duration of this period. For example, if all 44,000,000 people had been fully inoculated on 1 January 2021, then the number expected to die post-inoculation from non-COVID-19 inoculation causes would be simply $(44,000,000/54,000,000) \times 882,000$, or 723,000 deaths. Conversely, if all 44,000,000 people had been fully inoculated on 31 May 2021, then the number expected to die post-inoculation from non-COVID-19 inoculation causes would be extremely small [24].

For an accurate estimation of the number expected to die post-inoculation from non-COVID-19 causes, one would need to integrate the time between inoculation and 31 May over the inoculation temporal distribution function. For present purposes, we will do a very rough approximation by modeling the inoculation distribution function as a delta function occurring at a mean temporal location. In other words, we compress all inoculations an individual receives into one, identify the mean temporal location from the actual inoculation distribution function, and compute the expected deaths based on the distance from 31 May to the temporal mean point.

From a graph of inoculation trends in the CDC data tracker [101] the distribution appears to be non-symmetrical pyramidal, rising to a peak in mid-April. This is slightly over the 2/3 point in the five-month range of interest. We will approximate the mean time point as 2/3 of the distance.

Table A1 displays the mean time normalized to the five-month study window vs potential deaths from COVID-19 inoculation (not expected from prior census data) normalized to the deaths expected from prior census data. Each cell represents the percent of deaths reported in VAERS following inoculation relative to total deaths (number of deaths expected from prior census data plus number of deaths following COVID-19 inoculation not contained in the expected death group). The model on which the table is based is as follows: there are two classes of deaths for the period following COVID-19 inoculation. One is the deaths expected from prior census data, and the other is deaths attributable mainly to COVID-19 inoculation. There would be potentially substantial overlap between the two in this age group (and perhaps other age groups as well). We assume that we can tag those individuals who would be expected to die based on prior census data. The remaining deaths attributable to COVID-19 inoculation not contained within the tagged group are classified as potential COVID deaths in Table A1.

Consider the cell (2/3,0). The mean time is about mid-April 2021 and the only deaths occurring are those expected (some may have died because of the inoculation, but they were sufficiently ill that they would have died during that period without the inoculation). There were 723,000 expected deaths and 3560 reported, yielding a ratio of deaths reported in VAERS to actual deaths of ½%.

Consider the cell (1/2,1). The mean time would have been about mid-March 2021 and the inoculation distribution would have resembled an isosceles triangle. The total deaths occurring are those expected and an equal number whose deaths were attributed to COVID-19 inoculation but did not overlap with those in the tagged expected group (there still could have been some/many in the latter group that may have died because of the

inoculation, but they were sufficiently ill that they would have died during that period without the inoculation). There were 724,000 total deaths that occurred during that period and 3560 reported, yielding a ratio of deaths reported in VAERS to actual deaths of $\frac{1}{200}$. [3]

So, according to Table A1, focusing on the parameter most closely reflecting the actual inoculation distribution (2/3), the reporting percentages of actual to total are about 1%. This mirrors the Harvard Pilgrim study results (referenced in our vaccine safety study) which were obtained through an entirely different empirical approach [4]. At least for deaths reporting, there appears to be an approximately two order of magnitude difference between actual and reported deaths in VAERS.

Table A1 used two parameters to examine a broad spectrum of possible results, the mean time and the number of deaths solely attributable to COVID-19 inoculation. The mean time parameter was fairly well known and constrained in interpretation, because it was based on an empirical inoculation distribution function. The number of deaths solely attributable to COVID-19 inoculation is completely unknown.

As will be shown in the next section, the numbers of deaths reported in VAERS are strongly related to the inoculation date by clustering, but those who died might also have been those who would have died anyway because they were expected to die. There were probably some of each in that group reported. But we have no idea of the total number whose death could be directly attributed to COVID-19 inoculation and who were not in the group expected to die. For all we know, there could have been ten million people in that group, and only an extremely small fraction of that total group was reported in VAERS.

Suppose, for example, that the actual number of deaths reported in VAERS came from two groups: 90 % were from the inoculation-attributable death group and 10 % were from the expected death group. Assume there is no overlap between the two groups. In that case, what VAERS shows is not that 1% of actual expected deaths were reported, but rather that 1/10 of one percent of the expected deaths were reported. If that metric is used as the standard to scale up to total deaths, then the number in the actual inoculation-attributable death group is not 100 times the VAERS reported deaths, but rather 1000 times the VAERS-reported deaths! The point is we can't "reverse-engineer" the reported VAERS death numbers to get the actual inoculation-attributable deaths because it depends on the unknown contribution of each of the two groups (expected deaths and inoculation-attributable deaths) to the VAERS reported deaths, and we can't separate those out.

All this analysis shows is that, at best, only about 1% of the number expected to die was reported, and because the number reported in VAERS included deaths from both groups, the fraction from each actual group of deaths could not be determined. Realistically, we may have to wait until mid-2022, when the 2021 total deaths for each age group are finalized, to ascertain whether we can see increases in all-cause mortality that could have come from the inoculation-attributable deaths.

A1-a3 Local Analysis

Another way of estimating VAERS reporting efficiency is to perform a local analysis, focused on clustering about date of COVID-19 inoculation. For the 65+ demographic, the post-inoculation deaths cluster near the vaccination date, providing evidence of a **strong link to the inoculation**.

Following the approach in the first section of this appendix, we calculate the deaths expected in any ten-day period based on 2019 pre-COVID-19 death statistics. For the inoculated group, the number of deaths expected for any ten-day period are (2,117, 332 deaths/per year) x (44,000,000/54,000,000 fraction of population in age range inoculated) x (10/365 fraction of year), or 47,270 deaths.

BEST-CASE SCENARIO

Consider the ten days following inoculation (including day of inoculation). Approximately 2,000 deaths were reported in VAERS. Assume hypothetically that all these deaths were in the expected category; this can be viewed as a *best-case scenario*. In this *best-case scenario*, where the concentration of deaths is the highest and is normalized to the expected number of non-COVID-19 inoculation deaths (excluding deaths due solely to COVID-19 inoculation), 2,000/47,270 % of actual deaths (inoculation-related or not), or 4.23%, are reported in VAERS. Thus, at best, VAERS is underreporting by a factor of 20.

Suppose in that ten-day interval there had been 10,000 deaths that could be directly attributed to COVID-19 inoculation in addition to the expected deaths. This would have given a ratio of 2,000/57,270 actual total deaths, or 3.5 % reported in VAERS. This latter approach requires less assumptions than the former approach, but still yields results of only a few percent actual deaths reported in VAERS.

The Harvard Pilgrim electronic tracking study of post-vaccination events reported to VAERS performed in 2010 [4] showed a 1 % reporting rate for a thirty-day period. In the present case, 2900 post-inoculation deaths were reported to VAERS within thirty days of inoculation, or 82 % of total deaths for the 65+ demographic. Substituting thirty days for ten in the above computation yields 141,810 expected non-COVID-19 post-inoculation deaths for the thirty-day period, or 2% that are reported in VAERS. The Harvard study used an electronic system that automatically tracked every event that occurred, no matter how small. Because of the effort (time and cost) required to submit event reports to VAERS, we suspect that only the more serious events, such as death, would be reported, and even in this case, the numbers reported are miniscule.

We also did an analysis for sixty days post-inoculation. In the present case, 3300 post-inoculation deaths were reported to VAERS within sixty days of inoculation, or 93 % of total deaths for the 65+ demographic. Substituting sixty days for ten in the above computation yields 283620 expected non-COVID-19 post-inoculation deaths for the thirty-day period, or 1.2 % that are reported in VAERS. Remember, this normalization is based only on expected deaths. If 100,000 deaths attributable mainly to the COVID-19 inoculation beyond those that overlapped with the expected group occurred during this period, then the denominator would have to be increased by 100,000, yielding a VAERS reporting rate of 0.86 %.

Thus, both the global and local analyses, and the Harvard Pilgrim empirical analysis, are converging on the same two orders-of-magnitude difference between the actual number of deaths that occurred in the USA and those reported in VAERS. Depending on how many people have really died as a result of the COVID-19 inoculation, this reporting rate could well be a fraction of a percent!

A1-a3a Local Clustering Analysis

We end this appendix with one more example from the local analysis. Some background perspective is required. In the buildup to the pandemic (putting aside the issue of high false positives from PCR tests run at high numbers of amplification cycles), almost anyone who died **with** COVID-19 was assumed to have died **from** COVID-19, irrespective of the number of potentially lethal comorbidities they had. The CDC admitted later that about

94 % of the deaths attributed to COVID-19 would ordinarily have been attributed to one of the comorbidities.

For this example, we adopt a similar philosophy for the COVID-19 inoculations. People in the 65+ demographic who have died following inoculation are divided into two groups: those who died **from** the inoculation and those who died as **expected** based on pre-COVID-19 death data. The two groups range from being entirely separate to completely overlapping. We will examine two cases: entirely separate and completely overlapping.

How are the members of each group determined? The death **from** inoculation group consists of those whose deaths cluster significantly around the date of inoculation. The deaths expected group are the number who would have died in the absence of COVID-19. We allow for overlap, where each person who died can be double-valued (a member of both groups), but not double-counted.

To obtain a relatively precise estimate of expected deaths, we would want to select a region of time where the distribution function has substantially leveled off. From Fig. A1, the thirty-sixty-day range appears reasonable. However, there is a time issue here. Given the lag time in data reported by VAERS, most of the data in this range will probably have come from inoculations in January and February, and early-mid March, approximately 35 percent of the total inoculations. Therefore, we could multiply the thirty-sixty-day average number of deaths by 3 to obtain 40 expected deaths per day. An even simpler way to estimate the expected deaths reported in VAERS is to use the 15–30-day average shown, which will represent most of the range. This value is 37, which is close to the 40 obtained with the above approximation. This analysis should be re-run in three-four months, when more of the long-range data has been filled in.

Table A2 shows the results of our analysis. As stated previously, two separate cases were analyzed: completely separate groups and completely overlapping groups. Two values of daily expected deaths were used: the 37 as described above, and 20 to account for potentially lower expected death reporting when the VAERS data has filled in more completely.

Thus, based on the deaths reported in VAERS following COVID-19 inoculation, and assuming the inoculation-related deaths are reported in the same ratio as expected deaths, the actual number of deaths strongly related to the COVID-19 inoculation should be scaled up by factors of 100–200. For the broadest definition of VAERS coverage provided by CDC Wonder, which includes the USA and all territories, protectorates, and possessions, the total deaths following COVID-19 were 5200 in early June 2021. Using our scaling factors, this translates into somewhere between one-half million and one-million deaths, and this has not taken into account the lag times associated with entering data into VAERS. Compared with the 28,000 deaths the CDC stated were due to COVID-19 and not associated morbidities for the 65+ age range, the **inoculation-based deaths are an order-of-magnitude greater than the COVID-19 deaths!** It should be remembered these are only the **very-short-term inoculation-based deaths**, and could increase dramatically if mid- and long-term adverse effects come to fruition.

We end this appendix with an even more unsettling possibility. The main assumption upon which the results in Table A2 were based is that the post-inoculation temporal distribution function shown in Fig. A1 could be divided into two regions. The strongly varying region originating from the inoculation date reflected deaths from the inoculation, and the essentially flat region that followed reflected expected deaths (that flat region also started at the inoculation date, and formed the base on which the highly varying region is positioned). This model excludes the possibility that deaths from the inoculation extend well beyond the limits of the highly varying region.

We know in general this is not true. There can be lag effects such as ADE in the Fall viral season, and longer-term effects such as autoimmune diseases. We postulate that there are other effects from the inoculation that could result in the same flat death profile as that for expected deaths.

Consider the following. Some of the damage we have seen following the inoculations in VAERS includes coagulation/clotting effects and neurological effects of all types [63]. If these effects are not lethal initially, they raise the level of dysfunction. Thus, platelet aggregation has increased to a new base level, and micro-clots have raised the probability of serious clots forming from other lifestyle factors [105]. Death of specific neurons can increase the risk of Alzheimer's disease or Parkinson's disease, and can accelerate the onset of these and many other diseases. Thus, the adverse impacts of the COVID-19 inoculations could be viewed as raising the level of expected deaths in the future. Any deaths of this nature reported in VAERS would need to be viewed as inoculation-driven, and the expected deaths used in the computations would be reduced accordingly.

Consider Table A3 below. The “expected deaths reported” have been reduced below their counterparts in Table A2 to illustrate parametrically how the total inoculation-based deaths would change from VAERS reporting if this baseline effect is operable. While Table A2 used values of 37 and 20 for expected deaths, Table A3 uses values of 10 and 15.

Thus, if the baseline of the host for coagulation/clotting, inflammation, hypoxia, neurodegeneration, etc., has been raised by the inoculations, translating into an increase in expected deaths and accelerated deaths, then it is entirely plausible that the VAERS death numbers reflect over a million deaths from COVID-19 inoculations so far. These are very short-term-effects only, and time will tell whether the large potential waves of ADE-driven deaths and autoimmune-driven deaths come to pass.

Appendix B

DETAILED ANALYSIS OF MAJOR COVID-19 INOCULANT CLINICAL TRIALS

A2-a Clinical Trials in the Mainly Adult Population

Definitions. *Efficacy* is the degree to which a vaccine prevents disease, and possibly also transmission, under ideal and controlled circumstances – comparing a vaccinated group with a placebo group [106].

Effectiveness refers to how well a vaccine performs in the real world [107]

Relative Risk (RR) is computed by dividing the percentage of patients that contracted disease in the vaccine arm by the percentage of patients that contracted disease in the placebo arm.

Relative Risk Reduction (RRR) is computed by subtracting the RR from 1.

Absolute Risk Reduction (ARR) is computed by subtracting the percentage that contracted disease in the vaccine arm from the percentage that contracted disease in the placebo arm.

Absolute Risk = probability = incidence.

Cumulative Incidence represents the number of new cases in a period of time / population at risk.

Incidence Density is the number of new cases of a given disease during a given period in specified population; also, the rate at which new events occur in a defined population.

Immunogenicity is the ability of a molecule or substance to provoke an immune response or the strength or magnitude of an immune response. It can be a positive (wanted) or negative (unwanted) effect, depending on the context.

Immune Response is an integrated systemic response to an antigen (Ag), especially one mediated by lymphocytes and involving recognition of Ags by specific antibodies (Abs) or previously sensitized lymphocytes [108]

Safety data for Pfizer and Moderna trials:

There were two major COVID-19 inoculant clinical trials: Pfizer/BioNTech and Moderna.

The Pfizer clinical trials were titled officially “a phase 1/2/3, placebo-controlled, randomized, observer-blind, dose-finding study to evaluate the safety, tolerability, immunogenicity, and efficacy of sars-cov-2 rna vaccine candidates against covid-19 in healthy individuals” [98]. The “Actual Study Start Date” was 29 April 2020, the “Estimated Primary Completion Date” was 2 November 2020, and the “Estimated Study Completion Date” is 2 May 2023. Thus, the mass inoculation rollout so far has been conducted in parallel with the Pfizer Phase III Clinical Trial. For all practical purposes, the mass global inoculation of the Pfizer inoculant recipients can be considered Phase III 2.0 of the Clinical Trials! The inclusion criteria for the official Phase III Clinical Trials incorporated (as stated in the title and in the protocol document) healthy individuals, while the criteria for mass inoculation went well beyond healthy individuals. In essence, we have an official Phase III Clinical Trial with 73,000+ healthy individuals, and an unofficial Phase III Clinical Trial with billions of individuals covering a wide spectrum of health levels [98].

The Pfizer Phase III trials were initiated July 2020, the efficacy data were submitted to the FDA for EUA approval in November 2020, and FDA approval was granted in December 2020. Six deaths occurred in the Pfizer trial, two in the inoculated group and four in the placebo group (which received saline) [33]. The two inoculated, both over the age of 55, died of cardiovascular causes. One died three days after inoculation and the other died 62 days after inoculation [109]. These two deaths were comparable (in frequency and cause) to placebo group deaths and perhaps more importantly, similar to the general population at that age. In the case of Moderna, there were 13 deaths, six in the inoculated group, seven in the placebo group (normal saline placebo, a mixture of sodium chloride in water 0.90 % w/v) at 21–57 days after the inoculation ([103]b).

In a report by the Norwegian National Medicines Association, published on 15 January 2021, there were 23 elderly people (all over the age of 75 and frail) in nursing homes, who died at various intervals from the time of inoculation with mRNA inoculant. The report then suggested that, following the assessment, 13 of the 23 deaths would have been a direct result of the side effects of inoculation. It is possible that the other 10 deaths were post-inoculation, but not directly related to side effects, so not necessarily related to the inoculant itself [109].

It is no surprise that frail elderly people can be fatally destabilized by adverse reactions associated with post-inoculation inflammation, which in a young adult would have been considered minor. It is also no surprise that frail elderly people with comorbidities can be fatally destabilized from COVID-19 infection, which in a young adult or child would have been considered minor. A frail elderly person can be fatally destabilized by a simple coughing fit! This does not mean that these deaths are not events that need to be taken very seriously; on the contrary, if confirmed, they should guide inoculation policies in this category of patients from now on. Specifically, each case should be carefully assessed and an inoculation decision made based on the risk-benefit ratio [110].

In light of these data, the question may arise as to why there were no inoculant-attributed deaths in clinical testing of inoculants. The answer is that neither Pfizer nor Moderna included frail patients and included only a small number of very elderly patients - those over 75 accounted for 4.4 % of the total tested for Pfizer and 4.1 % for Moderna. While they could not in fact determine a causal relationship between inoculation and death, they also could not rule out that the inoculations had accelerated the deterioration of the condition of those patients [33].

Effectiveness data

As defined previously, the effectiveness of a vaccine lies in its ability to prevent a particular disease. If designed, tested, and administered correctly, authorized vaccines are effective in preventing disease and protecting the population. Like medicines, vaccines are not 100 % effective in all vaccinated people. Their effectiveness in a person depends on several factors. These include: age; other possible diseases or conditions; time elapsed since vaccination; previous contact with the disease.

To be declared safe and effective, a vaccine against COVID-19 infection must pass a series of tests and must meet regulatory standards, like any other vaccine or drug approved on the pharmaceutical market [111].

Regarding Pfizer and Moderna trials:

The first important note is that maximum efficiency does not come immediately, because the immune response needs time.

In the case of Pfizer, the chance of developing COVID-19 becoming virtually the same between the inoculated and placebo groups increases up to 12 days after the first inoculation, then gradually decreases for those inoculated. The inoculum efficiency between the first and second doses is 52 % [106], but it is unclear what long-term protection a single dose provides. After the second dose, the effectiveness rises to 91 % and only beyond 7 days after the second dose is 95 % reached. However, the ARR for the latter case is only 0.7 % [112]. In other words, within 12 days after the first dose we can get COVID-19 as if we had not been inoculated. Another important aspect is that we still do not know if the Pfizer inoculant prevents severe cases. Seven days after the second dose, there were four severe cases of COVID-19, one in the inoculated group and three in the placebo group, which is far too low for us to make a statistical assessment. There are as yet no data on the inoculant’s ability to prevent community transmission. Realistically, the effectiveness of the inoculant in preventing asymptomatic cases has not been tested.

For Moderna, the effectiveness is only 50 % in the first 14 days after the first dose and reaches a maximum of 92.1 % on the edge of the second dose (ARR of 1.1 %, which is 28 days, not 21 as in the case of Pfizer) [46]. Moderna also did not test the long-term efficacy of a single dose. Then, 14 days after the second dose, the effectiveness rises to 94.1 %, with the amendment being an average. Thus, in people over 65 it was 86.4 %, compared to 95.6 % in the 18–65 age range ([103]). It is a minor difference from Pfizer, which declares equal efficiency in all age groups. An important observation is the statement by Moderna that their inoculant prevents severe cases, but only more than 14 days after both doses [126]. All 30 severe cases were in the placebo group, suggesting 100 % efficacy. After a single dose, there were two severe cases among those inoculated and four in the placebo group [33]. Last, but not least, unlike Pfizer, Moderna tested the presence of asymptomatic infection by RT-PCR before the second dose: there were 39 asymptomatic cases in the placebo group and 15 in the inoculated group. It is difficult to draw definitive conclusions due to the small number of cases. These data suggest that the inoculant reduces, but does not prevent, asymptomatic transmission [126].

A2-b Ongoing Clinical Trials in the Pediatric Population

In a recent Phase III study performed in the pediatric population, Comirnaty (Pfizer) was tested on a group of 2,260 children, aged 12–15, years who had no previous clinical signs of SARS-CoV-2 infection. They were divided into two groups, one placebo (978 children) and the other with Comirnaty (1005 children). In the Comirnaty group, of the 1005 children in whom the serum was administered, none developed COVID-19 disease,

compared with the placebo group in which 16 children in 978 had clinical signs of the disease. The Pfizer study showed that the children's immune response was comparable to the immune response in the 16–25 age group (measured by the level of antibodies against SARS-CoV-2). It could be concluded that in this study, Comirnaty was 100 % effective in preventing SARS-CoV-2 infection, although the actual rate could be between 75 % and 100 %. [63]. The results will be evaluated by the FDA and EMA.

The predictive value (for mass inoculation results) of the Comirnaty trial for the children aged 12–15 years is questionable. There were 1005 children who were inoculated with Comirnaty. Using the rule of three in statistics, where to obtain a predictive result of 1/x with high confidence (e.g., 1 in a thousand), 3x participants are required for the test sample. For the Comirnaty test sample of 1005, an adverse event of about 1/340 could be detected with high confidence.

What does this mean in the real world? In the USA, there are approximately 4,000,000 children in each age year for adolescents. Thus, there are 16,000,000 children in the 12–15 age band. A serious adverse event, including death, that occurred at a 1/800 rate would not be detectable with high confidence in a sample of 1005 people. Thus, the results of the trials for 1005 children would allow for 20,000 children to suffer a non-trial-detected serious adverse event, including death, when extrapolated to potential inoculation of all children in the 12–15 age group! 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.***

Also, the evaluation of efficacy in children aged 6 months to 11 years has recently begun and continues [24]. Pfizer began enrolling children under 12 to evaluate the COVID-19 mRNA inoculant. Also, Comirnaty will be evaluated in a new clinical trial for children aged 6 months to 11 years. In the first phase, the study will enroll 144 people and will identify the required dose for 3 age groups (6 months - 2 years, 2–5 years and 5–11 years). After a 6-month follow-up period, the parents/guardians of children in the placebo group will have the option of allowing their children to receive the inoculation. The results are expected in the second half of 2021.

Moderna also began a study to evaluate the mRNA inoculation in children aged 6 months to 12 years. Both companies have already started testing vaccines in 14-year-olds. In the US, children make up 23 % of the population [113].

Data on the risks and benefits of possible inoculation in children and adolescents are currently insufficient and no recommendation can be made. Specifically, mass child inoculations cannot be recommended until the benefits and minimal projected risks have been demonstrated in a sufficiently large trial to provide confidence that mass inoculation will have an acceptable level of adverse effects relative to the demonstrated benefits. On the other hand, children often experience COVID-19 asymptotically, and the SARS-CoV-2 infection progresses harmlessly. Currently, in the context of limited inoculation capacities, there is no indication of urgent inoculation of children. In the context of declining incidences of SARS-CoV-2 infections and demonstrated low serious adverse effects from COVID-19 infections for children and adolescents, the issue of inoculating children and adolescents is no longer paramount. Authorized forums must calculate what prevails for children and adolescents: the benefits or risks.

A2-c Clinical Trial Issues for Other Categories

Although people with severe comorbidities such as obesity or oncological conditions were not initially included in the clinical trials that led to obtaining EUA, they were included in subsequent studies, some even ongoing. In their case, it seems that the efficacy was lower compared to the results obtained initially with healthy adults.

The interim analysis of data from a prospective observational study indicates the need to prioritize cancer patients for timely (respectively 21-day) booster administration in the case of administration against COVID-19 with Comirnaty. According to the study, the effectiveness of a single dose of Comirnaty among cancer patients is low, but the immunogenicity of patients with solid cancers increased at 2 weeks after receiving the second dose of inoculant 21 days after the first dose. Because the study was conducted in the UK, participants inoculated before December 29, 2020 received two doses of Comirnaty 21 days apart, and those who started the regimen after this date were scheduled to receive a second dose of Comirnaty 12 weeks apart. first administration. Thus, the study continues to collect data from participants receiving Comirnaty 12 weeks after the first dose.

Approximately 21 days after a single dose of Comirnaty, the proportion of study participants who tested positive for anti-S IgG antibodies was [114]:

- 94 % among healthy participants;
- 38 % among patients with solid cancers;
- 18 % among patients with hematological cancers.

Among participants who received the 21-day booster and for whom biological samples were available two weeks after the second dose, the following proportions of confirmation as seropositive for anti-S IgG antibodies were reported [114].

- 100 % of healthy participants, compared to 86 % of the same group of participants who did not receive the second dose;
- 95 % of patients with solid cancers, compared with 30 % of the same group of participants who did not receive the second dose;
- 60 % of patients with hematological cancers, compared with 11 % of the same group of participants who did not receive the second dose.

Two other studies suggest low immunogenicity in the context of Comirnaty administration in patients with hematological cancers. In one study, patients with chronic lymphocytic leukemia (CLL) had significantly reduced immune response rates to COVID-19 inoculation compared to healthy participants of the same age. Considerable variations in post-administration immune response have been reported among patients with CLL depending on their stage of treatment

The effectiveness of Comirnaty administration was also evaluated in elderly patients with multiple myeloma [115]. 21 days after administration of the first dose of Comirnaty inoculation (before receiving the second dose), 20.5 % of patients with multiple myeloma compared to 32.5 % of control participants had neutralizing antibodies against SARS-CoV-2. One possible explanation could be that the therapy negatively affects the production of antibodies. However, the administration of the second dose is important for the development of the immune response in these patients [115].

Preliminary data from the v-safe surveillance system, the v-safe pregnancy registry and the Vaccine Adverse Event Reporting System (VAERS) do not indicate obvious safety signals regarding pregnancy or the associated neonatal implications with mRNA injections against COVID-19 *in the third trimester of pregnancy* [3]. The study included 35,691 pregnant women [116]. Compared to non-pregnant women, pregnant women reported more frequent pain at the injection site as an adverse event associated with mRNA COVID-19 vaccination, and headache, myalgia, chills, and fever were reported less frequently. In the context where initial clinical trials of messenger RNA-based inoculants have not evaluated the efficacy and safety of innovative technology among pregnant women, these preliminary data *from the third trimester only* help to inform both pregnant women and health professionals in making the inoculation decision. However, continuous monitoring through large-scale longitudinal studies remains necessary to investigate the effects associated with maternal anti-COVID-19 inoculation on mothers, pregnancies, the neonatal period and childhood.

On the other hand, the inoculation landscape has become even more complex due to new circulating viral variants. Authorities recommend genomic surveillance and adaptation in order to be effective against new variants (different from the initial strain that was detected at the end of 2019). The efficacy data of Comirnaty against circulating viral variants are highlighted in a very recent study in Israel which showed that the protection offered by the Pfizer inoculant against variant B.1.351 (first identified in South Africa) is lower [112].

The results have not yet been submitted to the expertise of specialists. The study compared nearly 400 adults who were diagnosed with COVID-19 at least 14 days after receiving one or two doses of the inoculant to the same number of uninoculated people. It was found that B.1.351 represents approximately 1 % of the COVID-19 cases studied. But among patients who received two doses of inoculant, the prevalence rate of the variant was eight times higher than in those not inoculated - 5.4 % compared to 0.7 %. This suggests that Comirnaty is less effective against variant B.1.351, compared to the original variant and variant B.1.1.7. The limitation of the study comes from the small number of adult people studied, but it is an alarm signal for a closer study of these cases. In addition, it seems that at present, the prevalence of this variant is low. On the other hand, in early April, Pfizer announced that according to the results of the Phase III study in the adult population, Comirnaty also demonstrated 100 % efficacy in the prevention of Covid-19 disease caused by SARS-CoV-2 variant B.1.351 (9 cases of Covid-19 were recorded, all in the placebo group, and after sequencing it was found that 6 had been determined by B.1.351) [117].

Appendix C

MID- AND LONG-TERM ADVERSE EFFECTS FROM PRIOR VACCINES

A 2020 study emphasizing mid- and long-term adverse effects from prior vaccines [4] identified the following sixteen mid- and longer-term potential issues concerning vaccines. These include:

- 3.1. Antibody-Dependent Enhancement** (where enhanced virus entry and replication in a number of cell types is enabled by antibodies);
 - 1a. Intrinsic Antibody-Dependent Enhancement (where non-neutralizing antibodies raised by natural infection with one virus may enhance infection with a different virus);
 - 1b. Immune Enhancement (enhancement of secondary infections via immune interactions);
 - 1c. Cross-Reactivity (an antibody raised against one specific antigen has a competing high affinity toward a different antigen.);
 - 1d. Cross-Infection Enhancement (infection enhancement of one virus by antibodies from another virus);
- 3.2. Vaccine-Associated Virus Interference** (where vaccinated individuals may be at increased risk for other respiratory viruses because they do not receive the non-specific immunity associated with natural infection);
 3. Vaccine-Associated Imprinting Reduction (where vaccinations could also reduce the benefits of ‘imprinting’, a protection conferred upon children who experienced infection at an early age)
 4. Non-Specific Vaccine Effects on Immune System (where previous infections can alter an individual’s susceptibility to unrelated diseases);
 5. Impact of Infection Route on Immune System (where immune protection can be influenced by the route of exposure/delivery);
 6. Impact of Combinations of Toxic Stimuli (where people are exposed over their lifetime to myriad toxic stimuli that may impact the influence of any vaccine);
 7. Antigenic Distance Hypothesis (negative interference from prior season’s influenza vaccine (v1) on the current season’s vaccine (v2) protection may occur when the antigenic distance is small between v1 and v2 ($v1 \approx v2$) but large between v1 and the current epidemic (e) strain ($v1 \neq e$).);
 8. Bystander Activation (activation of T cells specific for an antigen X during an immune response against antigen Y);
 9. Gut Microbiota (Impact of gut microbial composition on vaccine response);
 10. Homologous Challenge Infection Enhancement (the strain of challenge virus used in the testing assay is very closely related to the seed virus strain used to produce the vaccine that a subject received);
 11. Immune Evasion (evasion of host response to viral infection);
 12. Immune Interference (interference from circulating antibody to the vaccine virus);
 - 12a. Original Antigenic Sin (propensity of the body’s immune system to preferentially utilize immunological memory based on a previous infection when a second slightly different version of that foreign entity (e.g. a virus or bacterium) is encountered.);
 13. Prior Influenza Infection/Vaccination (effects of prior influenza infection/vaccination on severity of future disease symptoms);
 14. Timing between Viral Exposures (elapsed time between viral exposures);
 15. Vaccine-Associated Enhanced Respiratory Disease (where vaccination enhances respiratory disease); and
 16. Chronic Immune Activation (continuous innate immune responses).

Most of these events are not predictable, and most, if not all, would be possible for the COVID-19 inoculant in the mid- and long-term for adults and children.
- 3.3. Mid- and Long-Term Serious Illnesses for Adults and Children from Past Vaccines**

As stated in the aforementioned 2020 study on vaccine safety: “The biomedical literature is very sparse with studies on long-term vaccine effects, especially long-term adverse effects. Large numbers of people and long periods of time are required to identify such adverse events, and draw statistically-valid connections between vaccinations and disease. These efforts would be very resource-intensive, and there appears to be little motivation among the vaccine producers and regulators to make these resources available for such studies. Thus, the following examples reflect the extremely small tip of an extremely large iceberg of long-term adverse vaccine effects.” [4]

“The two main categories of diseases reported in the biomedical literature triggered by past vaccinations are “Autoimmune (e.g., Systemic Lupus Erythematosus, Psoriasis, Arthritis, Multiple Sclerosis, Hepatitis, Uveitis, Pseudolymphoma, Guillain-Barre Syndrome, Thrombocytopenic Purpura, etc.) and Neurological (e.g., Central Demyelinating Diseases, Developmental Disability, Febrile seizures, Narcolepsy, Encephalomyelitis, Autonomic Dysfunction, etc.). Others include Diabetes, Gastrointestinal, Joint-related, Necrobiotic Granuloma, Neutropenia, Pulmonary Fibrosis, etc.”

“Vaccinations may also contribute to the mosaic of autoimmunity [118]. Infrequently reported post-vaccination autoimmune diseases include systemic lupus erythematosus, rheumatoid arthritis, inflammatory myopathies, multiple sclerosis, Guillain-Barre syndrome, and vasculitis”.

“Studies have demonstrated a latency period of years between Hib vaccination and diabetes mellitus, and between HBV vaccination and demyelinating events [118] latency periods can range from days to years for postinfection and postvaccination autoimmunity”.

“Most of the extra cases of IDDM appeared in statistically significant clusters that occurred in periods starting approximately 38 months after

immunization and lasting approximately 6–8 months. Immunization with pediatric vaccines increased the risk of insulin diabetes in NOD mice. Exposure to HiB immunization is associated with an increased risk of IDDM.” [4]

Thus, even the sparse past vaccine studies that went beyond the short-term showed latency effects of serious diseases occurring **three years or more** post-vaccination.

Appendix D

COST-BENEFIT ANALYSIS OF COVID-19 INOCULATIONS

This appendix presents a non-traditional *best-case scenario* pseudo-cost-benefit analysis of the COVID-19 inoculations for the 65+ demographic in the USA. In this incarnation of a cost-benefit analysis, the costs are the number of deaths resulting from the inoculations, and the benefits are the lives saved by the inoculations. The time range used was from December 2019 to end-of-May 2021.

It is assumed, in this best-case scenario, that all the deaths truly attributable to COVID-19 only could have been eliminated by the inoculations given (about half the USA population has been inoculated at this time) [88,119]. It can be conceptualized as the vaccines having been available in Summer 2019, and subsequent administration having eliminated all the deaths experienced that were truly attributable to COVID-19. If the cost-benefit ratio is **poor** for this *best-case scenario*, it will be **very poor** for any real-world scenario [120].

We will use Figs. 1 and 2 as starting points to conduct a cost-benefit analysis of COVID-19 inoculations for the most vulnerable demographic, those 65+. We start with the official government numbers for COVID-19 and post-inoculation deaths, and modify them to arrive at actual deaths resulting from COVID-19 and the inoculations. We compare the two numbers (appropriately normalized) to ascertain costs vs benefits.

As Fig. 1 shows, there are three age bands that comprise the 65+ demographic. We weight the COVID-19 deaths per capita in each band by the band's population, and divide the sum of these three products by the total 65+ population to arrive at an average COVID-19 deaths per capita of 0.0087 for the total 65+ demographic.

Fig. 2 contains two normalizations. First, the deaths were normalized by total inoculations given, not by people inoculated or people who had completed the full series of inoculations. We will retain the normalization by total inoculations given, since it will provide the **most conservative results** (largest denominator) for estimation purposes. Second, the deaths were normalized/restricted to those occurring within seven days post-inoculation. This normalization was done to compare across age bands, where the inoculations started at very different points in time. For the present cost-benefit purpose, where we are concentrating on the 65+ band, we remove this latter normalization, and include all post-inoculation deaths. Removing this normalization increases deaths per inoculation by about 40 % to a value of 0.000032, and offers a more credible comparison to the numbers from Fig. 1.

Thus, based on the CDC's official numbers, there are an average COVID-19 deaths per capita of 0.0087 and an average deaths per inoculation of 0.000032 for the 65+ demographic. The chances of a person 65+ dying from an inoculation relative to their chances of dying from COVID-19 are approximately 0.0037, or about 1/270, based on these official CDC figures.

However, as we have shown previously, three corrections to these numbers are required to convert them to real-world effects. First, as the Harvard Pilgrim study has shown and as our results in Appendix 1 confirm, VAERS is underreporting actual deaths by about two orders of magnitude. Applying this correction alone to the above 1/270 ratio changes the risk benefit to about 1/3. Second, as the CDC has stated, approximately 94 % of the COVID-19 deaths could have been attributed to any of the comorbidities these patients had, and only 6% of the deaths could actually be attributed to COVID-19. As we pointed out, if pre-clinical comorbidities had been included, this number of 6% would probably be decreased further. For **conservative** purposes, we will remain with the 6%. Applying this correction to the 1/3 risk-benefit ratio changes it to 5/1! Third, as a comprehensive survey of false positives from RT-PCR tests concluded: “evidence from external quality assessments and real-world data indicate enough a high enough false positive rate to make positive results highly unreliable over a broad range of scenarios” [127]. Because of the myriad RT-PCR tests performed in the USA to screen for/diagnose COVID-19 using different values for Ct and different procedures, a specific number for false positives cannot be obtained at this point in time. Again, these false positives would reduce the 6% number, perhaps substantially. And again, for **conservative** purposes, we will remain with the 6% number.

Thus, our **extremely conservative** estimate for risk-benefit ratio is about 5/1. In plain English, people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions! This demographic is the most vulnerable to adverse effects from COVID-19. As the age demographics go below about 35 years old, the chances of death from COVID-19 become very small, and when they go below 18, become negligible.

It should be remembered that the deaths from the inoculations shown in VAERS are short-term only (six months for those inoculated initially), and for children, extremely short-term (one month) [3]. Intermediate and long-term deaths remain to be identified, and are possible from ADE, auto-immune effects, further clotting and vascular diseases, etc., that take time to develop. Thus, the long-term cost-benefit ratio under the *best-case scenario* could well be on the order of 10/1, 20/1, or more for all the demographics, increasing with decreasing age, and an order-of-magnitude higher under real-world scenarios! In summary, the value of these COVID-19 inoculations is not obvious from a cost-benefit perspective for the most vulnerable age demographic, and is not obvious from any perspective for the least vulnerable age demographic.

Appendix Da

PROBLEMS WITH TEST CRITERIA FOR DETERMINING COVID-19

Consider the criteria for determining whether an RT-PCR test result is positive for SARS-CoV-2. The CDC instruction (until 1 May 2021) specifies running the RT-PCR tests for 45 amplification cycles. Then, to interpret the data: when all controls exhibit the expected performance, a specimen is considered positive for SARS-CoV-2 if all SARS-CoV-2 marker (N1, N2) cycle threshold growth curves cross the threshold line within 40.00 cycles (< 40.00 Ct). The RNase P may or may not be positive as described above, but the SARS-CoV-2 result is still valid ([103]a).

Many false positives are possible in the upper part of this cycle threshold range, especially in areas of low prevalence. In particular, virus culture has been found to be unfeasible in cases with a Ct value exceeding 33. A prospective cohort study involving the first 100 COVID-19 patients in Singapore also showed that attempts to culture the virus failed in all PCR-positive samples with a Ct value >30” [121]. During mass testing in Germany, it was found “that more than half of individuals with positive PCR test results are unlikely to have been infectious” [122]. Another study

found that tests with low specificity (deriving from use of many cycles) cannot provide strong evidence for the presence of an infection [123]. A systematic review of PCR testing concluded “Complete live viruses are necessary for transmission, not the fragments identified by PCR. Prospective routine testing of reference and culture specimens and their relationship to symptoms, signs and patient co-factors should be used to define the reliability of PCR for assessing infectious potential. Those with high cycle threshold are unlikely to have infectious potential.” [89].

As skeptics have argued, in the buildup of the pandemic, the rapid increase in numbers of COVID-19 cases was due in part to the high values of cycle threshold used in the tests. Unfortunately, the true numbers of false positives will probably be unobtainable if an audit were performed, since these values are not reported with the test results: all currently-available nucleic acid tests for SARS-CoV-2 are FDA-authorized as qualitative tests, and Ct values from qualitative tests should never be used to direct or inform patient management decisions. Therefore, it is not good for laboratories to include Ct values on patient reports [124].

After mass inoculations started, a large number of “breakthrough” cases emerged, and a total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021 [18]; the number of reported COVID-19 vaccine breakthrough cases is likely a substantial undercount of all SARS-CoV-2 infections among fully vaccinated persons. The national surveillance system relies on passive and voluntary reporting, and data might not be complete or representative. Many persons with vaccine breakthrough infections, especially those who are asymptomatic or who experience mild illness, might not seek testing [18].

This negative outcome of increased “breakthrough” cases motivated the CDC to change a number of reporting and test procedures and issue new regulations for identifying and investigating hospitalized or fatal vaccine breakthrough cases starting 1 May 2021, stating: “For cases with a known RT-PCR cycle threshold (Ct) value, submit only specimens with Ct value ≤ 28 to CDC for sequencing. (Sequencing is not feasible with higher Ct values.)”. Thus, the Ct values for sequencing were lowered from the high false positive range allowed during the pandemic buildup to a limit that would eliminate many of these false positives in the ‘breakthrough case’ identification phase [101].

References

- [1] D. Calina, T. Hartung, I. Mardare, M. Mitroi, K. Poulas, A. Tsatsakis, I. Rogoveanu, A.O. Docea, COVID-19 pandemic and alcohol consumption: impacts and interconnections, *Toxicol. Rep.* 8 (2021) 529–535.
- [2] Coronavirus (COVID-19) Vaccinations. <https://ourworldindata.org/covid-vaccinations> [Accessed 2021].
- [3] CDC, Vaccine Adverse Event Reporting System (VAERS) [Online]. Available: Vaccine Adverse Event Reporting System (VAERS) [Accessed 2021], 2021.
- [4] R.N. Kostoff, D. Kanduc, A.L. Porter, Y. Shoenfeld, D. Calina, M.B. Briggs, D. A. Spandidos, A. Tsatsakis, Vaccine- and natural infection-induced mechanisms that could modulate vaccine safety, *Toxicol. Rep.* 7 (2020) 1448–1458.
- [5] CORNELL, Definitions Relating to Taxable Vaccines [Online]. Available: <https://www.law.cornell.edu/uscode/text/26/4132#a.2> [Accessed 4.06.2021], 2021.
- [6] D.E. Martin, The Fauci/COVID-19 Dossier [Online]. Available: <https://f.hubspotusercontent10.net/hubfs/8079569/The%20FauciCOVID-19%20Dossier.pdf> [Accessed July 12, 2021], 2021.
- [7] H. Levine, When Will Babies and Children Get the COVID-19 Vaccine? [Online]. Available: <https://www.whattoexpect.com/news/first-year/covid19-vaccine-babies-children> [Accessed 12 June 2021], 2021.
- [8] A.O. Docea, A. Tsatsakis, D. Albulescu, O. Cristea, O. Zlatian, M. Vinceti, S. A. Moschos, D. Tsoukalas, M. Goumenou, N. Drakoulis, J.M. Dumanov, V. A. Tutelyan, G.G. Onischenko, M. Aschner, D.A. Spandidos, D. Calina, A new threat from an old enemy: Re-emergence of coronavirus (Review), *Int. J. Mol. Med.* 45 (2020) 1631–1643.
- [9] A.L. Arsene, I.B. Dumitrescu, C.M. Dragoi, D.I. Udeanu, D. Lupuliasa, V. Jinga, D. Draganescu, C.E. Dinu-Pirvu, G. Dragomiroiu, I.E. Blejan, R.E. Moisi, A. C. Nicolae, H. Moldovan, D.E. Popa, B.S. Velescu, S. Ruta, A new era for the therapeutic management of the ongoing COVID-19 pandemic, *Farmacia* 68 (2020) 185–196.
- [10] M. Goumenou, D. Sarigiannis, A. Tsatsakis, O. Anesti, A.O. Docea, D. Petrakis, D. Tsoukalas, R. Kostoff, V. Rakitskii, D.A. Spandidos, M. Aschner, D. Calina, COVID-19 in Northern Italy: an integrative overview of factors possibly influencing the sharp increase of the outbreak (Review), *Mol. Med. Rep.* 22 (2020) 20–32.
- [11] M.T. Islam, M. Hossen, Z. Kamaz, A. Zali, M. Kumar, A.O. Docea, A.L. Arsene, D. Calina, J. Sharifi-Rad, The role of HMGB1 in the immune response to SARS-CoV-2 infection: From pathogenesis towards A new potential therapeutic target, *Farmacia* 69 (2021) 621–634.
- [12] P. Sidiropoulou, A.O. Docea, V. Nikolaou, M.S. Katsarou, D.A. Spandidos, A. Tsatsakis, D. Calina, N. Drakoulis, Unraveling the roles of vitamin D status and melanin during COVID-19 (Review), *Int. J. Mol. Med.* 47 (2021) 92–100.
- [13] K. Farsalinos, K. Poulas, D. Kourtas, A. Vantarakis, M. Leontinidis, D. Kouvelas, A.O. Docea, R. Kostoff, G.T. Gerotziakas, M.N. Antoniou, R. Polosa, A. Barbouni, V. Yiakoumaki, T.V. Giannouchos, P.G. Bagos, G. Lazopoulos, B.N. Izotov, V. A. Tutelyan, M. Aschner, T. Hartung, H.M. Wallace, F. Carvalho, J.L. Domingo, A. Tsatsakis, Improved strategies to counter the COVID-19 pandemic: lockdowns vs. Primary and community healthcare, *Toxicol. Rep.* 8 (2021) 1–9.
- [14] A. Tsatsakis, D. Petrakis, T.K. Nikolouzakis, A.O. Docea, D. Calina, M. Vinceti, M. Goumenou, R.N. Kostoff, C. Mamoulakis, M. Aschner, A.F. Hernández, COVID-19, an opportunity to reevaluate the correlation between long-term effects of anthropogenic pollutants on viral epidemic/pandemic events and prevalence, *Food Chem. Toxicol.* 141 (2020) 111418.
- [15] D. Calina, C. Sarkar, A.L. Arsene, B. Salehi, A.O. Docea, M. Mondal, M.T. Islam, A. Zali, J. Sharifi-Rad, Recent advances, approaches and challenges in targeting pathways for potential COVID-19 vaccines development, *Immunol. Res.* 68 (2020) 315–324.
- [16] M.T. Islam, C. Quispe, M. Martorell, A.O. Docea, B. Salehi, D. Calina, Z. Reiner, J. Sharifi-Rad, Dietary supplements, vitamins and minerals as potential interventions against viruses: perspectives for COVID-19, *Int. J. Vitam. Nutr. Res.* (2021) 1–18.
- [17] J. Sharifi-Rad, C.F. Rodrigues, Z. Stojanovic-Radic, M. Dimitrijevic, A. Aleksic, K. Neffe-Skocinska, D. Zielinska, D. Kolozyn-Krajewska, B. Salehi, S.M. Prabu, F. Schutz, A.O. Docea, N. Martins, D. Calina, Probiotics: versatile bioactive components in promoting human health, *Medicina-Lithuania* 56 (2020) 30.
- [18] CDC, COVID-19 Vaccine Breakthrough Case Investigation and Reporting [Online]. Available: <https://www.cdc.gov/vaccines/covid-19/health-department/s/breakthrough-cases.html> [Accessed 2021], 2021.
- [19] M. Neagu, D. Calina, A.O. Docea, C. Constantin, T. Filippini, M. Vinceti, N. Drakoulis, K. Poulas, T.K. Nikolouzakis, D.A. Spandidos, A. Tsatsakis, Back to basics in COVID-19: antigens and antibodies-completing the puzzle, *J. Cell. Mol. Med.* 25 (2021) 4523–4533.
- [20] A. Mandavilli, Your Coronavirus Test Is Positive. Maybe It Shouldn't Be [Online]. Available: <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html> [Accessed 11 May 2021], 2020.
- [21] J. Mercola, Asymptomatic ‘Casedemic’ Is a Perpetuation of Needless Fear [Online]. Available: <https://articles.mercola.com/sites/articles/archive/2020/11/19/covid-testing-fraud-fuels-casedemic.aspx?eType=EmailBlastContent&eId=0b802463-f128-49db-83f8-ecb922534dc4> [Accessed 22 March 2021], 2020.
- [22] R.N. Kostoff, M.B. Briggs, A.L. Porter, A.F. Hernández, M. Abdollahi, M. Aschner, A. Tsatsakis, The under-reported role of toxic substance exposures in the COVID-19 pandemic, *Food Chem. Toxicol.* 145 (2020) 111687.
- [23] R.N. Kostoff, M. Goumenou, A. Tsatsakis, The role of toxic stimuli combinations in determining safe exposure limits, *Toxicol. Rep.* 5 (2018) 1169–1172.
- [24] Weekly Updates by Select Demographic and Geographic Characteristics. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wr-g3tTKK5-9tOHpGAHWFO3DfslkJKsDEPQpWmPbKtp6EsoV2Qs1Q.
- [25] M. Torequl Islam, M. Nasiruddin, I.N. Khan, S.K. Mishra, E.Z.M. Kudrat, T. Alam Riaz, E.S. Ali, M.S. Rahman, M.S. Mubarak, M. Martorell, W.C. Cho, D. Calina, A. O. Docea, J. Sharifi-Rad, A perspective on emerging therapeutic interventions for COVID-19, *Front. Public Health* 8 (2020) 281.
- [26] H. Pott-Junior, M.M.B. Paoliello, A.D.Q.C. Miguel, A.F. Da Cunha, C.C. De Melo Freire, F.F. Neves, L.R. Da Silva De Avó, M.G. Roscani, S.D.S. Dos Santos, S.G. F. Chachá, Use of ivermectin in the treatment of Covid-19: a pilot trial, *Toxicol. Rep.* 8 (2021) 505–510.
- [27] D. Calina, A.O. Docea, D. Petrakis, A.M. Egorov, A.A. Ishmukhametov, A. G. Gabibov, M.I. Shtilman, R. Kostoff, F. Carvalho, M. Vinceti, D.A. Spandidos, A. Tsatsakis, Towards effective COVID-19 vaccines: updates, perspectives and challenges (Review), *Int. J. Mol. Med.* 46 (2020) 3–16.
- [28] C. Sarkar, M. Mondal, M. Torequl Islam, M. Martorell, A.O. Docea, A. Maroyi, J. Sharifi-Rad, D. Calina, Potential therapeutic options for COVID-19: current status, challenges, and future perspectives, *Front. Pharmacol.* 11 (2020) 572870.
- [29] D. Calina, T. Hartung, A.O. Docea, D.A. Spandidos, A.M. Egorov, M.I. Shtilman, F. Carvalho, A. Tsatsakis, COVID-19 vaccines: ethical framework concerning human challenge studies, *Daru* 28 (2020) 807–812.
- [30] D. Calina, A.F. Hernández, T. Hartung, A.M. Egorov, B.N. Izotov, T. K. Nikolouzakis, A. Tsatsakis, P.G. Vlachoyiannopoulos, A.O. Docea, Challenges and scientific prospects of the newest generation of mRNA-Based vaccines against SARS-CoV-2, *Life* 11 (2021) 907.
- [31] A.F. Hernández, D. Calina, K. Poulas, A.O. Docea, A.M. Tsatsakis, Safety of COVID-19 vaccines administered in the EU: Should we be concerned? *Toxicol. Rep.* 8 (2021) 871–879.
- [32] C. Wang, X. Zhou, M. Wang, X. Chen, The impact of SARS-CoV-2 on the human immune system and microbiome, *Infect. Microbes Dis.* 3 (2020) 14–21.

- [33] FDA, Pfizer-BioNTech COVID-19 Vaccine [Online]. Available: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine> [Accessed 19 June 2021], 2021.
- [34] E.E. Walsh, R.W. French Jr., A.R. Falsey, N. Kitchin, J. Absalon, A. Gurtman, S. Lockhart, K. Neuzil, M.J. Mulligan, R. Bailey, K.A. Swanson, P. Li, K. Koury, W. Kalina, D. Cooper, C. Fontes-Garfias, P.Y. Shi, Ö. Türeci, K.R. Tompkins, K. E. Lyke, V. Raabe, P.R. Dormitzer, K.U. Jansen, U. Şahin, W.C. Gruber, Safety and immunogenicity of two RNA-Based Covid-19 vaccine candidates, *N. Engl. J. Med.* 383 (2020) 2439–2450.
- [35] R. Sahelian, Covid Vaccine Side Effects [Online]. Available: <https://www.raysahelian.com/covidvaccinesideeffects.html> [Accessed 15 July 2021], 2021.
- [36] S. Seneff, G. Nigh, Worse than the disease? Reviewing some possible unintended consequences of the mRNA vaccines against COVID-19, *Int. J. Vacc. Theory Practice Res.* 2 (1) (2021) 38–79.
- [37] Y. Lei, J. Zhang, Schiavon Cr, M. He, L. Chen, H. Shen, Y. Zhang, Q. Yin, Y. Cho, L. Andrade, Shadel Gs, M. Hepokoski, T. Lei, H. Wang, J. Zhang, Yuan Jx, A. Malhotra, U. Manor, S. Wang, Yuan Zy, Shyy Jy, SARS-CoV-2 spike protein impairs endothelial function via downregulation of ACE 2, *Circ. Res.* 128 (April (9)) (2021) 1323–1326, <https://doi.org/10.1161/CIRCRESAHA.121.318902>.
- [38] G.J. Nuovo, C. Magro, T. Shaffer, H. Awad, D. Suster, S. Mikhail, B. He, J. J. Michaille, B. Liechty, E. Tili, Endothelial cell damage is the central part of COVID-19 and a mouse model induced by injection of the S1 subunit of the spike protein, *Ann. Diagn. Pathol.* 51 (2021) 151682.
- [39] Y.J. Suzuki, S.G. Gychka, SARS-CoV-2 spike protein elicits cell signaling in human host cells: implications for possible consequences of COVID-19 vaccines, *Vaccines* 9 (2021) 36.
- [40] E. Avolio, M. Gamez, K. Gupta, R. Foster, I. Berger, M. Caputo, A. Davidson, D. Hill, P. Madeddu, The SARS-CoV-2 Spike Protein Disrupts the Cooperative Function of Human Cardiac Pericytes - Endothelial Cells Through CD147 Receptor-mediated Signalling: a Potential Non-infective Mechanism of COVID-19 Microvascular Disease, *bioRxiv*, 2020.12.21.423721, 2020.
- [41] S. Ndeupen, Z. Qin, S. Jacobsen, H. Estanbouli, A. Bouteau, B.Z. Igyártó, The mRNA-LNP Platform's Lipid Nanoparticle Component Used in Preclinical Vaccine Studies Is Highly Inflammatory, *bioRxiv*, 2021.
- [42] P. Sellaturay, S. Nasser, S. Islam, P. Gurugama, P.W. Ewan, Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine, *Clin. Exp. Allergy* 51 (2021) 861–863.
- [43] B.Z. Igyártó, S. Jacobsen, S. Ndeupen, Future considerations for the mRNA-lipid nanoparticle vaccine platform, *Curr. Opin. Virol.* 48 (2021) 65–72.
- [44] O. Vera-Lastra, A. Ordinala Navarro, M.P. Cruz Domínguez, G. Medina, T. I. Sánchez Valadez, L.J. Jara, Two cases of graves' disease following SARS-CoV-2 vaccination: an Autoimmune/Inflammatory syndrome induced by adjuvants, *Thyroid* (2021).
- [45] B.G. İremli, S.N. Şendur, U. Ünlütürk, Three cases of subacute thyroiditis following SARS-CoV-2 vaccine: postvaccination ASIA syndrome, *J. Clin. Endocrinol. Metab.* (2021).
- [46] A.F. Ogata, C.A. Cheng, M. Desjardins, Y. Senussi, A.C. Sherman, M. Powell, L. Novack, S. Von, X. Li, L.R. Baden, D.R. Walt, Circulating SARS-CoV-2 vaccine antigen detected in the plasma of mRNA-1273 vaccine recipients, *Clin. Infect. Dis.* (2021).
- [47] E.M. Rhea, A.F. Logsdon, K.M. Hansen, L.M. Williams, M.J. Reed, K.K. Baumann, S.J. Holden, J. Raber, W.A. Banks, M.A. Erickson, The S1 protein of SARS-CoV-2 crosses the blood-brain barrier in mice, *Nat. Neurosci.* 24 (2021) 368–378.
- [48] T.P. Buzhdygan, B.J. Deore, A. Baldwin-Leclair, T.A. Bullock, H.M. Mcgray, J. A. Khan, R. Razmpour, J.F. Hale, P.A. Galie, R. Potula, A.M. Andrews, S. H. Ramirez, The SARS-CoV-2 spike protein alters barrier function in 2D static and 3D microfluidic in-vitro models of the human blood-brain barrier, *Neurobiol. Dis.* 146 (2020) 105131.
- [49] A. Vojdani, E. Vojdani, D. Kharrazian, Reaction of human monoclonal antibodies to SARS-CoV-2 proteins with tissue antigens: implications for autoimmune diseases, *Front. Immunol.* 11 (2020), 617089.
- [50] EMA, Signal Assessment Report on Embolic and Thrombotic Events (SMQ) With COVID-19 Vaccine (ChAdOx1-S [recombinant]) – Vaxzevria (previously COVID-19, 2021).
- [51] P.R. Hunter, Thrombosis after covid-19 vaccination, *BMJ* 373 (2021) n958.
- [52] H.A. Merchant, CoViD vaccines and thrombotic events: EMA issued warning to patients and healthcare professionals, *J. Pharm. Policy Pract.* 14 (2021) 32.
- [53] Pfizer, SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) [Online]. Available: https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf [Accessed], 2021.
- [54] S.M. Moghimi, Allergic reactions and anaphylaxis to LNP-Based COVID-19 vaccines, *Mol. Ther.* 29 (2021) 898–900.
- [55] E. Shepherd, Injection Technique 1: Administering Drugs via the Intramuscular Route [Online]. Available: <https://www.nursingtimes.net/clinical-archive/assessment-skills/injection-technique-1-administering-drugs-via-the-intramuscular-route-23-07-2018/> [Accessed 12 March 2021], 2018.
- [56] J.J. Polania Gutierrez, S. Munakomi, Intramuscular injection. StatPearls, StatPearls Publishing LLC, Treasure Island (FL), 2021. StatPearls Publishing Copyright © 2021.
- [57] J.S. Suk, Q. Xu, N. Kim, J. Hanes, L.M. Ensign, PEGylation as a strategy for improving nanoparticle-based drug and gene delivery, *Adv. Drug Deliv. Rev.* 99 (2016) 28–51.
- [58] G. Vogel, Mixing vaccines may boost immune responses, *Science* 372 (2021) 1138.
- [59] J. Sharifi-Rad, C.F. Rodrigues, F. Sharopov, A.O. Docea, A.C. Karaca, M. Sharifi-Rad, D. Kahveci Karıncaoglu, G. Gulseren, E. Senol, E. Demircan, Y. Taheri, H.A. R. Suleria, B. Özcelik, K.N. Kasapoglu, M. Gultekin-Ozguven, C. Daskaya-Dikmen, W.C. Cho, N. Martins, D. Calina, Diet, lifestyle and cardiovascular diseases: linking pathophysiology to cardioprotective effects of natural bioactive compounds, *Int. J. Environ. Res. Public Health* 17 (2020) 31.
- [60] M. Sharifi-Rad, N.V.A. Kumar, P. Zucca, E.M. Varoni, L. Dini, E. Panzarini, J. Rajkovic, P.V.T. Fokou, E. Azzini, I. Peluso, A.P. Mishra, M. Nigam, Y. El Rayess, M. El Beyrouthy, L. Polito, M. Iriti, N. Martins, M. Martorell, A.O. Docea, W.N. Setzer, D. Calina, W.C. Cho, J. Sharifi-Rad, Lifestyle, oxidative stress, and antioxidants: back and forth in the pathophysiology of chronic diseases, *Front. Physiol.* 11 (2020) 21.
- [61] S. Kuipers, S.C. Cannegieter, S. Middeldorp, L. Robyn, H.R. Büller, F. R. Rosendaal, The absolute risk of venous thrombosis after air travel: a cohort study of 8,755 employees of international organisations, *PLoS Med.* 4 (2007) e290–e290.
- [62] R. Yang, Y. Deng, B. Huang, L. Huang, A. Lin, Y. Li, W. Wang, J. Liu, S. Lu, Z. Zhan, Y. Wang, A. R. W. Wang, P. Niu, L. Zhao, S. Li, X. Ma, L. Zhang, Y. Zhang, W. Yao, X. Liang, J. Zhao, Z. Liu, X. Peng, H. Li, W. Tan, A core-shell structured COVID-19 mRNA vaccine with favorable biodistribution pattern and promising immunity, *Signal Transduct. Target. Ther.* 6 (2021) 213.
- [63] Novel coronavirus (COVID-19) <https://www.cdc.gov/budget/fact-sheets/covid-19/index.html>.
- [64] C.C.E. Lee, K. Ali, D. Connell, I.R. Mordi, J. George, E.M. Lang, C.C. Lang, COVID-19-associated cardiovascular complications, *Diseases* (2021) 9.
- [65] C. Matucci-Cerinic, R. Caorsi, A. Consolaro, S. Rosina, A. Civino, A. Ravelli, Multisystem inflammatory syndrome in children: unique disease or part of the Kawasaki disease spectrum? *Front. Pediatr.* (2021) 9.
- [66] N.A. Nakra, D.A. Blumberg, A. Herrera-Guerra, S. Lakshminrusimha, Multisystem inflammatory syndrome in children (MIS-C) following SARS-CoV-2 infection: review of clinical presentation, hypothetical pathogenesis, and proposed management, *Children* (Basel, Switzerland) 7 (2020) 69.
- [67] A. Farooq, F. Alam, A. Saeed, F. Butt, M.A. Khaliq, A. Malik, M. Chaudhry, M. Abdullah, Multisystem inflammatory syndrome in children and adolescents (MIS-C) under the setting of COVID-19: a review of clinical presentation, workup and management, *Infect. Dis. (Auckl)* 14 (2021), 11786337211026642.
- [68] T.P. Vogel, K.A. Top, C. Karatzios, D.C. Hilmer, L.I. Tapia, P. Mocer, L. Giovannini-Chami, N. Wood, R.E. Chandler, N.P. Klein, E.P. Schlaudecker, M. C. Poli, E. Muscal, F.M. Munoz, Multisystem inflammatory syndrome in children and adults (MIS-C/A): case definition & guidelines for data collection, analysis, and presentation of immunization safety data, *Vaccine* 39 (2021) 3037–3049.
- [69] R.K. Piliandia, S. Singh, Kawasaki Disease. Periodic and Non-Periodic Fevers, 2019, pp. 45–63.
- [70] R.P. Sundel, R.E. Petty, KAWASAKI DISEASE. Textbook of Pediatric Rheumatology, 2011, pp. 505–520.
- [71] T.M. Nielsen, N.H. Andersen, C. Torp-Pedersen, P. Søgaard, K.H. Kragholm, Kawasaki disease, autoimmune disorders, and cancer: a register-based study, *Eur. J. Pediatr.* 180 (2021) 717–723.
- [72] M.D. Hicar, Antibodies and immunity during Kawasaki disease, *Front. Cardiovasc. Med.* 7 (2020) 94.
- [73] D. Kanduc, Y. Shoenfeld, Molecular mimicry between SARS-CoV-2 spike glycoprotein and mammalian proteomes: implications for the vaccine, *Immunol. Res.* 68 (2020) 310–313.
- [74] K. Roe, Potential new treatments for Kawasaki disease, its variations, and multisystem inflammatory syndrome. *SN Comprehensive Clinical Medicine*, 2021, pp. 1–5.
- [75] J. Kabeerdoss, R.K. Piliandia, R. Karkhele, T.S. Kumar, D. Danda, S. Singh, Severe COVID-19, multisystem inflammatory syndrome in children, and Kawasaki disease: immunological mechanisms, clinical manifestations and management, *Rheumatol. Int.* 41 (2021) 19–32.
- [76] Y. Wu, F.F. Liu, Y. Xu, J.J. Wang, S. Samadli, Y.F. Wu, H.H. Liu, W.X. Chen, H. H. Luo, D.D. Zhang, W. Wei, P. Hu, Interleukin-6 is prone to be a candidate biomarker for predicting incomplete and IVIG nonresponsive Kawasaki disease rather than coronary artery aneurysm, *Clin. Exp. Med.* 19 (2019) 173–181.
- [77] H. Chaudhary, J. Nameirakpam, R. Kumrah, V. Pandiarajan, D. Suri, A. Rawat, S. Singh, Biomarkers for Kawasaki disease: clinical utility and the challenges ahead, *Front. Pediatr.* (2019) 7.
- [78] K.J. Denby, D.E. Clark, L.W. Markham, Management of Kawasaki disease in adults, *Heart* 103 (2017) 1760–1769.
- [79] ECDC, COVID-19 in Children and the Role of School Settings in Transmission - Second Update [Online]. Available: <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-in-children-and-the-role-of-school-settings-in-transmission-second-update.pdf> [Accessed 10 July 2021], 2021.
- [80] F. Busa, F. Bardanzellu, M.C. Pintus, V. Fanos, M.A. Marcialis, COVID-19 and school: to open or not to open, that is the question. the first review on current knowledge, *Pediatr. Rep.* 13 (2021) 257–278.
- [81] J. Jung, M.J. Hong, E.O. Kim, J. Lee, M.N. Kim, S.H. Kim, Investigation of a nosocomial outbreak of coronavirus disease 2019 in a paediatric ward in South Korea: successful control by early detection and extensive contact tracing with testing, *Clin. Microbiol. Infect.* 26 (2020) 1574–1575.
- [82] J. Lopez Bernal, N. Andrews, C. Gower, C. Robertson, J. Stowe, E. Tessier, R. Simmons, S. Cottrell, R. Roberts, M. O'doherty, K. Brown, C. Cameron, D. Stockton, J. Mcmenamin, M. Ramsay, Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study, *BMJ (Clin. Res. Ed.)* 373 (2021) n1088–n1088.
- [83] T. Powell, E. Bellin, A.R. Ehrlich, Older adults and Covid-19: the most vulnerable, the hardest hit, *Hastings Cent. Rep.* 50 (2020) 61–63.

- [84] CDC Wonder <https://wonder.cdc.gov/controller/datarequest/D8jsessionid=9B19C44D4E84BCE4F41D794D1A6DF>.
- [85] V. Stoner, The Deadly COVID-19 Vaccine Coverup [Online]. Available: <https://www.virginiastoner.com/writing/2021/5/4/the-deadly-covid-19-vaccine-coverup> [Accessed June 4th 2021], 2021.
- [86] J. Rose, A report on the US Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 messenger ribonucleic acid (mRNA) biologicals, *Sci. Publ. Health Pol. Law* 2 (2021) 59–80.
- [87] M.T. Islam, B. Salehi, O. Karampelas, J. Sharifi-Rad, A.O. Docea, M. Martorell, D. Calina, HIGH SKIN MELANIN CONTENT, VITAMIN D DEFICIENCY AND IMMUNITY: POTENTIAL INTERFERENCE FOR SEVERITY OF COVID-19, *Farmacia* 68 (2020) 970–983.
- [88] T. Jefferson, E.A. Spencer, J. Brassey, C. Heneghan, Viral cultures for COVID-19 infectious potential assessment – a systematic review, *Clin. Infect. Dis.* (2020), <https://doi.org/10.1093/cid/ciaa1764>.
- [89] CDC, About The Vaccine Adverse Event Reporting System (VAERS) [Online]. Available: <https://wonder.cdc.gov/vaers.html> [Accessed 12 April, 2021], 2021.
- [90] CDC, COVID-19 Vaccine Safety Updates [Online]. Available: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf> [Accessed 2 July 2021], 2021.
- [91] CDC, COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021 [Online]. Available: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm> [Accessed May 29, 2021], 2021.
- [92] CDC, COVID Data Tracker [Online]. Available: <https://covid.cdc.gov/covid-data-tracker/#data-tracker-home> [Accessed], 2021.
- [93] FDA, Vaccines and related biological products advisory committee December 10, 2020 Meeting Announcement [Online] (2020). Available: <https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-december-10-2020-meeting-announcement> [Accessed 3.05.2021].
- [94] ClinicalTrials.gov, Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals [Online]. Available: <https://clinicaltrials.gov/ct2/show/NCT04368728> [Accessed June 12, 2021], 2021.
- [95] Eric Kowarz, L.K. Jenny Reis, Silvia Bracharz, Stefan Kochanek, Rolf Marschalek, Vaccine-Induced Covid-19 Mimicry” Syndrome: splice reactions within the SARS-CoV-2 Spike open reading frame result in Spike protein variants that may cause thromboembolic events in patients immunized with vector-based vaccines. Research Square, 2021, <https://doi.org/10.21203/rs.3.rs-558954/v1>.
- [96] CDC, Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States [Online]. Available: <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic> [Accessed July 11, 2021], 2021.
- [97] CDC, Selected Adverse Events Reported After COVID-19 Vaccination [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html> [Accessed 5.06.2021], 2021.
- [98] FDA, CDC 2019–Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel [Online]. Available: <https://www.fda.gov/media/134922/download> [Accessed 21 May 2021], 2020.
- [99] CDC, Clinical Questions about COVID-19: Questions and Answers [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html> [Accessed 14.04.2021], 2021.
- [100] V.V. Wojciechowski, D. Calina, K. Tsarouhas, A.V. Pivnik, A.A. Sergievich, V. V. Kodintsev, E.A. Filatova, E. Ozcagli, A.O. Docea, A.L. Arsene, E. Gofita, C. Tsitsimpikou, A.M. Tsatsakis, K.S. Golokhvast, A guide to acquired vitamin K coagulopathy diagnosis and treatment: the Russian perspective, *Daru* 25 (2017) 10.
- [101] F.P. Polack, S.J. Thomas, N. Kitchin, J. Absalon, A. Gurtman, S. Lockhart, J. L. Perez, G. Pérez Marc, E.D. Moreira, C. Zerbini, R. Bailey, K.A. Swanson, S. Roychoudhury, K. Koury, P. Li, W.V. Kalina, D. Cooper, R.W. Frenck Jr., L. L. Hammitt, Ö. Türeci, H. Nell, A. Schaefer, S. Ünal, D.B. Tresnan, S. Mather, P. R. Dormitzer, U. Şahin, K.U. Jansen, W.C. Gruber, Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine, *N. Engl. J. Med.* 383 (2020) 2603–2615.
- [102] S.H. Hodgson, K. Mansatta, G. Mallett, V. Harris, K.R.W. Emary, A.J. Pollard, What defines an efficacious COVID-19 vaccine? A review of the challenges assessing the clinical efficacy of vaccines against SARS-CoV-2, *Lancet Infect. Dis.* 21 (2021) e26–e35.
- [103] C. Melenotte, A. Silvini, A.-G. Goubet, I. Lahmar, A. Dubuisson, A. Zumla, D. Raoult, M. Merad, B. Gachot, C. Hénon, E. Solary, M. Fontenay, F. André, M. Maeurer, G. Ippolito, M. Piacentini, F.-S. Wang, F. Ginhoux, A. Marabelle, G. Kroemer, L. Derosa, L. Zitvogel, Immune responses during COVID-19 infection, *Oncoimmunology* 9 (2020) 1807836.
- [104] E.M. Agency, Assessment Report COVID-19 Vaccine Moderna. Procedure No. EMEA/H/C/005791/0000 [Online]. Available: 2021 <https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna>.
- [105] W.E. Beyer, J. Mcelhaney, D.J. Smith, A.S. Monto, J.S. Nguyen-Van-Tam, A. D. Osterhaus, Cochrane re-arranged: support for policies to vaccinate elderly people against influenza, *Vaccine* 31 (2013) 6030–6033.
- [106] S.P. Kaur, V. Gupta, COVID-19 vaccine: a comprehensive status report, *Virus Res.* 288 (2020) 198114.
- [107] S.A. Madhi, V. Baillie, C.L. Cutland, M. Voysey, A.L. Koen, L. Fairlie, S. D. Padayachee, K. Dheda, S.L. Barnabas, Q.E. Bhorat, C. Briner, G. Kwatra, K. Ahmed, P. Aley, S. Bhikha, J.N. Bhiman, A.E. Bhorat, J. Du Plessis, A. Esmail, M. Groenewald, E. Horne, S.H. Hwa, A. Jose, T. Lambe, M. Laubscher, M. Malahleha, M. Masanya, M. Masilela, S. Mckenzie, K. Molapo, A. Moultrie, S. Oelofse, F. Patel, S. Pillay, S. Rhead, H. Rodell, L. Rossouw, C. Taoushanis, H. Tegally, A. Thombrayil, S. Van Eck, C.K. Wibmer, N.M. Durham, E.J. Kelly, T. L. Villafana, S. Gilbert, A.J. Pollard, T. De Oliveira, P.L. Moore, A. Sigal, A. Izu, Efficacy of the ChAdOx1 nCoV-19 Covid-19 vaccine against the B.1.351 variant, *N. Engl. J. Med.* 384 (2021) 1885–1898.
- [108] D. McCarty, Child poverty in the United States: a tale of devastation and the promise of hope, *Sociol. Compass* 10 (2016) 623–639.
- [109] L. Monin, A.G. Laing, M. Muñoz-Ruiz, D.R. Mckenzie, I. Del Molino Del Barrio, T. Alaguthurai, C. Domingo-Vila, T.S. Hayday, C. Graham, J. Seow, S. Abdul-Jawad, S. Kamdar, E. Harvey-Jones, R. Graham, J. Cooper, M. Khan, J. Vidler, H. Kakkassery, S. Sinha, R. Davis, L. Dupont, I. Francos Quijorna, C. O'brien-Gore, P.L. Lee, J. Eum, M. Conde Poole, M. Joseph, D. Davies, Y. Wu, A. Swamipillai, B. V. North, A. Montes, M. Harries, A. Rigg, J. Spicer, M.H. Malim, P. Fields, P. Patten, F. Di Rosa, S. Papa, T. Tree, K.J. Doores, A.C. Hayday, S. Irshad, Safety and immunogenicity of one versus two doses of the COVID-19 vaccine BNT162b2 for patients with cancer: interim analysis of a prospective observational study, *Lancet Oncol.* 22 (2021) 765–778.
- [110] M. Gavriatopoulou, I. Ntanas-Stathopoulos, E. Korompoki, E. Terpos, M. A. Dimopoulos, SARS-CoV-2 vaccines in patients with multiple myeloma, *HemaSphere* 5 (2021) e547–e547.
- [111] T.T. Shimabukuro, S.Y. Kim, T.R. Myers, P.L. Moro, T. Odyebo, L. Panagiotakopoulos, P.L. Marquez, C.K. Olson, R. Liu, K.T. Chang, S. R. Ellington, V.K. Burkell, A.N. Smoots, C.J. Green, C. Licata, B.C. Zhang, M. Alimchandani, A. Mba-Jonas, S.W. Martin, J.M. Gee, D.M. Meaney-Delman, Preliminary findings of mRNA Covid-19 vaccine safety in pregnant persons, *N. Engl. J. Med.* 384 (2021) 2273–2282.
- [112] Y. Yan, Y. Pang, Z. Lyu, R. Wang, X. Wu, C. You, H. Zhao, S. Manickam, E. Lester, T. Wu, C.H. Pang, The COVID-19 vaccines: recent development, challenges and prospects, *Vaccines* 9 (2021) 349.
- [113] M. Vadalà, D. Poddighe, C. Laurino, B. Palmieri, Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon? *EPMA J.* 8 (2017) 295–311.
- [114] M.S. Islam, A.M. Kamal, A. Kabir, D.L. Southern, S.H. Khan, S.M.M. Hasan, T. Sarkar, S. Sharmin, S. Das, T. Roy, M.G.D. Harun, A.A. Chughtai, N. Homaira, H. Seale, COVID-19 vaccine rumors and conspiracy theories: the need for cognitive inoculation against misinformation to improve vaccine adherence, *PLoS One* 16 (2021), e0251605.
- [115] M.S. Islam, T. Sarkar, S.H. Khan, A.H. Mostofa Kamal, S.M.M. Hasan, A. Kabir, D. Yeasmin, M.A. Islam, K.I. Amin Chowdhury, K.S. Anwar, A.A. Chughtai, H. Seale, COVID-19-Related infodemic and its impact on public health: a global social media analysis, *Am. J. Trop. Med. Hyg.* 103 (2020) 1621–1629.
- [116] T.P. Velavan, C.G. Meyer, COVID-19: a PCR-defined pandemic, *Int. J. Infect. Dis.* 103 (2021) 278–279.
- [117] A. Stang, J. Robers, B. Schonert, K.H. Jöckel, A. Spelsberg, U. Keil, P. Cullen, The performance of the SARS-CoV-2 RT-PCR test as a tool for detecting SARS-CoV-2 infection in the population, *J. Infect.* 83 (2021) 237–279.
- [118] R.J. Klement, P.S. Bandyopadhyay, The epistemology of a positive SARS-CoV-2 test, *Acta Biotheor.* (2020) 1–17.
- [119] D. Romero-Alvarez, D. Garzon-Chavez, F. Espinosa, E. Ligna, E. Teran, F. Mora, E. Espin, C. Albán, J.M. Galarza, J. Reyes, Cycle threshold values in the context of multiple RT-PCR testing for SARS-CoV-2, *Risk Manag. Healthc. Policy* 14 (2021) 1311–1317.
- [120] A. Asandei, L. Mereuta, I. Schiopu, J. Park, C.H. Seo, Y. Park, et al., Non-receptor-mediated lipid membrane permeabilization by the SARS-CoV-2 spike protein S1 subunit, *ACS Appl. Mater. Interfaces* 12 (50) (2020) 55649–55658.
- [121] L.R. Baden, H.M. ElSahly, B. Essink, K. Kotloff, S. Frey, R. Novak, et al., Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine, *N. Engl. J. Med.* 384 (5) (2021) 403–416.
- [122] A.N. Cohen, B. Kessel, M.G. Milgroom, Diagnosing SARS-CoV-2 infection: the danger of over-reliance on positive test results (2021), <https://doi.org/10.1101/2020.04.26.20080911>.

The SARS-CoV-2 Delta variant is poised to acquire complete resistance to wild-type spike vaccines

Authors:

Yafei Liu^{1,2}, Noriko Arase³, Jun-ichi Kishikawa⁴, Mika Hirose⁴, Songling Li⁵, Asa Tada², Sumiko Matsuoka¹, Akemi Arakawa², Kanako Akamatsu⁶, Chikako Ono^{7,8}, Hui Jin¹, Kazuki Kishida², Wataru Nakai^{1,2}, Masako Kohyama^{1,2}, Atsushi Nakagawa⁹, Yoshiaki Yamagishi¹⁰, Hironori Nakagami¹¹, Atsushi Kumanogoh^{12,13}, Yoshiharu Matsuura^{6,14}, Daron M. Standley^{5,15}, Takayuki Kato⁴, Masato Okada^{6,15}, Manabu Fujimoto³, Hisashi Arase^{1,2,15*}

Affiliations:

¹Department of Immunochemistry, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan.

²Laboratory of Immunochemistry, World Premier International Immunology Frontier Research Centre, Osaka University, Osaka, 565-0871, Japan.

³Department of Dermatology, Graduate school of Medicine, Osaka University, Osaka, 565-0871, Japan

⁴Laboratory for CryoEM Structural Biology, Institute for Protein Research, Osaka University, Osaka, 565-0871, Japan.

⁵Dept. Genome Informatics, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan.

⁶Department Oncogene Research, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan.

⁷Laboratory of Virus Control, Center for Infectious Disease Education and Research, Osaka University, Osaka, 565-0871, Japan

⁸Laboratory for Cell Polarity Regulation, RIKEN Center for Biosystems Dynamics Research, Hyogo, 650-0047, Japan

⁹Laboratory for Supramolecular Crystallography, Institute for Protein Research, Osaka University, Osaka, 565-0871, Japan.

¹⁰Medical Center for Translational Research, Department of Medical Innovation, Osaka University Hospital, Osaka University, Osaka, 565-0871, Japan..

¹¹Department of Health Development and Medicine, Graduate school of Medicine, Osaka University, Osaka, 565-0871, Japan.

¹²Department of Respiratory Medicine and Clinical Immunology, Graduate School of Medicine, Osaka University, Osaka 565-0871, Japan.

¹³Laboratory of Immunopathology, World Premier International Immunology Frontier Research Center, Osaka University, Osaka 565-0871, Japan.

¹⁴Laboratory of Virus Control, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan

¹⁵Center for Infectious Disease Education and Research, Osaka University, Osaka, 565-0871, Japan

*Corresponding to: arase@biken.osaka-u.ac.jp

Abstract:

mRNA-based vaccines provide effective protection against most common SARS-CoV-2 variants. However, identifying likely breakthrough variants is critical for future vaccine development. Here, we found that the Delta variant completely escaped from anti-N-terminal domain (NTD) neutralizing antibodies, while increasing responsiveness to anti-NTD infectivity-enhancing antibodies. Although Pfizer-BioNTech BNT162b2-immune sera neutralized the Delta variant, when four common mutations were introduced into the receptor binding domain (RBD) of the Delta variant (Delta 4+), some BNT162b2-immune sera lost neutralizing activity and enhanced the infectivity. Unique mutations in the Delta NTD were involved in the enhanced infectivity by the BNT162b2-immune sera. Sera of mice immunized by Delta spike, but not wild-type spike, consistently neutralized the Delta 4+ variant without enhancing infectivity. Given the fact that a Delta variant with three similar RBD mutations has already emerged according to the GISAID database, it is necessary to develop vaccines that protect against such complete breakthrough variants.

Introduction

Newly developed mRNA-based vaccines for SARS-CoV-2 have proven to be quite effective in preventing infection as well as severe COVID-19 (Jackson et al., 2020; Polack et al., 2020). However, new SARS-CoV-2 variants have repeatedly appeared and spread within the human population. Recent variants have acquired numerous mutations throughout the genome and are highly infectious compared to the original SARS-CoV-2. Although the spike protein used in currently approved mRNA-based vaccines consists of the original spike protein without mutations, these vaccines are nonetheless effective against variants of concern (VOC) (Collier et al., 2021; McCallum et al., 2021; Muik et al., 2021; Wang et al., 2021b). The receptor binding domain (RBD) of the spike protein binds to the host cell receptor ACE2, and the interaction mediates membrane fusion during SARS-CoV-2 infection (Hoffmann et al., 2020). Neutralizing antibodies against SARS-CoV-2 are mainly directed to the RBD and block the interaction between the RBD and ACE2. Most SARS-CoV-2 variants have acquired mutations in the neutralizing antibody epitopes of the RBD, resulting in escape from neutralizing antibodies (Cele et al., 2021; Collier et al., 2021; Davies et al., 2021; Madhi et al., 2021; Planas et al., 2021a; Tegally et al., 2021; Wang et al., 2021a). However, mutations in the RBD also tend to affect binding to ACE2. Therefore, there is a tradeoff in the evolution of the RBD between mutations that maintain ACE2 binding while escaping the recognition by neutralizing antibodies. In addition, mRNA vaccine-immune sera contain various neutralizing antibodies that recognize epitopes in different parts of the spike protein. It is an important to ascertain whether SARS-CoV-2 variants are likely to emerge that are completely resistant to immunity induced by the current mRNA-based vaccines. Vigilance against such resistant variants is essential for development of next-generation vaccines.

The SARS-CoV-2 Delta variant (B.1.617.2) is highly contagious and is rapidly spreading (Callaway, 2021). The neutralizing activity of sera from vaccinated individuals as well as convalescent COVID-19 patients decreases for the Delta variant compared to the wild-type (Liu et al., 2021a; Planas et al., 2021b). The Delta variant has several mutations in both the N-terminal domain (NTD) and RBD. The L452R and T478K mutations in the RBD of the Delta variant are also observed in other variants that are not as infectious as the Delta variant. Therefore, mutations in the RBD alone do not explain the high infectivity of the Delta variant. In contrast, among Delta mutations, several substitutions or deletions in the NTD—T19R, G142D, E156G, F157del and R158del—have not been observed in other major variants. This suggests that mutations in the NTD may play a key role in the high infectivity of the Delta variant. Although anti-RBD antibodies are thought to play a dominant role in vaccine-induced immunity against SARS-CoV-2 (Robbiani et

al., 2020), neutralizing antibodies directed against the NTD are also important for SARS-CoV-2 neutralization (Chi et al., 2020; Li et al., 2021; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021). Moreover, we and others have recently demonstrated that antibodies against a specific site on the NTD can enhance the infectivity of SARS-CoV-2 by inducing the open form of the RBD (Li et al., 2021; Liu et al., 2021b). Therefore, it is important to elucidate the function of both the neutralizing and enhancing antibodies in order to understand the pathogenicity of the emerging SARS-CoV-2 variants. In this study, in order to understand the mechanism of the Delta variant's high infectivity, we systematically examined Delta variant mutations in the NTD and RBD and suggest an evolutionary pathway by which the Delta variant could achieve complete escape from vaccine-induced immunity, which provides important information for the design of next-generation vaccines.

Results

Neutralizing activity of anti-NTD and anti-RBD monoclonal antibodies from COVID-19 patients against the Delta variant.

In order to understand the mechanism underlying the increased infectivity of the SARS-CoV-2 Delta variant, we analyzed the binding of various types of anti-spike monoclonal antibodies obtained from COVID-19 patients to the Delta spike protein (**Figure 1A**). Because these monoclonal antibodies were obtained from patients infected in mid-2020, at a time when the SARS-CoV-2 variants had not yet emerged, it is likely that they were elicited by the same wild-type spike protein as is used in current vaccines (Brouwer et al., 2020; Chi et al., 2020; Li et al., 2021; Robbiani et al., 2020; Suryadevara et al., 2021; Zost et al., 2020). Most neutralizing antibodies are directed against the RBD, and the Delta variant has two mutations in this domain, L452R and T478K. L452R has been reported to be an epitope for some, but not most, neutralizing antibodies (McCallum et al., 2021; Wang et al., 2021b). T478K is located in the ACE2 binding site and appears to be mainly involved in increased ACE2 binding affinity (Xu et al., 2021). In our analysis of various anti-RBD antibodies, we found that only a few of the neutralizing antibodies failed to recognize the Delta spike, while most anti-RBD neutralizing antibodies bound to Delta spike at levels comparable to wild-type spike (**Figure 1A**).

The Delta variant possesses several unique mutations in the NTD—T19R, G142D, E156G, F157del and R158del—suggesting the possibility that binding of some anti-NTD neutralizing antibodies elicited by wild-type spike could be disrupted. In addition to the 13 published anti-NTD neutralizing antibodies (Chi et al., 2020; Li et al., 2021; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021), we found that COV2-2016, COV2-2026 and COV2-2150 are also anti-NTD neutralizing antibodies for wild-type spike (**Figure 1B**). We analyzed these 16 anti-NTD neutralizing antibodies, and found that none of the anti-NTD neutralizing antibodies could recognize Delta spike (**Figure 1A**). In contrast, when we analyzed the binding of the anti-NTD infectivity-enhancing antibodies (Li et al., 2021; Liu et al., 2021b), eight out of ten anti-NTD enhancing antibodies bound to Delta spike at levels comparable with wild-type spike (**Figure 1A**). Some of the anti-NTD antibodies that were not well characterized as either neutralizing/enhancing antibodies showed partial or complete reduction in binding to Delta spike compared to wild-type spike, while others showed strong binding. The high frequency of reduced or enhanced recognition by anti-NTD antibodies against the Delta variant suggests that the antigenicity of the NTD has been greatly affected by mutations in the NTD.

Next, we analyzed the function of the enhancing and neutralizing antibodies on the Delta variants using pseudovirus bearing either the Delta spike protein (Delta pseudovirus) or wild-type spike (wild-type pseudovirus) (**Figure 1B-1D**). The viral titer of each pseudovirus was checked by its infectivity to HEK293T cells transfected with ACE2 (**Figure S1**). Anti-RBD neutralizing antibodies that bound to the Delta spike completely neutralized the infection of either Delta or

wild-type pseudovirus (**Figure 1C**). All anti-NTD neutralizing antibodies we tested failed to recognize the Delta spike protein (**Figure 1A**). As expected, these anti-NTD antibodies did not neutralize infection by the Delta pseudovirus, whereas they decreased the infectivity of the wild-type pseudovirus (**Figure 1B**). The neutralizing efficiency of anti-NTD neutralizing antibodies against the wild-type pseudovirus was lower than that of anti-RBD neutralizing antibodies, as previously reported (Chi et al., 2020; Li et al., 2021; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021). Enhancing antibodies increase the infectivity of SARS-CoV-2 by inducing the open form of the RBD (Liu et al., 2021b). As described above, the recognition by most of the enhancing antibodies was well conserved in the Delta variant (**Figure 1A**). When the effect of the enhancing antibodies was analyzed, the infectivity enhancement of the Delta pseudovirus by some of the enhancing antibodies was more than that of the wild-type pseudovirus (**Figure 1D**). These data suggested that the Delta variant completely escaped from anti-NTD neutralizing antibodies while maintaining functional enhancing antibody epitopes. Because the enhancing antibodies decrease the effect of anti-RBD neutralizing antibodies (Li et al., 2021; Liu et al., 2021b), there is a possibility that the Delta variant maintains the infectivity in the presence of anti-RBD neutralizing antibodies as a result of enhancing antibodies.

Neutralizing activity of BNT162b2-immune sera against Delta variants.

We next analyzed the neutralizing activity of twenty sera from healthy individuals fully immunized with Pfizer-BioNTech BNT162b2 mRNA vaccine against the Delta pseudovirus (**Figure 2A**). Although most of BNT162b2-immune sera completely blocked the infection of the Delta pseudovirus at high concentration, the neutralizing titer of BNT162b2-immune sera against Delta pseudovirus decreased significantly compared to wild-type pseudovirus (**Figure 2B**), similar to a previous report (Liu et al., 2021a; Planas et al., 2021b). Because none of the anti-NTD neutralizing antibodies were effective against the Delta variant (**Figure 1A and 1B**), it is likely that anti-RBD neutralizing antibodies play a major role in the neutralizing activity of BNT162b2-immune sera against the Delta variant.

To elucidate the contribution of the NTD and RBD in the resistance of the BNT162b2-immune sera against the Delta variant, we generated chimeric spike proteins in which the NTD, RBD or S2 subunit was encoded by either the wild-type (W) or Delta (D) variant (**Figure 3A**). Anti-NTD enhancing antibody, COV2-2490, binds to both the wild-type and Delta NTD, whereas anti-NTD neutralizing antibody, 4A8, binds to the wild-type NTD but not Delta NTD. Similarly, Anti-RBD neutralizing antibody, C144, binds to both the wild-type and Delta RBD, whereas anti-RBD neutralizing antibody, C002, binds to the wild-type RBD but not Delta RBD. As expected, C002 bound well to spike with the wild-type RBD (WWD or DWD) but weakly to spike with Delta RBD (DDD or WDD) (**Figure S2**). Similarly, anti-NTD neutralizing antibody, 4A8, bound to spike with the wild-type NTD (WWD or WDD) but failed to bind to spike with the Delta NTD (DDD or DWD). COV2-2490 and C144 bound to all of the chimeric spike proteins. These data suggest that each domain of the chimeric spike proteins retains its original antigenicity.

We next generated pseudovirus containing these recombinant spike proteins and analyzed the effect of BNT162b2-immune sera. The neutralizing activity of the BNT162b2-immune sera against WWD pseudovirus decreased slightly compared to that of wild-type pseudovirus (WWW), suggesting that mutations in the S2 domain are involved in the resistance of the Delta variant (**Figure 3B and 3C**). When infectivity of DWD pseudovirus, in which wild-type NTD was substituted to the Delta NTD, was compared with WWD pseudovirus, the neutralizing activity of BNT162b2-immune sera significantly decreased further. The neutralizing activity of the BNT162b2 immune sera was reduced against WDD pseudovirus, in which wild-type RBD was replaced by Delta RBD, compared to DWD pseudovirus. The neutralizing activity of the BNT162b2-immune sera decreased further against Delta pseudovirus (DDD). These data suggest

that both NTD and RBD mutations in the Delta spike are involved in the resistance of the BNT162b2-immune sera against the Delta variant.

Cryo-EM analysis of the Delta spike

All anti-NTD monoclonal neutralizing antibodies from COVID-19 patients failed to bind to Delta spike whereas most of the enhancing antibodies maintained reactivity to Delta spike (**Figure 1A**). Although there are several mutations in the NTD of Delta spike, known epitopes for anti-NTD neutralizing antibodies are conserved in the Delta variant. To evaluate the effect of mutations in the Delta variant on anti-NTD neutralizing antibody epitope structure, single particle cryo-EM analysis was employed. Data were analyzed by heterogenous refinement and *ab-initio* reconstruction followed by non-uniform refinement. As a result, a density map of the spike protein was obtained at 3.1 Å resolution (**Figure S3 and Table S1**). To build an atomic model of the spike, we predicted the structures of the Delta variant NTD using AlphaFold2 (Jumper et al., 2021). The predicted NTD model of the Delta variant was used as an initial model for fitting into the obtained map. The statistics of the model of the Delta variant spike are summarized in **Table S1**. When the NTD models of Delta variant and wild-type spike were compared, the major epitope residues for the enhancing antibody—H64, W66, V213 and R214—were structurally well conserved (**Figure 4**). In contrast, a large conformational change was observed in the residues of anti-NTD neutralizing antibody epitopes (**Figure 4**). The maximum interatomic distance between the Delta variant and the wild-type was more than 9 Å (**Figure 4B**). In the NTD of the Delta variant, the β strands containing four epitope residues—Y144, K147, K150 and W152—were shortened and shifted significantly compared to the wild-type (**Figure 4A**). These structural changes were most likely caused by deletion of F157 and R158. As a result, these four residues were quite different from the wild type. R246 and W258 showed large changes compared to the wild-type (**Figure 4**), and the loop connecting these two residues appeared to be highly flexible. These data suggest that dramatic changes in the structure of the anti-NTD neutralizing antibody epitope residues are responsible for the complete loss of reactivity to anti-NTD neutralizing antibodies against the Delta spike.

Prediction of possible future mutations of the Delta variant

The Delta variant became completely resistant to anti-NTD neutralizing antibodies in the BNT162b2 immune serum by acquiring mutations in the NTD, and thus anti-RBD neutralizing antibodies seem to be mainly responsible for the neutralizing activity in the BNT162b2 immune sera (**Figure 1, Figure 2 and Figure 3**). These results suggest that the Delta variant may acquire full resistance to BNT162b2 immune sera by acquiring additional mutations in the RBD that disrupt recognition of anti-RBD neutralizing antibodies. Indeed, a Delta variant that has acquired the K417N mutation in the RBD, known as AY.1 (Delta plus), has already emerged and its frequency in the general population is increasing (Gupta et al., 2021). To investigate the potential occurrence of additional mutations, we analyzed the additive effects of mutations acquired by the Delta variant in the GISAID database (**Figure S4**). The Delta variant has already acquired large numbers of additional mutations in the RBD, some of which occur in epitopes for anti-RBD neutralizing antibodies (Greaney et al., 2021a; Greaney et al., 2021b; Greaney et al., 2021c; Wang et al., 2021b; Weisblum et al., 2020). In addition to the K417N mutation, Delta variants with E484K, F490 or N501Y mutations—observed in the Alpha, Beta, Gamma and/or Lambda variants—are also increasing (**Figure 5A**). Considering the very rapid increase in the population of people infected with the Delta variant, the Delta variant is likely to acquire further mutations in infected people, and those with further increased infectivity will be selected. Indeed, the Delta variant with multiple mutations in anti-RBD neutralizing antibody epitopes have already emerged according to the GISAID database (**Figure 5B**). In particular, EPI_ISL_2958474 possesses three additional

mutations in anti-RBD neutralizing antibody epitopes, although the NTD sequence is not identical to the representative Delta variant. Accordingly, we analyzed the effect of major mutations observed in SARS-CoV-2 variants on the RBD of the Delta variant (**Figure 5C**). Because the Delta variant contains the T478K mutation and neighboring residues may show similar effects, the S477N mutation was excluded. Accordingly, we introduced four mutations in the Delta spike (Delta 4+)—K417N, N439K, E484K and N501Y—and analyzed the effect of these mutations (**Figure 5D**).

Enhanced infectivity of the Delta 4+ pseudovirus by some BNT162b2-immune sera.

We analyzed the binding of several anti-RBD neutralizing antibodies to the Delta spike with a single additional mutation or multiple mutations in the RBD (**Figure 6A**). Most anti-RBD antibodies recognized Delta spike with a single additional mutation, but not the Delta 4+ spike protein. The C135 anti-RBD neutralizing antibody, whose major epitopes are R346 and N440 (Greaney et al., 2021b; Weisblum et al., 2020), still recognized the Delta 4+ spike. We then generated pseudovirus bearing mutant spike proteins. The Delta pseudovirus with additional single RBD mutations was slightly more resistant to BNT162b2-immune sera (**Figure 6B**). The effects of the single additional mutations were slightly different depending on the individuals, although infection was completely blocked at the highest concentration of the serum. Next, we analyzed the Delta 4+ pseudovirus with four additional RBD mutations (**Figure 6C**). Surprisingly, most BNT162b2-immune sera enhanced infectivity of the Delta 4+ pseudovirus in a dose-dependent manner at relatively low concentrations of BNT162b2-immune sera, but showed weak neutralization only at the highest concentration of the sera (**Figure 6D and 6E**). Especially, PFZ7 greatly enhanced the infectivity at relatively low serum concentration. Some sera, such as PFZ13 and PFZ14, did not show neutralizing activity even at the highest concentration of the sera. The neutralizing titers of PFZ13 and PFZ14 against wild-type or Delta variant were apparently lower than others (**Figure 2A**). On the other hand, PFZ15 effectively neutralized the Delta 4+ pseudovirus, but the neutralizing titers of PFZ15 against the wild type and Delta variant were not particularly high compared to the others. Because most neutralizing antibodies against either NTD or RBD do not work for the Delta 4+ pseudovirus, while most enhancing antibodies remain functional for the Delta 4+ pseudovirus, the increased infectivity in the presence of BNT162b2-immune sera appears to be mediated by anti-NTD enhancing antibodies.

In order to analyze the contribution of Delta NTD to the enhanced infectivity, we generated pseudovirus bearing spike protein with wild-type NTD and Delta 4+ RBD (**Figure 6C**). Although some BNT162b2-immune sera enhanced infectivity of the Delta 4+ pseudovirus, the Delta 4+ virus with wild-type NTD did not show enhanced infectivity by BNT162b2-immune sera (**Figure 6D and 6E**). These data suggested that mutations in the NTD of the Delta variant made the virus more susceptible than the wild-type to anti-NTD enhancing antibodies in BNT162b2-immune sera, and thus reduced the neutralizing effect of anti-RBD neutralizing antibodies.

Sera from the Delta spike immunized mice do not show enhanced infectivity against Delta 4+ pseudovirus.

Because wild-type spike was used for BNT162b2 mRNA vaccine, the enhanced infectivity of the Delta 4+ pseudovirus by some BNT162b2-immune sera appears to be caused by the decreased neutralizing antibody titer of anti-NTD and anti-RBD neutralizing antibodies against Delta 4+ pseudovirus. Therefore, neutralizing antibody titers against the Delta variants may be relatively high compared to enhancing antibodies when immunizing with the Delta spike, even though the enhancing antibody epitopes are conserved in the Delta spike protein. To test the effect of immunization by Delta spike, we immunized mice with B16F10 mouse melanoma cells transiently transfected with wild-type or Delta spike protein (**Figure 7A**). We used B16F10 cells because the

immunogenicity of B16F10 melanoma cell line is quite low (Priem et al., 2020). In addition, the conformation of spike protein expressed on transfectants is likely to be similar to that of spike protein expressed by mRNA vaccines. All mice effectively produced antibodies against spike protein (**Figure S5**). The wild-type spike immunized sera neutralized wild-type pseudovirus well, whereas the neutralizing effect against the Delta pseudovirus decreased, similar to BNT162b2-immune sera (**Figure 7B and 7C**). In contrast, Delta spike immunized sera neutralized both wild-type and Delta pseudovirus well. Just one mouse produced antibodies that neutralize the Delta pseudovirus better than wild-type pseudovirus. When we analyzed the Delta-4+ pseudovirus, some sera from wild-type spike immunized mice showed enhanced infectivity in a dose dependent manner at relatively low concentrations of sera similar to some BNT162b2-immune sera (**Figure 7D and 7E**). Especially, #w1 mouse serum showed enhanced infectivity at any concentration, although the same serum neutralized the wild-type pseudovirus well. In contrast, the enhanced infectivity by immunized sera was not observed when the Delta spike was used for immunization. Sera from the Delta-spike immunized mice did not exhibit enhanced infectivity at any concentration of sera. These data suggest that vaccines containing the Delta, but not wild-type, spike might be required to control the Delta subvariant that may emerge in the future.

Discussion

The Delta variant is highly contagious and breakthrough infection to fully vaccinated individuals is often observed (Lopez Bernal et al., 2021), suggesting that neutralizing antibodies in fully vaccinated individuals are not sufficient to protect against infection by the Delta variant. Anti-RBD antibodies are thought to play a major role in protection against SARS-CoV-2 infection. The Delta variant has L452R and T478K mutations in the RBD, and L452 has been shown to be an epitope for some neutralizing antibodies (McCallum et al., 2021; Wang et al., 2021b). However, most neutralizing antibodies bound to the Delta RBD and neutralized the infection. Therefore, mutations in the RBD alone may not explain the decreased neutralizing titers of the BNT162b2-immune sera against the Delta variant.

The Delta variant has multiple mutations in the NTD: T19R, G142D, E156G, F157del and R158del. All anti-NTD neutralizing antibodies failed to recognize the Delta spike, indicating that the Delta variant is completely resistant to anti-NTD neutralizing antibodies elicited by wild-type spike protein, which is the antigenic component of widely used mRNA vaccines. In contrast, most anti-NTD enhancing antibodies recognized Delta spike at the same level as wild-type spike, and some anti-NTD enhancing antibodies exhibited increased infectivity enhancement by Delta pseudovirus compared to wild-type pseudovirus. Consistent with this observation, the structures of enhancing anti-NTD antibody epitopes were well conserved with the wild type. Because enhancing antibodies reduced neutralizing activity of anti-RBD neutralizing antibodies (Li et al., 2021; Liu et al., 2021b), mutations in the NTD may play an important role in the resistance of the Delta variant to the BNT162b2-immune sera. Indeed, a Delta pseudovirus with wild-type NTD was more susceptible to neutralization by BNT162b2-immune sera than full Delta pseudovirus. The effect of the Delta NTD was more obvious for the Delta 4+ pseudovirus. These data indicated that mutations in the NTD are involved in the escape of SARS-CoV-2 from neutralizing antibodies. It is likely that the mutations in the NTD that abrogate neutralizing antibody binding while retaining enhancing antibody binding are beneficial to the virus. These mutations in the Delta variant may suggest adaptation to the presence of enhancing antibodies while maintaining evasion of anti-NTD and anti-RBD neutralizing antibodies in immunized or previously infected hosts.

Not only Delta, but also other VOCs such as Alpha (B.1.1.7), Beta (B.1.135), and Gamma (P.1) show more mutations in the NTD than in the RBD. Because the NTD is involved in the regulation of the conformation of the RBD but not in direct binding to the host receptor ACE2 (Liu et al., 2021b), it can tolerate many mutations. As with the Delta variant, most anti-NTD neutralizing

antibodies have been reported not to bind to the Alpha and Beta variants (Voss et al., 2021; Wang et al., 2021a). Recently, L-SIGN has been reported to be an entry receptor for SARS-CoV-2 (Amraei et al., 2021; Kondo et al., 2021; Soh et al., 2020; Thepaut et al., 2021). L-SIGN specifically bound to NTD but not RBD of SARS-CoV-2 spike protein and mediated SARS-CoV-2 infection of non-ACE2 expressing cells by inducing membrane fusion (Soh et al., 2020). Furthermore, anti-NTD neutralizing antibodies efficiently blocked SARS-CoV-2 infection of L-SIGN-expressing cells compared to that of ACE2-expressing cells. Considering the fact that most VOCs have completely escaped from anti-NTD neutralizing antibodies regardless of the fact that the neutralizing efficiency is quite low compared to anti-RBD neutralizing antibodies *in vitro*, SARS-CoV-2 infection mediated by the NTD through L-SIGN or other unknown receptors may play a more important role *in vivo* than *in vitro*. Further analyses of function of NTD as well as anti-NTD neutralizing antibodies are required to elucidate the pathogenicity of SARS-CoV-2.

The enhancing antibodies bind to a specific site on the NTD, inducing the open form of the RBD, which increases the affinity of spike protein to ACE2 (Liu et al., 2021b). Recently, it has been reported that the enhancing antibodies do not increase the infectivity *in vivo* (Li et al., 2021). However, only one human IgG1 monoclonal enhancing antibody, among 11 known enhancing antibodies, has been tested *in vivo*. The affinities and epitopes of enhancing antibodies to the NTD, as well as the IgG subclass of enhancing antibodies, may affect their *in vivo* function. Recently, it has been reported that binding of neutralizing antibodies to Fc receptors is required for their neutralizing activity *in vivo* (Schafer et al., 2021; Suryadevara et al., 2021; Winkler et al., 2021). Indeed, IgG1, which is the most frequently used antibody subclass in *in vivo* studies, has the strongest affinity for Fc receptors and shows strong effector function; whereas, IgG2 and IgG4 weakly bind to Fc receptors (Nimmerjahn and Ravetch, 2008). Therefore, it is likely that the *in vivo* function of anti-NTD enhancing antibodies will vary depending on the antibody subclass, the specific variable region sequence, or both. Given the fact that the Delta variant maintained enhancing antibody epitopes and is more sensitive to enhancing antibodies, it is likely that the enhancing antibodies are involved in augmentation of the SARS-CoV-2 infectivity *in vivo*.

Several BNT162b2 immune sera showed neutralizing activity against the Delta 4+ pseudovirus at a 1:10 dilution, but conversely increased infectivity at 1:30 dilution. In general, the activity of neutralizing antibodies does not change so drastically with a three-fold difference in concentration. Therefore, the effect of the BNT162b2 immune sera against the Delta 4+ pseudovirus cannot be explained simply by the concentration of neutralizing antibodies. The BNT162b2 immune sera did not show enhanced infectivity against the Delta 4+ pseudovirus with wild-type NTD at any serum concentration. Since the effect of anti-NTD infectivity-enhancing monoclonal antibodies is affected by the concentration of anti-RBD neutralizing antibodies (Li et al., 2021; Liu et al., 2021b), the effect of infectivity-enhancing antibodies in BNT162b2 immune sera is likely to be more pronounced when the concentration of anti-RBD neutralizing antibodies falls below a certain threshold. Indeed, the BNT162b2 immune sera with low neutralizing titers against the Delta pseudovirus showed enhancement against the Delta 4+ pseudovirus even at high serum concentration. Although the neutralizing antibody titer is the highest three weeks after the second immunization, it gradually decreases (Doria-Rose et al., 2021; Widge et al., 2021). As in the case of diluted sera, it is possible that the effect of infectivity-enhancing antibodies may become more evident some time after immunization, even if the neutralizing and enhancing antibody titers decrease equally. In addition, neutralizing antibody titers induced by adenovirus vaccines and inactivated vaccines are lower than those induced by mRNA vaccines (Lim et al., 2021; Shrotri et al., 2021). Therefore, there is a possibility that the enhancing effect might be more pronounced against the Delta 4+ pseudovirus with immune sera of adenovirus vaccines or inactivated vaccines, similar to BNT162b2 immune sera with low neutralizing titers. On the other hand, some BNT162b2 immune sera did not enhance infection of Delta 4+ pseudovirus at any serum concentration and

neutralized well. Similarly, despite the use of inbred mice, the effect of sera on the infectivity of Delta 4+ pseudovirus varied greatly among individual mice immunized with the wild-type spike. The sera of some mice showed enhancement of the Delta 4+ pseudovirus infection, while others showed neutralization at any serum concentration. The delicate balance of antibody titer, affinity, or epitope between neutralizing and enhancing antibodies might affect the effect of sera on the infectivity. It is important to further analyze the characteristics of neutralizing and enhancing antibodies produced after immunization.

SARS-CoV-2 has acquired a number of mutations to date, which have arisen within infected individuals. Therefore, new variants are likely to emerge more frequently in situations where many people are infected. Because the Delta variant is spreading so explosively, it has already acquired numerous additional mutations in the spike protein coding region, suggesting that the Delta variant will continue to acquire further mutations. Some mutations observed in the RBD of the Delta variant have been reported to be epitopes for anti-RBD neutralizing antibodies (Greaney et al., 2021a; Greaney et al., 2021b; Wang et al., 2021b). Newly emerged variants that adapt to the environment of their host's immune system will be selected and expand. The Delta variant with 4 additional mutations in the RBD were not neutralized by most BNT162b2-immune sera because of unique mutations in the NTD. More importantly, infectivity of the Delta 4+ was enhanced by some BNT162b2-immune sera. Furthermore, of the four additional mutations, a Delta variant with three mutations has already been registered in the GISAID database; it is likely that a Delta variant that has acquired five mutations in the RBD in total will acquire additional mutations in the near future. Although we have selected K417N, N439K, E484K, and N501Y as additional mutations for the Delta variant, other combinations of anti-RBD neutralizing epitopes can be expected to have similar or stronger effects than the Delta 4+ variant. Indeed, the Delta 4+ still possess R346, one of major epitope residues for anti-RBD neutralizing antibodies such as C135. Given the current high mutation rate of SARS-CoV-2, predicting emerging spike mutations is very important to develop effective vaccines against emerging SARS-CoV-2 variants. Immunization by dangerous spike protein variants that are likely to emerge in the future may be effective in preventing the emergence of such variants.

A third round of booster immunization with the SARS-CoV-2 vaccine is currently under consideration. Our data suggest that repeated immunization with the wild-type spike may not be effective in controlling the newly emerging Delta variants. We demonstrated that immunization by Delta spike induces antibodies that neutralize not only the Delta variant but also wild-type and the Delta 4+ variant without enhancing the infectivity. Although mRNA vaccination may yield different results from our animal model, development of mRNA vaccine expressing the Delta spike might be effective for controlling the emerging Delta variant. However, epitopes of the enhancing antibodies, not neutralizing antibodies, are well conserved in most SARS-CoV-2 variants, including the Delta variant. Therefore, additional immunization of the spike protein derived from SARS-CoV-2 variants may boost enhancing antibodies more than the neutralizing antibodies in individuals who were previously infected with wild-type SARS-CoV-2 or immunized with vaccines composed of wild-type spike protein. Immunization using the RBD alone, which will not induce anti-NTD enhancing antibodies, could be a strategy for a vaccination. However, anti-NTD neutralizing antibodies that protect against SARS-CoV-2 infection similar to anti-RBD-neutralizing antibodies are not induced by immunization by RBD alone (Chi et al., 2020; Li et al., 2021 ; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021). Whole spike protein containing RBD mutations observed in major variants but lacking the enhancing antibody epitopes may need to be considered as a booster vaccine.

Acknowledgments

We would like to thank Yumi Inaba for her administrative assistance. We would like to thank technical assistance of the members of the Department of Dermatology, Osaka University, Osaka, Japan. This work was supported by JSPS KAKENHI under Grant Numbers JP18H05279 and JP19H03478, MEXT KAKENHI under Grant Number JP19H04808, Japan Agency for Medical Research and Development (AMED) under Grant Numbers, JP20fk0108542 (HA), JP20nf0101623 (HN, HA), 20fk0108403h (HA), JP20am0101108 (DMS), JP21am0101072 (TK, AN, BINDS support number 2630) and Japan Science and Technology Agency (JST) (Moonshot R&D) JPMJMS2025 (YM), and Panasonic Corporation (HA, YM).

Author contributions

Y.L., Y.M., D.M.S., T.K., M.O., M.F., H.A. designed the experiments. Y.L., J.K., M.H., A.T., S.M., A.A., K.A., C.O., H.J., K.K., W.N., performed the experiments. N.A., A.K., H.N., Y.Y., M.F. collected vaccine sera. J.K., S.L., D.M.S., T.K., H.A. constructed a model of NTD spike. Y.L., N.A., J.K., M.K., D.M.S., H.A. wrote the manuscript. All authors read, edited, and approved the manuscript.

Declaration of interests

Osaka University has filed a patent application for the enhancing antibodies. HA and YL are listed as inventors. HA is a stockholder of HuLA immune Inc.

Methods

Data and code availability

Cryo-EM density maps for the SARS-CoV-2 Delta spike protein were deposited at the EMDB under accession code EMD-31731. A molecular model of the SARS-CoV-2 Delta spike protein fitted to Cryo-EM data were deposited to PDB under accession code 7V5W. The data that support the findings of this study are available from the Lead Contact on request.

Cell lines

HEK293T cells (RIKEN Cell Bank) and B16F10 melanoma cells (National Institute of Biomedical Innovation) were cultured in DMEM (Nacalai, Japan) supplemented with 10% FBS (Biological Industries, USA), penicillin (100 U/mL), and streptomycin (100 µg/mL) (Nacalai, Japan) and cultured at 37°C in 5% CO₂. The Expi293 cells (Thermo) were cultured with the Expi293 medium. The cells were routinely checked for mycoplasma contamination. ACE2-stably transfected HEK293 cells (HEK293T-ACE2-transfectants) were reported previously (Liu et al., 2021b).

Human samples

The collection and use of BNT162b2-immune sera were approved by Osaka University Hospital (20522-3). Written informed consent was obtained from the participants according to the relevant guidelines of the institutional review board. All sera were collected from 26-65 years old healthy individuals three weeks after immunization with two cycles of 30 µg of BNT162b2 mRNA vaccine.

Plasmid construction

The SARS-CoV-2 spike gene (NC_045512.2) was prepared by gene synthesis (IDT). The sequences encoding the spike protein lacking the C-terminal 19 amino acids (amino acids 1–1254) were cloned into the pME18S expression vector. NTD (amino acids 14–333) and RBD (amino acids 335–587) were separately cloned into a pME18S expression vector containing a SLAM signal sequence and a PILRα transmembrane domain (Saito et al., 2017). A series of mutants and the Delta variants (T19R, G142D, E156G, del_157, del_158, L452R, T478K, D614G, P681R, D950N)

were prepared from wild-type SARS-CoV-2 spike using the QuickChange Lighting Multi Site-directed Mutagenesis kit (Agilent). Additional RBD mutations were introduced into the Delta spike also using the QuickChange Lighting Multi Site-directed Mutagenesis kit (Agilent). The primers for mutagenesis were designed on Agilent's website (<https://www.agilent.com/store/primerDesignProgram.jsp>). For Cryo-EM analysis, the sequence encoding the spike protein's extracellular domain with a foldon and His-tag at the C-terminus (Cai et al., 2020) was cloned into a pcDNA3.4 expression vector containing the SLAM signal sequence. Also, mutations D614G, R686G R687S R689G, K986P, and V987P were introduced using a Quick change multi-mutagenesis kit (Agilent) for stabilization of recombinant spike protein (Yurkovetskiy et al., 2020). The DNA sequences of these constructs were confirmed by sequencing (ABI3130xl).

Transfection

A pME18S expression plasmid containing the full-length or subunit spike protein was transiently transfected into HEK293T cells using PEI max (Polysciences); the pMx-GFP expression plasmid was used as the marker of transfected cells.

Anti-spike monoclonal antibodies from COVID-19 patients

The variable regions of anti-SARS-CoV-2 spike antibodies from COVID-19 patients were synthesized according to the published sequence (IDT) (Brouwer et al., 2020; Chi et al., 2020; Li et al., 2021; Robbiani et al., 2020; Suryadevara et al., 2021; Zost et al., 2020). Variable region sequences of some antibodies were obtained from the CoV-AbDab database (<http://opig.stats.ox.ac.uk/webapps/covabdab/>). The cDNA of the variable regions of the heavy chain and light chain were cloned into a pCAGGS vector containing sequences that encode the human IgG1 or kappa constant region. The pCAGGS vectors containing sequences encoding the immunoglobulin heavy chain and light chain were co-transfected into Expi293 (Thermo) cells, and the cell culture supernatants were collected according to the manufacturer's protocols. Recombinant IgG was purified from the culture supernatants using protein A Sepharose (GE healthcare). The concentration of purified IgG was measured at OD280.

Antibodies and recombinant proteins

Allophycocyanin (APC)-conjugated donkey anti-mouse IgG Fc fragment antibody and APC-conjugated anti-human IgG Fc fragment specific antibody (Jackson ImmunoResearch, USA) were used. The pcDNA3.4 expression vector containing the sequence that encodes the His-tagged extracellular domain of the spike protein was transfected into Expi293 cells and the His-tagged spike protein produced in the culture supernatants was then purified with a Talon resin (Clontech).

Immunization of mice

B16F10 cells were transfected with WT spike protein or Delta spike protein by PEI as described above. 48 hours later, B16F10 cells were washed twice with PBS, and then the cells were collected and frozen and thawed. Balb/c female mice (7-weeks-old females) were purchased from SLC. Two groups of five mice ($n = 5$) were subcutaneously immunized with 1×10^7 B16F10 transfectants in the presence of complete Freund's adjuvant (CFA). Serum samples were collected three weeks after the immunization.

Flow cytometric analysis of antibodies

Plasmids expressing the full-length SARS-CoV-2 spike protein, Flag-NTD-PILR-TM and Flag-RBD-PILR-TM were co-transfected with the GFP vector into HEK293T cells. The transfectants were incubated with the mAbs, followed by APC-conjugated anti-human IgG Ab. The antibodies

bound to the stained cells were then analyzed using a flow cytometer (Attune™, Thermo; FACSCelesta BD bioscience). Antibodies binding to the GFP-positive cells were shown in the figures using FlowJo software (BD bioscience).

SARS-CoV-2 spike-pseudotyped virus infection assay

The HEK293T cells were transiently transfected with expression plasmids for the SARS-CoV-2 spike protein lacking the C-terminal 19 amino acids (Hu et al., 2020; Johnson et al., 2020). At 24 hours post-transfection, VSV-G-deficient VSV carrying a Luciferase gene complemented in *trans* with the VSV-G protein was added for incubation for 2 hours. The cells were then carefully washed with DMEM media without FBS and incubated with DMEM with FBS at 37°C in 5% CO₂ for 48 hours. The supernatant containing the pseudotyped SARS-CoV-2 virions was harvested and aliquoted before storage at -80°C. To determine the virus titers of the pseudovirus, 1×10^4 HEK293T-ACE2-transfectants were mixed with the pseudovirus for 20 hours at 37 °C in 5% CO₂ in a 384-well plate (Greiner, Germany). Luciferase activity was measured using a ONE-Glo™ luciferase assay (Promega, USA) according to the manufacturer's instructions. The signals were measured by a luminescence plate reader (TriStar LB94, Berthold Technologies, Germany) (**Figure S1**). For the neutralization assay, 5 µl pseudovirus was mixed with equal volume of sera or monoclonal antibodies at the concentrations indicated in the figure. The mixture was added to 20 µl of 1×10^4 HEK293T-ACE2-transfectants. To calculate % neutralization, the relative luminescence units of the virus control wells (pseudovirus only) were subtracted from those of the sample wells, and the subtracted values were divided by those of the virus control wells. The PRNT50 neutralization titers for vaccinated sera were determined using 3-parameter nonlinear regression curve (GraphPad Prism). If the PRNT50 titer was less than 1:10, it was defined as 0.

Structure prediction by AlphaFold2

The NTD and RBD structures of the wild type and Delta variant were predicted by AlphaFold2 (Jumper et al., 2021). The structure of the NTD was predicted in CASP14 mode without template. The structure of the RBD was predicted in CASP14 mode, using the template of 2020-05-14. The highest ranked prediction results were used.

Cryo-EM data collection

A 2.5 µl protein solution of the spike protein (2.2 mg/ml) was applied onto the cryo-grid and frozen in liquid ethane using a Vitrobot IV (Thermo Fisher Scientific, USA, 4°C and 100% humidity). Quantifoil Au R0.6/1.0 holey carbon grids were used for the grid preparation. Data collection of the sample was carried out on a Titan Krios (Thermo Fisher Scientific, USA) equipped with a thermal field emission electron gun operated at 300 kV, an energy filter with a 20 eV slit width and a bioquantum K3 direct electron detection camera (Gatan, USA) (Figure S4). For automated data acquisition, SerialEM software was used to collect cryo-EM image data. Movie frames were recorded using the K3 camera at a calibrated magnification of $\times 81,000$ corresponding to a pixel size of 0.88 Å with a setting defocus range from -0.8 to -2.0 µm. The data were collected with a total exposure of 3 s fractionated into 62 frames, with a total dose of ~ 60 electrons Å² in counting mode. A total number of movies were collected; 15,000 for the spike protein.

Image processing and 3D reconstruction

All of image processes were carried out on cryoSPARC software (Punjani et al., 2017). After motion correction of movies and CTF parameter estimation, the particles were automatically picked using Topaz software (Bepler et al., 2019). The detailed information is summarized in Table S1. The picked particles were extracted into a box of 360×360 pixels. After particle extraction, the particles were applied to two rounds of heterogenous refinement with C1 symmetry. The

selected particles (735,623 particles) were applied to two rounds of *ab-initio* reconstruction into three classes with C1 symmetry. In the first and second rounds of *ab-initio* reconstruction, the class similarity parameter, 0.1 and 0.8, was used, respectively. After that, the selected 147,497 particles were further used as non-uniform refinement with optimizing per-particle defocus. As the result, the density map for the spike protein was obtained at 3.16 Å resolution. Local resolution of the obtained maps were estimated by Local resolution estimation job on cryoSPARC.

Model building and refinement

To generate the atomic model for the spike protein, the structure of NTD of Delta variant was predicted using AlphaFold2 (Jumper et al., 2021). For other domains, the model from previous study (PDBID; 7JJI) was used. These structures were fitted into the density map as rigid body using UCSF chimera (Pettersen et al., 2004). The initial model was extensively manually corrected residue by residue in COOT (Emsley et al., 2010) in terms of especially side-chain conformations. The corrected model was refined by the phenix.real_space_refine program (Liebschner et al., 2019) with secondary structure and Ramachandran restraints, then the resulting model was manually checked by COOT. This iterative process was performed for several rounds to correct remaining errors until the model was in good agreement with geometry, as reflected by the MolProbity score of 2.07 (Williams et al., 2018). For model validation against over-fitting, the built models were used for calculation of FSC curves against the final density map used for model building by phenix.refine program. The statistics of the obtained maps and the atomic model were summarized in Supplemental Table S1.

Data and statistical analysis

FlowJo version 10.7 (BD Biosciences, USA) was used to analyze the flow cytometry data, and Graphpad Prism version 7.0e was used for graph generation and statistical analysis.

References

- Amraei, R., Yin, W., Napoleon, M.A., Suder, E.L., Berrigan, J., Zhao, Q., Olejnik, J., Chandler, K.B., Xia, C., Feldman, J., *et al.* (2021). CD209L/L-SIGN and CD209/DC-SIGN act as receptors for SARS-CoV-2. *bioRxiv* 10.1101/2020.06.22.165803.
- Bepler, T., Morin, A., Rapp, M., Brasch, J., Shapiro, L., Noble, A.J., and Berger, B. (2019). Positive-unlabeled convolutional neural networks for particle picking in cryo-electron micrographs. *Nat Methods* 16, 1153-1160.
- Brouwer, P.J.M., Caniels, T.G., van der Straten, K., Snitselaar, J.L., Aldon, Y., Bangaru, S., Torres, J.L., Okba, N.M.A., Claireaux, M., Kerster, G., *et al.* (2020). Potent neutralizing antibodies from COVID-19 patients define multiple targets of vulnerability. *Science* 369, 643-650.
- Cai, Y., Zhang, J., Xiao, T., Peng, H., Sterling, S.M., Walsh, R.M., Jr., Rawson, S., Rits-Volloch, S., and Chen, B. (2020). Distinct conformational states of SARS-CoV-2 spike protein. *Science* 369, 1586-1592.
- Callaway, E. (2021). Delta coronavirus variant: scientists brace for impact. *Nature* 595, 17-18.
- Cele, S., Gazy, I., Jackson, L., Hwa, S.H., Tegally, H., Lustig, G., Giandhari, J., Pillay, S., Wilkinson, E., Naidoo, Y., *et al.* (2021). Escape of SARS-CoV-2 501Y.V2 from neutralization by

convalescent plasma. *Nature* 593, 142-146.

Chi, X., Yan, R., Zhang, J., Zhang, G., Zhang, Y., Hao, M., Zhang, Z., Fan, P., Dong, Y., Yang, Y., *et al.* (2020). A neutralizing human antibody binds to the N-terminal domain of the Spike protein of SARS-CoV-2. *Science* 369, 650-655.

Collier, D.A., De Marco, A., Ferreira, I., Meng, B., Datir, R.P., Walls, A.C., Kemp, S.A., Bassi, J., Pinto, D., Silacci-Fregni, C., *et al.* (2021). Sensitivity of SARS-CoV-2 B.1.1.7 to mRNA vaccine-elicited antibodies. *Nature* 593, 136-141.

Davies, N.G., Abbott, S., Barnard, R.C., Jarvis, C.I., Kucharski, A.J., Munday, J.D., Pearson, C.A.B., Russell, T.W., Tully, D.C., Washburne, A.D., *et al.* (2021). Estimated transmissibility and impact of SARS-CoV-2 lineage B.1.1.7 in England. *Science* 372.

Doria-Rose, N., Suthar, M.S., Makowski, M., O'Connell, S., McDermott, A.B., Flach, B., Ledgerwood, J.E., Mascola, J.R., Graham, B.S., Lin, B.C., *et al.* (2021). Antibody Persistence through 6 Months after the Second Dose of mRNA-1273 Vaccine for Covid-19. *N Engl J Med* 384, 2259-2261.

Emsley, P., Lohkamp, B., Scott, W.G., and Cowtan, K. (2010). Features and development of Coot. *Acta Crystallogr D Biol Crystallogr* 66, 486-501.

Greaney, A.J., Loes, A.N., Gentles, L.E., Crawford, K.H.D., Starr, T.N., Malone, K.D., Chu, H.Y., and Bloom, J.D. (2021a). Antibodies elicited by mRNA-1273 vaccination bind more broadly to the receptor binding domain than do those from SARS-CoV-2 infection. *Sci Transl Med* 13, eabi9915.

Greaney, A.J., Starr, T.N., Barnes, C.O., Weisblum, Y., Schmidt, F., Caskey, M., Gaebler, C., Cho, A., Agudelo, M., Finkin, S., *et al.* (2021b). Mapping mutations to the SARS-CoV-2 RBD that escape binding by different classes of antibodies. *Nat Commun* 12, 4196.

Greaney, A.J., Starr, T.N., Gilchuk, P., Zost, S.J., Binshtein, E., Loes, A.N., Hilton, S.K., Huddleston, J., Eguia, R., Crawford, K.H.D., *et al.* (2021c). Complete Mapping of Mutations to the SARS-CoV-2 Spike Receptor-Binding Domain that Escape Antibody Recognition. *Cell Host Microbe* 29, 44-57 e49.

Gupta, N., Kaur, H., Yadav, P., Mukhopadhyay, L., Sahay, R.R., Kumar, A., Nyayanit, D.A., Shete, A.M., Patil, S., Majumdar, T., *et al.* (2021). Clinical characterization and Genomic analysis of COVID-19 breakthrough infections during second wave in different states of India. *medRxiv* 10.1101/2021.07.13.21260273.

Hoffmann, M., Kleine-Weber, H., Schroeder, S., Kruger, N., Herrler, T., Erichsen, S., Schiergens, T.S., Herrler, G., Wu, N.H., Nitsche, A., *et al.* (2020). SARS-CoV-2 Cell Entry Depends on ACE2 and TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor. *Cell* 181, 271-280 e278.

Hu, J., Gao, Q., He, C., Huang, A., Tang, N., and Wang, K. (2020). Development of cell-based

pseudovirus entry assay to identify potential viral entry inhibitors and neutralizing antibodies against SARS-CoV-2. *Genes Dis* 7, 551-557.

Jackson, L.A., Anderson, E.J., Roupheal, N.G., Roberts, P.C., Makhene, M., Coler, R.N., McCullough, M.P., Chappell, J.D., Denison, M.R., Stevens, L.J., *et al.* (2020). An mRNA Vaccine against SARS-CoV-2 - Preliminary Report. *N Engl J Med* 383, 1920-1931.

Johnson, M.C., Lyddon, T.D., Suarez, R., Salcedo, B., LePique, M., Graham, M., Ricana, C., Robinson, C., and Ritter, D.G. (2020). Optimized Pseudotyping Conditions for the SARS-COV-2 Spike Glycoprotein. *J Virol* 94, e01062-01020.

Jumper, J., Evans, R., Pritzel, A., Green, T., Figurnov, M., Ronneberger, O., Tunyasuvunakool, K., Bates, R., Zidek, A., Potapenko, A., *et al.* (2021). Highly accurate protein structure prediction with AlphaFold. *Nature* 10.1038/s41586-021-03819-2.

Kondo, Y., Larabee, J.L., Gao, L., Shi, H., Shao, B., Hoover, C.M., McDaniel, J.M., Ho, Y.C., Silasi-Mansat, R., Archer-Hartmann, S.A., *et al.* (2021). L-SIGN is a receptor on liver sinusoidal endothelial cells for SARS-CoV-2 virus. *JCI Insight* 6, 10.1172/jci.insight.148999.

Li, D., Edwards, R.J., Manne, K., Martinez, D.R., Schafer, A., Alam, S.M., Wiehe, K., Lu, X., Parks, R., Sutherland, L.L., *et al.* (2021). In vitro and in vivo functions of SARS-CoV-2 infection-enhancing and neutralizing antibodies. *Cell* 184, 4203-4219 e4232.

Liebschner, D., Afonine, P.V., Baker, M.L., Bunkoczi, G., Chen, V.B., Croll, T.I., Hintze, B., Hung, L.W., Jain, S., McCoy, A.J., *et al.* (2019). Macromolecular structure determination using X-rays, neutrons and electrons: recent developments in Phenix. *Acta Crystallogr D Struct Biol* 75, 861-877.

Lim, W.W., Mak, L., Leung, G.M., Cowling, B.J., and Peiris, M. (2021). Comparative immunogenicity of mRNA and inactivated vaccines against COVID-19. *The Lancet Microbe* 10.1016/S2666-5247(21)00177-4.

Liu, C., Ginn, H.M., Dejnirattisai, W., Supasa, P., Wang, B., Tuekprakhon, A., Nutalai, R., Zhou, D., Mentzer, A.J., Zhao, Y., *et al.* (2021a). Reduced neutralization of SARS-CoV-2 B.1.617 by vaccine and convalescent serum. *Cell* 184, 4220-4236 e4213.

Liu, L., Wang, P., Nair, M.S., Yu, J., Rapp, M., Wang, Q., Luo, Y., Chan, J.F., Sahi, V., Figueroa, A., *et al.* (2020). Potent neutralizing antibodies against multiple epitopes on SARS-CoV-2 spike. *Nature* 584, 450-456.

Liu, Y., Soh, W.T., Kishikawa, J.I., Hirose, M., Nakayama, E.E., Li, S., Sasai, M., Suzuki, T., Tada, A., Arakawa, A., *et al.* (2021b). An infectivity-enhancing site on the SARS-CoV-2 spike protein targeted by antibodies. *Cell* 184, 3452-3466 e3418.

Lopez Bernal, J., Andrews, N., Gower, C., Gallagher, E., Simmons, R., Thelwall, S., Stowe, J., Tessier, E., Groves, N., Dabrera, G., *et al.* (2021). Effectiveness of Covid-19 Vaccines against the

B.1.617.2 (Delta) Variant. *N Engl J Med* 385, 585-594.

Madhi, S.A., Baillie, V., Cutland, C.L., Voysey, M., Koen, A.L., Fairlie, L., Padayachee, S.D., Dheda, K., Barnabas, S.L., Bhorat, Q.E., *et al.* (2021). Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant. *N Engl J Med* 384, 1885-1898.

McCallum, M., Bassi, J., De Marco, A., Chen, A., Walls, A.C., Di Iulio, J., Tortorici, M.A., Navarro, M.J., Silacci-Fregni, C., Saliba, C., *et al.* (2021). SARS-CoV-2 immune evasion by the B.1.427/B.1.429 variant of concern. *Science* 373, 648-654.

Muik, A., Wallisch, A.K., Sanger, B., Swanson, K.A., Muhl, J., Chen, W., Cai, H., Maurus, D., Sarkar, R., Tureci, O., *et al.* (2021). Neutralization of SARS-CoV-2 lineage B.1.1.7 pseudovirus by BNT162b2 vaccine-elicited human sera. *Science* 371, 1152-1153.

Nimmerjahn, F., and Ravetch, J.V. (2008). Fcγ receptors as regulators of immune responses. *Nat Rev Immunol* 8, 34-47.

Pettersen, E.F., Goddard, T.D., Huang, C.C., Couch, G.S., Greenblatt, D.M., Meng, E.C., and Ferrin, T.E. (2004). UCSF Chimera--a visualization system for exploratory research and analysis. *J Comput Chem* 25, 1605-1612.

Planas, D., Bruel, T., Grzelak, L., Guivel-Benhassine, F., Staropoli, I., Porrot, F., Planchais, C., Buchrieser, J., Rajah, M.M., Bishop, E., *et al.* (2021a). Sensitivity of infectious SARS-CoV-2 B.1.1.7 and B.1.351 variants to neutralizing antibodies. *Nat Med* 27, 917-924.

Planas, D., Veyer, D., Baidaliuk, A., Staropoli, I., Guivel-Benhassine, F., Rajah, M.M., Planchais, C., Porrot, F., Robillard, N., Puech, J., *et al.* (2021b). Reduced sensitivity of SARS-CoV-2 variant Delta to antibody neutralization. *Nature* 596, 276-280.

Polack, F.P., Thomas, S.J., Kitchin, N., Absalon, J., Gurtman, A., Lockhart, S., Perez, J.L., Perez Marc, G., Moreira, E.D., Zerbini, C., *et al.* (2020). Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. *N Engl J Med* 383, 2603-2615.

Priem, B., van Leent, M.M.T., Teunissen, A.J.P., Sofias, A.M., Mourits, V.P., Willemsen, L., Klein, E.D., Oosterwijk, R.S., Meerwaldt, A.E., Munitz, J., *et al.* (2020). Trained Immunity-Promoting Nanobiologic Therapy Suppresses Tumor Growth and Potentiates Checkpoint Inhibition. *Cell* 183, 786-801 e719.

Punjani, A., Rubinstein, J.L., Fleet, D.J., and Brubaker, M.A. (2017). cryoSPARC: algorithms for rapid unsupervised cryo-EM structure determination. *Nat Methods* 14, 290-296.

Robbiani, D.F., Gaebler, C., Muecksch, F., Lorenzi, J.C.C., Wang, Z., Cho, A., Agudelo, M., Barnes, C.O., Gazumyan, A., Finkin, S., *et al.* (2020). Convergent antibody responses to SARS-CoV-2 in convalescent individuals. *Nature* 584, 437-442.

Saito, F., Hirayasu, K., Satoh, T., Wang, C.W., Lusingu, J., Arimori, T., Shida, K., Palacpac, N.M.Q., Itagaki, S., Iwanaga, S., *et al.* (2017). Immune evasion of *Plasmodium falciparum* by RIFIN via inhibitory receptors. *Nature* 552, 101-105.

Schafer, A., Muecksch, F., Lorenzi, J.C.C., Leist, S.R., Cipolla, M., Bournazos, S., Schmidt, F., Maison, R.M., Gazumyan, A., Martinez, D.R., *et al.* (2021). Antibody potency, effector function, and combinations in protection and therapy for SARS-CoV-2 infection in vivo. *J Exp Med* 218.

Shrotri, M., Navaratnam, A.M.D., Nguyen, V., Byrne, T., Geismar, C., Fragaszy, E., Beale, S., Fong, W.L.E., Patel, P., Kovar, J., *et al.* (2021). Spike-antibody waning after second dose of BNT162b2 or ChAdOx1. *The Lancet* 398, 385-387.

Soh, W.T., Liu, Y., Nakayama, E.E., Ono, C., Torii, S., Nakagami, H., Matsuura, Y., Shioda, T., and Arase, H. (2020). The N-terminal domain of spike glycoprotein mediates SARS-CoV-2 infection by associating with L-SIGN and DC-SIGN. *bioRxiv* 10.1101/2020.11.05.369264.

Suryadevara, N., Shrihari, S., Gilchuk, P., VanBlargan, L.A., Binshtein, E., Zost, S.J., Nargi, R.S., Sutton, R.E., Winkler, E.S., Chen, E.C., *et al.* (2021). Neutralizing and protective human monoclonal antibodies recognizing the N-terminal domain of the SARS-CoV-2 spike protein. *Cell* 184, 2316-2331 e2315.

Tegally, H., Wilkinson, E., Giovanetti, M., Iranzadeh, A., Fonseca, V., Giandhari, J., Doolabh, D., Pillay, S., San, E.J., Msomi, N., *et al.* (2021). Detection of a SARS-CoV-2 variant of concern in South Africa. *Nature* 592, 438-443.

Thepaut, M., Luczkowiak, J., Vives, C., Labiod, N., Bally, I., Lasala, F., Grimoire, Y., Fenel, D., Sattin, S., Thielens, N., *et al.* (2021). DC/L-SIGN recognition of spike glycoprotein promotes SARS-CoV-2 trans-infection and can be inhibited by a glycomimetic antagonist. *PLoS Pathog* 17, e1009576.

Voss, W.N., Hou, Y.J., Johnson, N.V., Delidakis, G., Kim, J.E., Javanmardi, K., Horton, A.P., Bartzoka, F., Paresi, C.J., Tanno, Y., *et al.* (2021). Prevalent, protective, and convergent IgG recognition of SARS-CoV-2 non-RBD spike epitopes. *Science* 372, 1108-1112.

Wang, P., Nair, M.S., Liu, L., Iketani, S., Luo, Y., Guo, Y., Wang, M., Yu, J., Zhang, B., Kwong, P.D., *et al.* (2021a). Antibody resistance of SARS-CoV-2 variants B.1.351 and B.1.1.7. *Nature* 593, 130-135.

Wang, Z., Schmidt, F., Weisblum, Y., Muecksch, F., Barnes, C.O., Finkin, S., Schaefer-Babajew, D., Cipolla, M., Gaebler, C., Lieberman, J.A., *et al.* (2021b). mRNA vaccine-elicited antibodies to SARS-CoV-2 and circulating variants. *Nature* 592, 616-622.

Weisblum, Y., Schmidt, F., Zhang, F., DaSilva, J., Poston, D., Lorenzi, J.C., Muecksch, F., Rutkowska, M., Hoffmann, H.H., Michailidis, E., *et al.* (2020). Escape from neutralizing antibodies by SARS-CoV-2 spike protein variants. *Elife* 9, e61312.

Widge, A.T., Roupheal, N.G., Jackson, L.A., Anderson, E.J., Roberts, P.C., Makhene, M., Chappell, J.D., Denison, M.R., Stevens, L.J., Pruijssers, A.J., *et al.* (2021). Durability of Responses after SARS-CoV-2 mRNA-1273 Vaccination. *N Engl J Med* 384, 80-82.

Williams, C.J., Headd, J.J., Moriarty, N.W., Prisant, M.G., Videau, L.L., Deis, L.N., Verma, V., Keedy, D.A., Hintze, B.J., Chen, V.B., *et al.* (2018). MolProbity: More and better reference data for improved all-atom structure validation. *Protein Sci* 27, 293-315.

Winkler, E.S., Gilchuk, P., Yu, J., Bailey, A.L., Chen, R.E., Chong, Z., Zost, S.J., Jang, H., Huang, Y., Allen, J.D., *et al.* (2021). Human neutralizing antibodies against SARS-CoV-2 require intact Fc effector functions for optimal therapeutic protection. *Cell* 184, 1804-1820 e1816.

Xu, C., Wang, Y., Liu, C., Zhang, C., Han, W., Hong, X., Wang, Y., Hong, Q., Wang, S., Zhao, Q., *et al.* (2021). Conformational dynamics of SARS-CoV-2 trimeric spike glycoprotein in complex with receptor ACE2 revealed by cryo-EM. *Sci Adv* 7, eabe5575.

Yurkovetskiy, L., Wang, X., Pascal, K.E., Tomkins-Tinch, C., Nyalile, T.P., Wang, Y., Baum, A., Diehl, W.E., Dauphin, A., Carbone, C., *et al.* (2020). Structural and Functional Analysis of the D614G SARS-CoV-2 Spike Protein Variant. *Cell* 183, 739-751 e738.

Zost, S.J., Gilchuk, P., Chen, R.E., Case, J.B., Reidy, J.X., Trivette, A., Nargi, R.S., Sutton, R.E., Suryadevara, N., Chen, E.C., *et al.* (2020). Rapid isolation and profiling of a diverse panel of human monoclonal antibodies targeting the SARS-CoV-2 spike protein. *Nat Med* 26, 1422-1427.

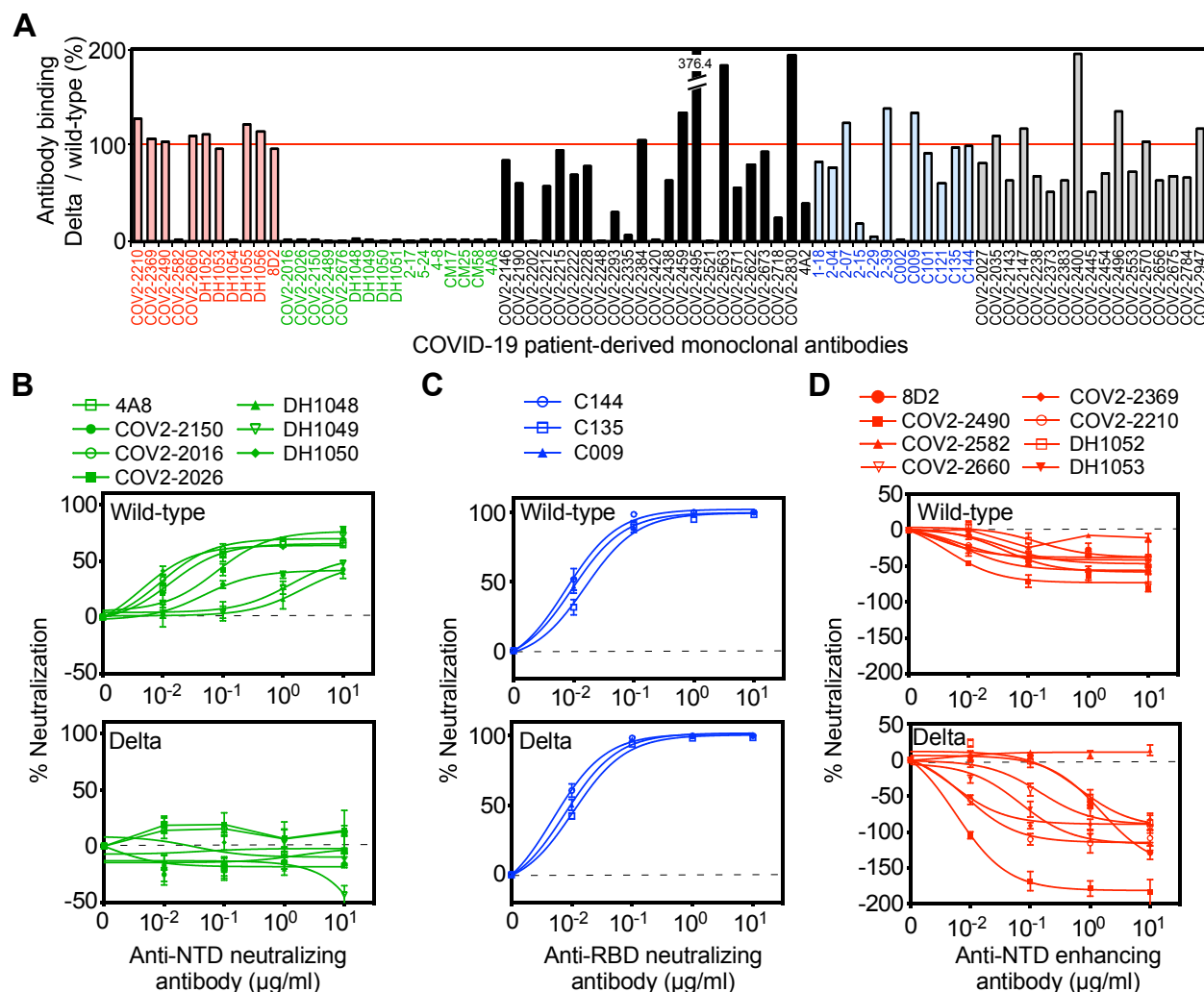
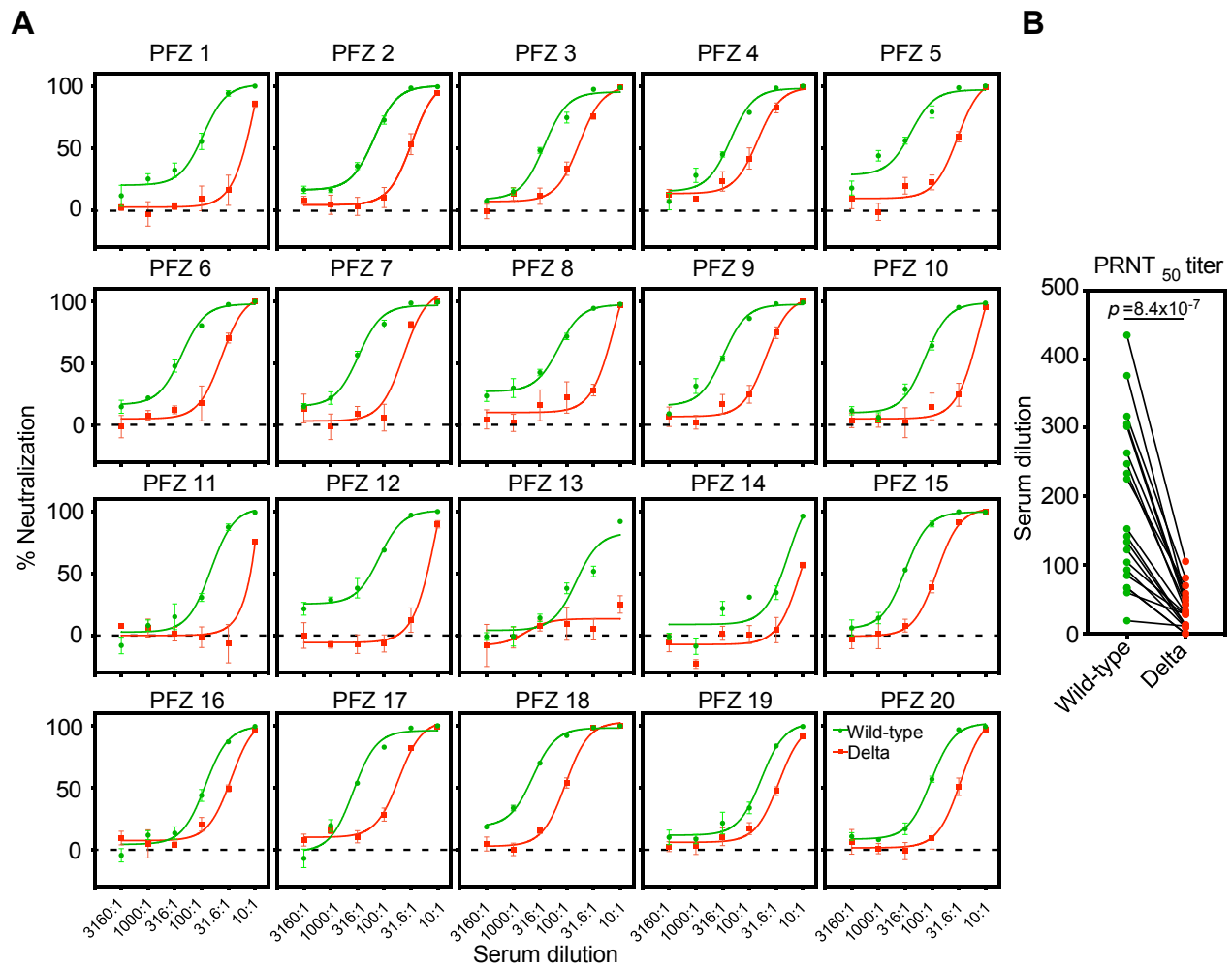


Figure 1. Neutralizing and enhancing effects against the wild-type and Delta spike pseudovirus by anti-spike monoclonal antibodies from COVID-19-patients.

(A) The HEK293 cells transfected with the wild-type or the Delta spike were stained with anti-NTD enhancing antibodies (red), anti-NTD neutralizing antibodies (green), anti-NTD non-enhancing, non-neutralizing antibodies (black), anti-RBD neutralizing antibodies (blue) and anti-S2 antibodies (gray) (1 μg/ml). The stained cells were analyzed by flow cytometer. The relative mean fluorescence intensities (MFI) of antibodies binding to the Delta spike were compared with that for the wild-type spike.

(B-D) The ACE2-expressing HEK293 cells were infected with the wild-type (upper) or the Delta (lower) pseudovirus in the presence of the anti-NTD neutralizing antibodies (B), anti-RBD neutralizing antibodies (C) and anti-NTD enhancing antibodies (D). A negative value for % neutralization indicates enhanced infectivity. The data from quadruplicates are presented as mean ± SEM. The representative data from three independent experiments are shown. See also Figure S1.



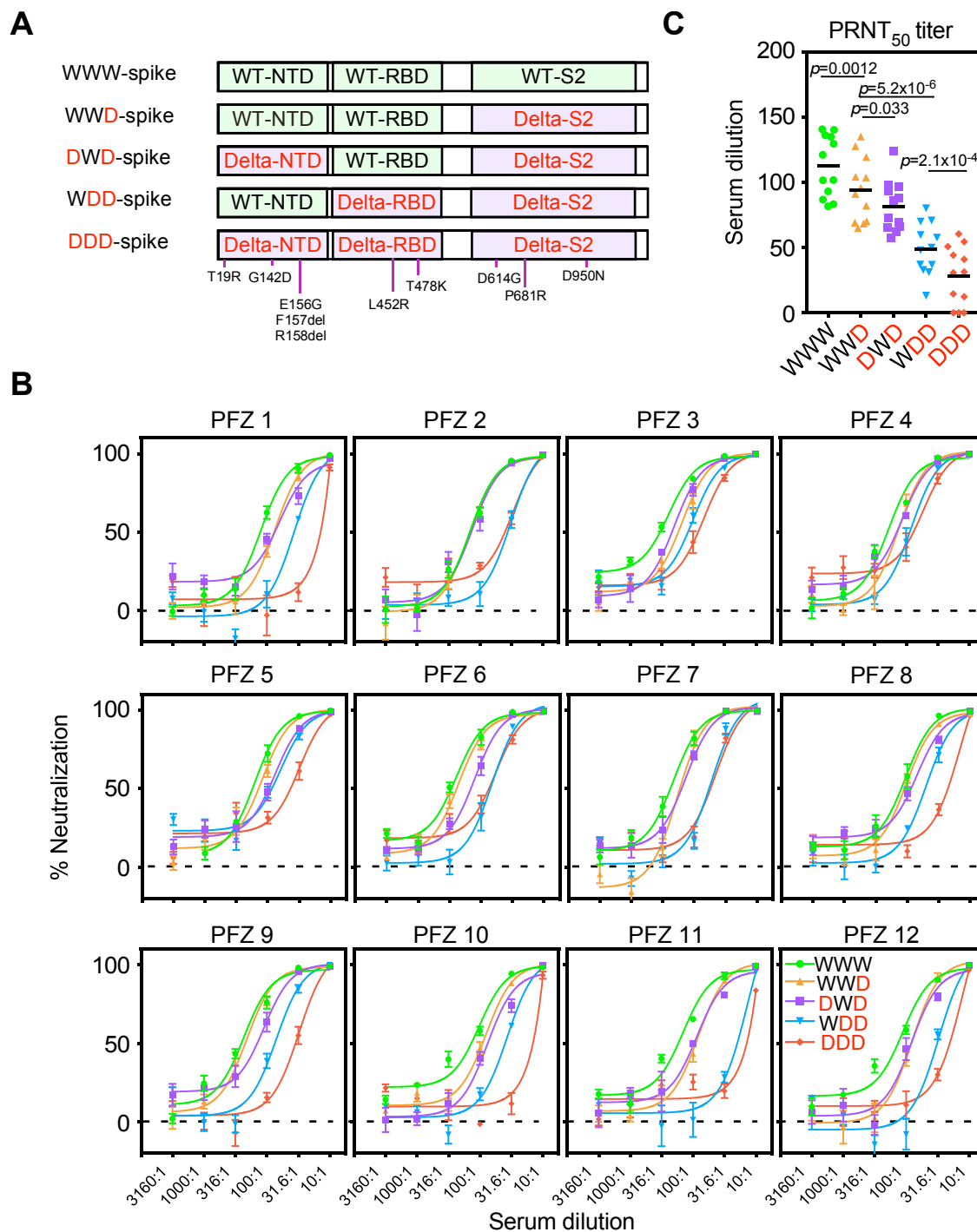


Figure 3. Neutralizing activity of BNT162b2-immune sera against the pseudovirus with chimeric spike protein of the wild-type and Delta variants.

(A) The chimeric spike proteins between the wild-type (W) and Delta variant (D). Mutations of the Delta spike are indicated.

(B) Neutralizing activity of BNT162b2-immune sera against the pseudoviruses with chimeric spike proteins. The data from quadruplicates are presented as mean \pm SEM.

(C) PRNT50 titers of BNT162b2-immune sera against the pseudoviruses with chimeric spike proteins. *p* values determined by paired t-test were indicated. The representative data from 2 independent experiments are shown. See also Figure S1 and S2.

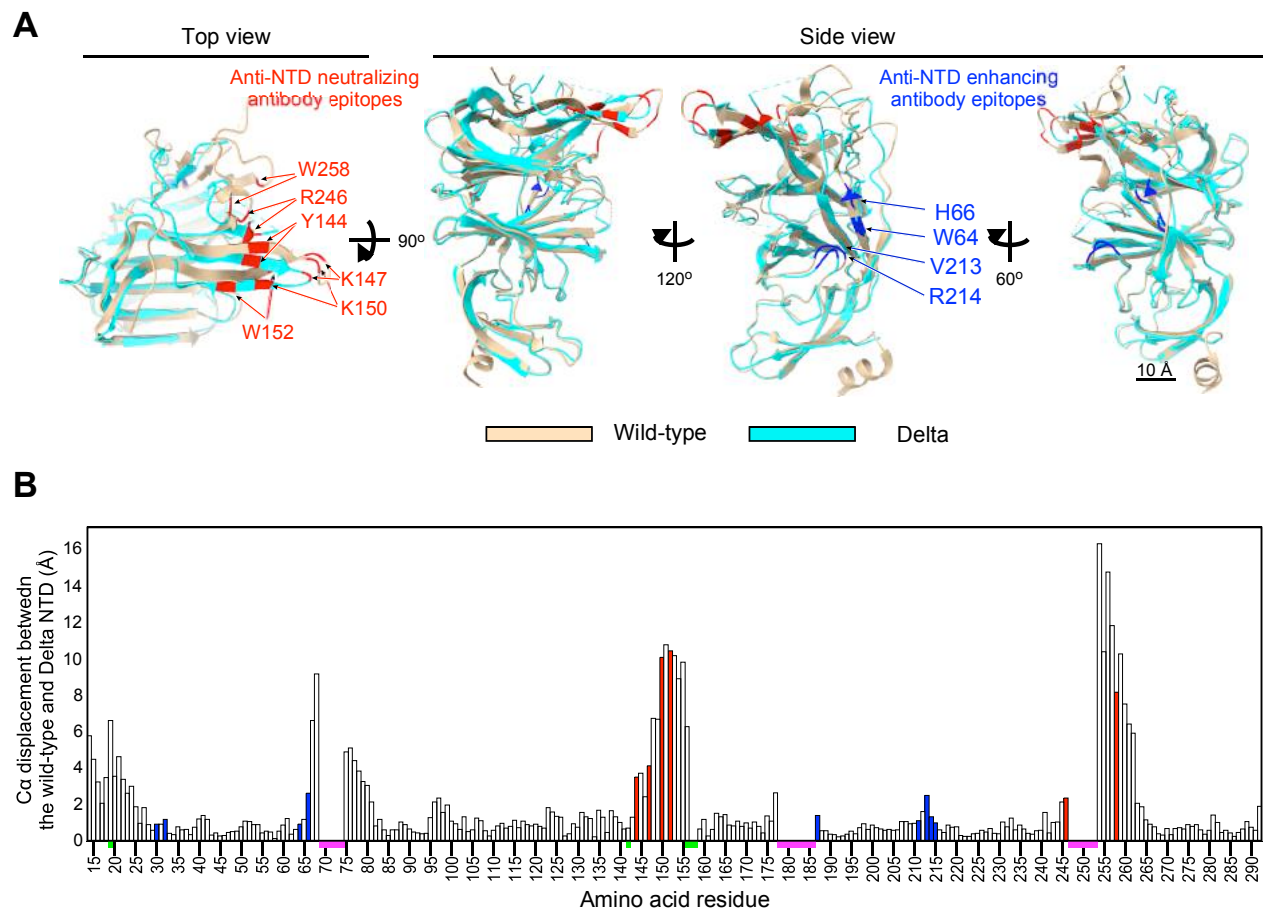


Figure 4. Cryo-EM analysis of the Delta NTD

(A) Structure of the Delta NTD (light blue) analyzed by the Cryo-EM were superimposed with the wild-type NTD (light brown, PDB: 7LY3). Major anti-NTD enhancing antibody epitopes (blue) and anti-NTD neutralizing antibody epitopes (red) were indicated in the figure.

(B) Cα displacement between the wild-type and the Delta NTD was shown. The value was calculated by UCSF chimera. All known anti-NTD enhancing antibody epitopes (blue) and anti-NTD neutralizing antibody epitopes (red) were indicated. The regions where structures of wild-type or Delta NTD were not determined (magenta), and mutations in the Delta NTD (green) are indicated on the axis. See also Figure S3 and Table S1.

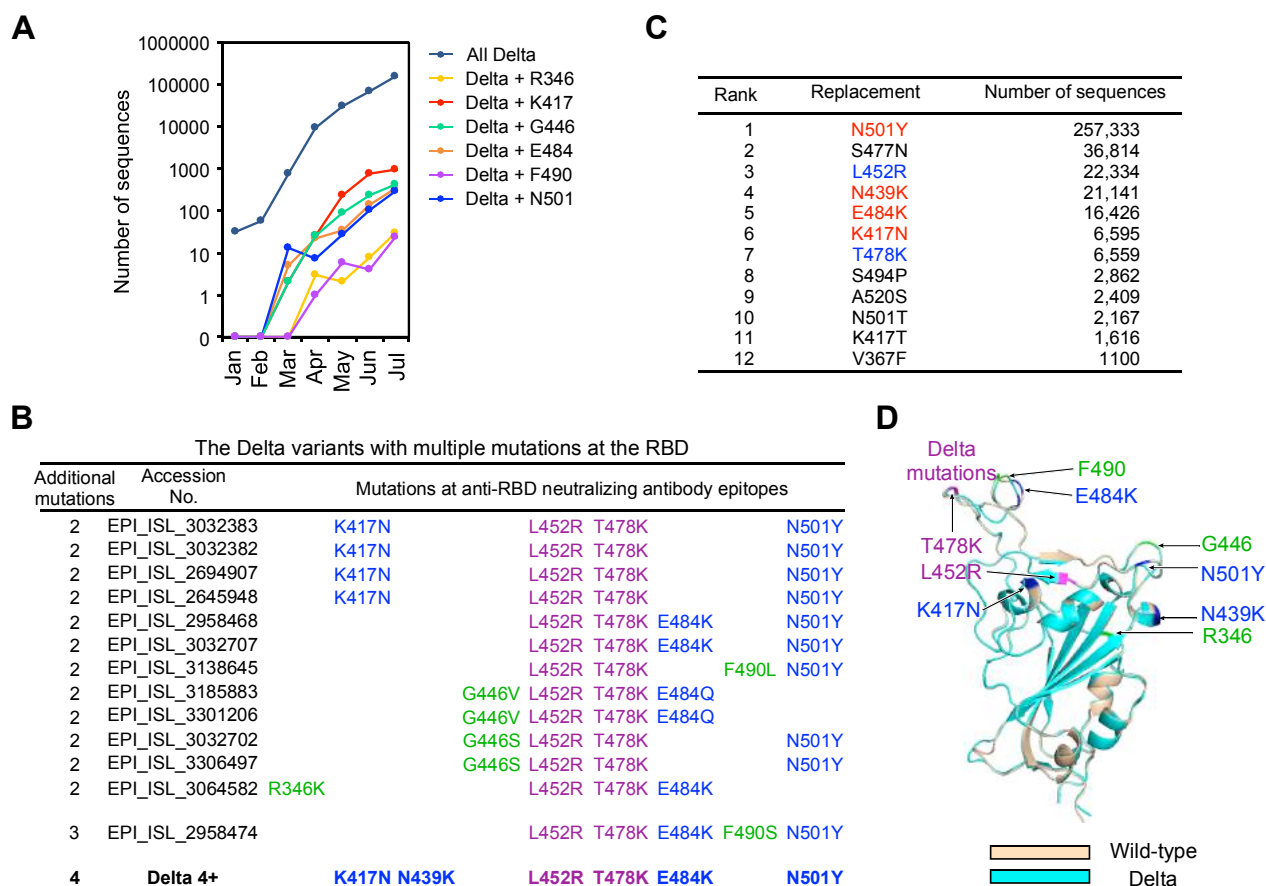


Figure 5. Possible mutations that may be acquired by the Delta variant

(A) Number of the Delta variants with additional mutations at the RBD registered in the GISAID database in each month from January, 2021 to July, 2021. The data registered at July are not enough and will be increased later.

(B) The Delta variants with additional mutations at multiple epitopes of the anti-RBD neutralizing antibodies. L452R and T478K mutations are observed in all the Delta variants (purple). Anti-RBD neutralizing antibody epitopes introduced into the Delta 4+ (blue), and anti-RBD neutralizing antibody epitopes observed in the natural Delta variants but not introduced into the Delta 4+ (green) are shown with the respective GISAID accession number.

(C) Number of the major RBD mutations acquired by all SARS-CoV-2 variants. L452R and T478K are mutations observed for the representative Delta variant (blue). N501Y, N439K, E484K and K417N were selected to generate the Delta 4+ variant (red).

(D) Location of additional mutations introduced into the Delta RBD. Structures of the RBD of the wild-type (light brown) and the Delta variant (light blue) predicted by AlphaFold2 were superimposed. Mutations of the Delta variant (purple), anti-RBD neutralizing antibody epitopes to generate the Delta 4+ (blue), and anti-RBD neutralizing antibody epitopes observed in the natural Delta variants but not introduced into the Delta 4+ (shown in C; green) are indicated in the figure. See also Figure S4.

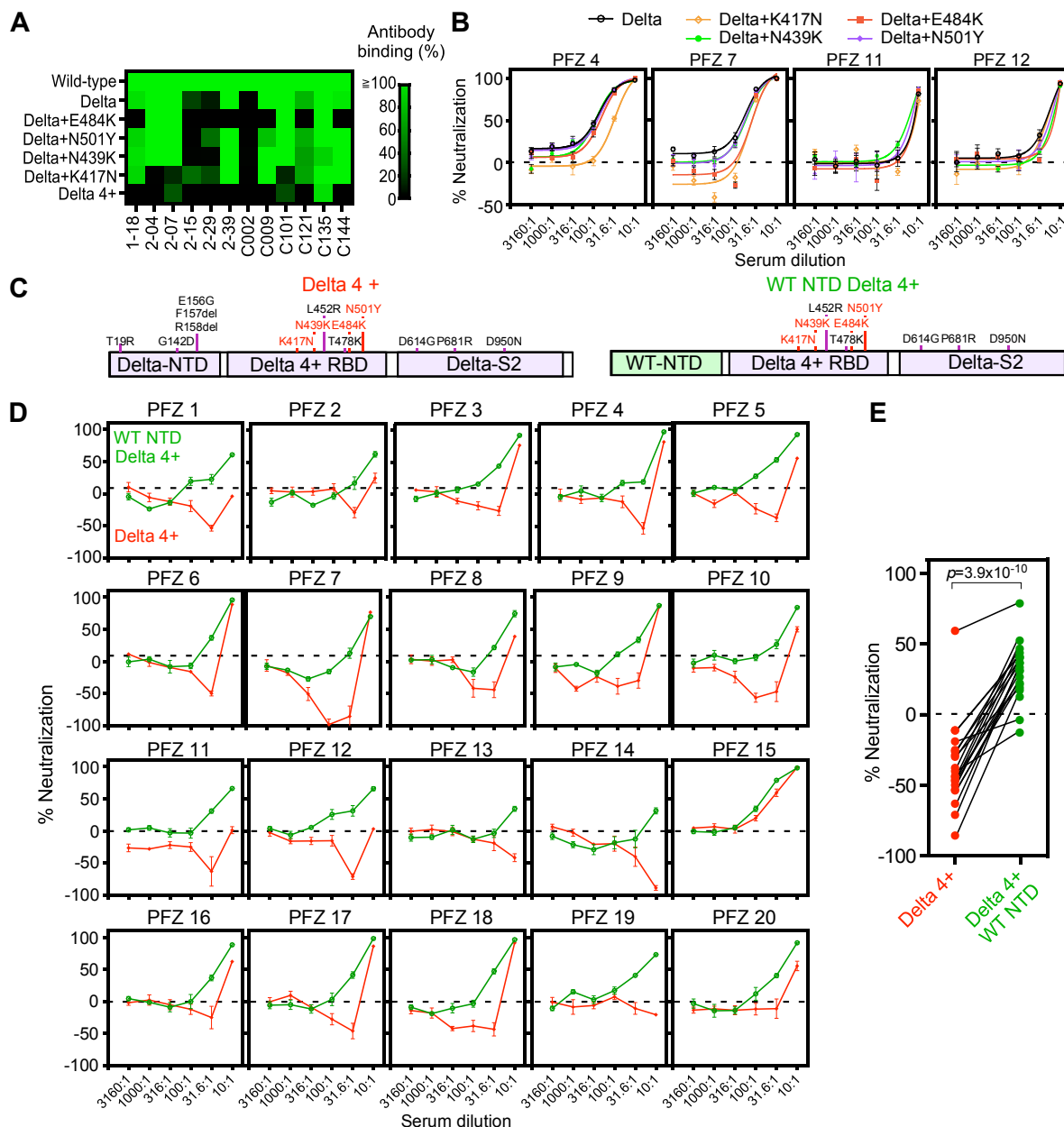


Figure 6. Enhanced infectivity of the Delta 4+ pseudovirus by the BNT162b2-immune sera

(A) Anti-RBD antibody binding to the Delta spike with additional mutations at the RBD. Anti-RBD mAb binding (1 μ g/ml) to the mutant spike was compared to that of the wild-type spike. The Delta 4+ spike contains additional mutations of K417N, N439K, E484K and N501Y.

(B) Neutralizing activity of BNT162b2-immune sera against the Delta pseudoviruses with a single additional mutation at the RBD as indicated in the figure. The data from quadruplicates are presented as mean \pm SEM.

(C) The construct of the Delta 4+ and Delta 4+ with wild-type (WT) NTD. Mutations in the original Delta variant (black) and the four mutations added to the Delta RBD (red) were shown.

(D) Neutralizing activity of BNT162b2-immune sera against the pseudovirus with Delta 4+ spike (red) and Delta 4+ spike with wild-type NTD (green).

(E) Neutralizing activity of 31.6 times diluted BNT162b2-immune sera. p value determined by paired t-test were indicated. Negative values for % neutralization indicates enhanced infectivity (B, D, E). The data from quadruplicates are presented as mean \pm SEM. The representative data from three independent experiments are shown.

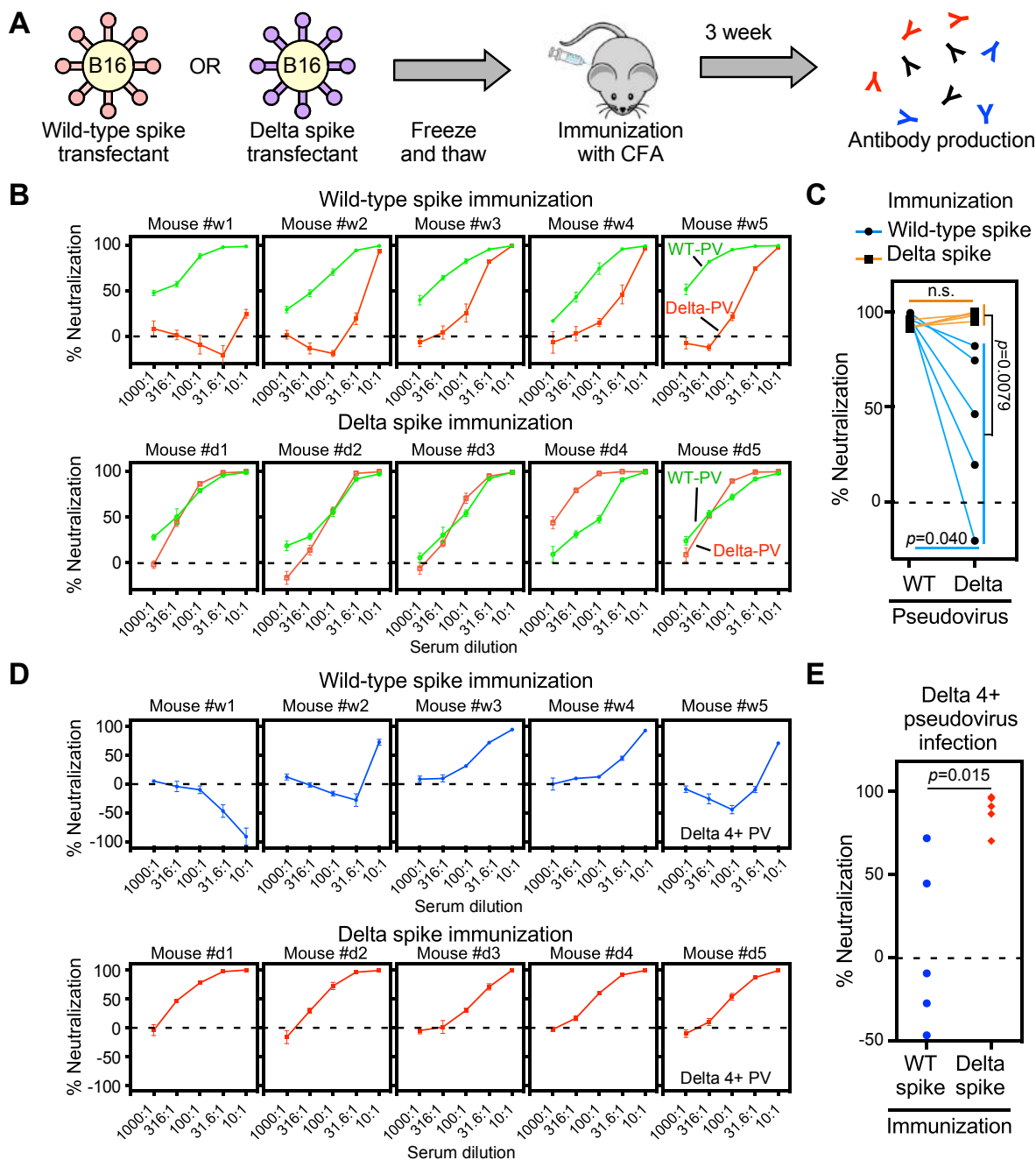


Figure 7. Sera from delta spike-immunized mice do not show enhanced infectivity

(A) Freeze and thawed wild-type and Delta spike-B16 transfectants were immunized to the mice with complete Freund's adjuvant (CFA).

(B) Neutralizing activity against the wild-type (green) or Delta (red) pseudovirus (PV) by sera from the wild-type spike (upper column) or Delta spike (lower column) spike-immunized mice.

(C) Neutralizing activity against the wild-type and Delta pseudovirus by 31.6 times-diluted sera from wild-type (light blue line) or Delta (orange line) spike-immunized mice.

(D) Neutralizing activity against the Delta 4+ pseudovirus by sera from the wild-type spike (upper column, blue) or Delta spike (lower column, red) immunized mice.

(E) Neutralizing activity against the Delta 4+ pseudovirus by the 31.6 times-diluted sera from the wild-type spike (blue) or Delta spike (red) immunized mice. n.s.: not statistical significance, p value was determined by t-test. A negative values for % neutralization indicates enhanced infectivity. All data from quadruplicates are presented as mean \pm SEM. See also Figure S1 and S5.

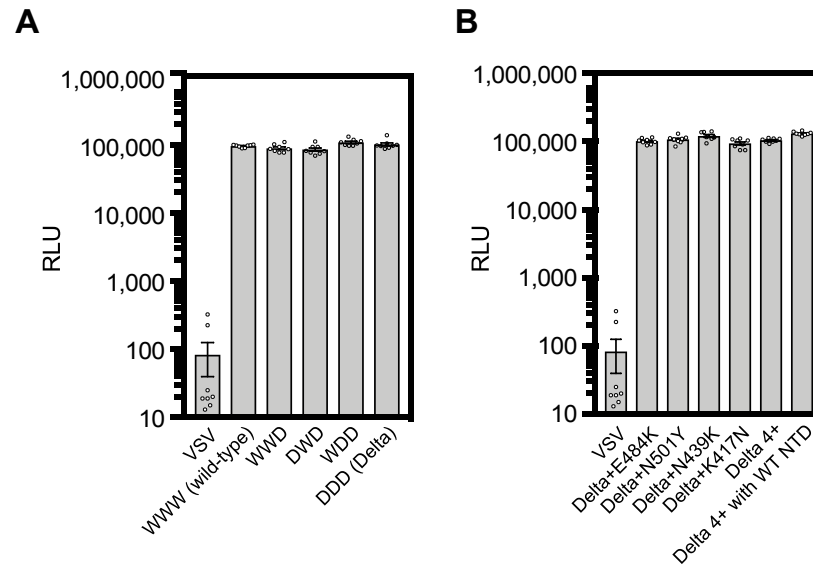


Figure S1. Viral titers of pseudotyped viruses, related to Figure 1, 2, 3, 6 and 7.

The viral titer for each pseudovirus was measured by infection of ACE2-transfected HEK293T cells as described in Methods.

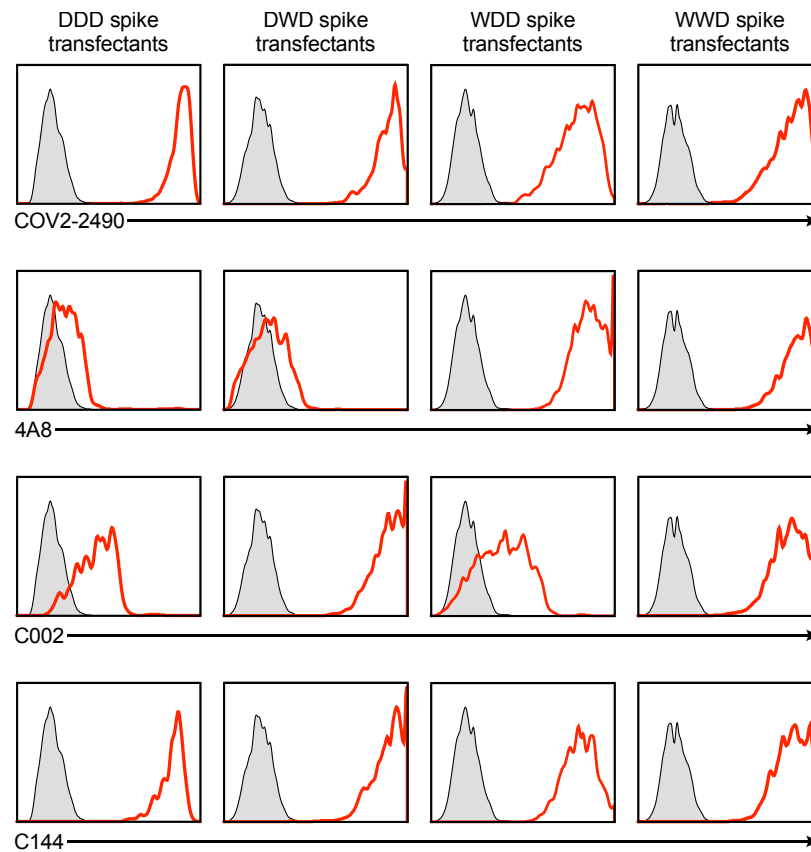


Figure S2 Anti-spike monoclonal antibody binding to the chimeric spike proteins, related to Figure 3.

Chimeric spike proteins DDD, DWD, WDD and WWD were transfected with GFP to HEK293T cells and the transfectants were stained with 1 μ g/ml COV2-2490, 4A8, C002, and C144 antibodies. Antibody bound to the GFP positive cells are shown (red histogram). Control staining: shaded histogram.

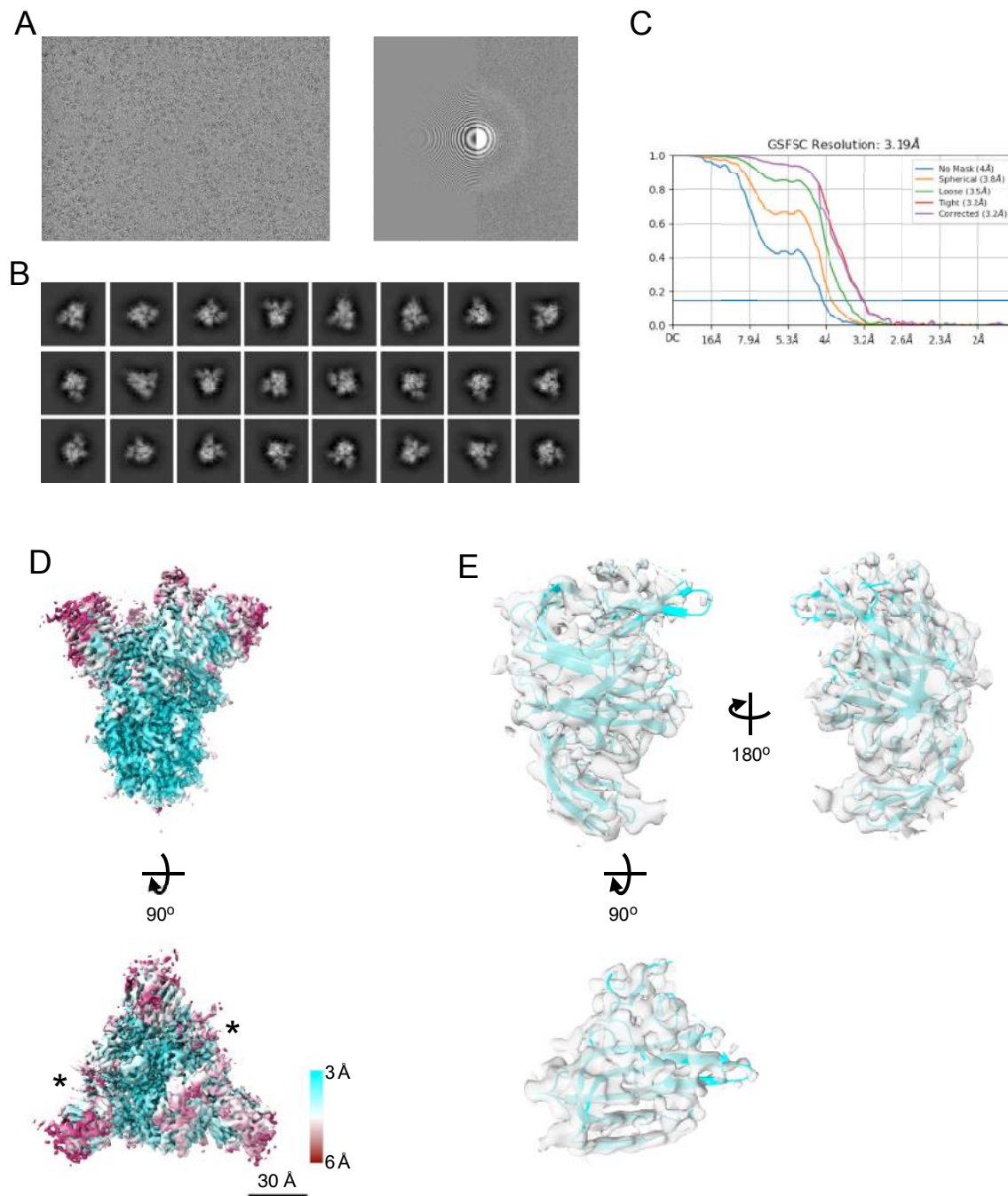


Figure S3. Cryo-EM density map of spike of SARS-CoV-2 Delta variant, related to Figure 4.

(A) A representative micrographs (left), CTF estimation of a micrograph on left panel (right).

(B) Typical 2D class averages.

(C) The GS-FSC curves for the obtained map from cryoSPARC software are shown. Blue flat line indicates FSC=0.143 criteria.

(D) The density map of spike protein from Delta strain (EMDBID: 31731). The map is colored with local resolution. Asterisks indicate the up form of RBDs. Scale bars are 30 Å.

(E) The structure of NTD from spike protein of Delta variant. The density map and the model are shown as semi-transparent surface and cartoon, respectively (PDBID: 7V5W).

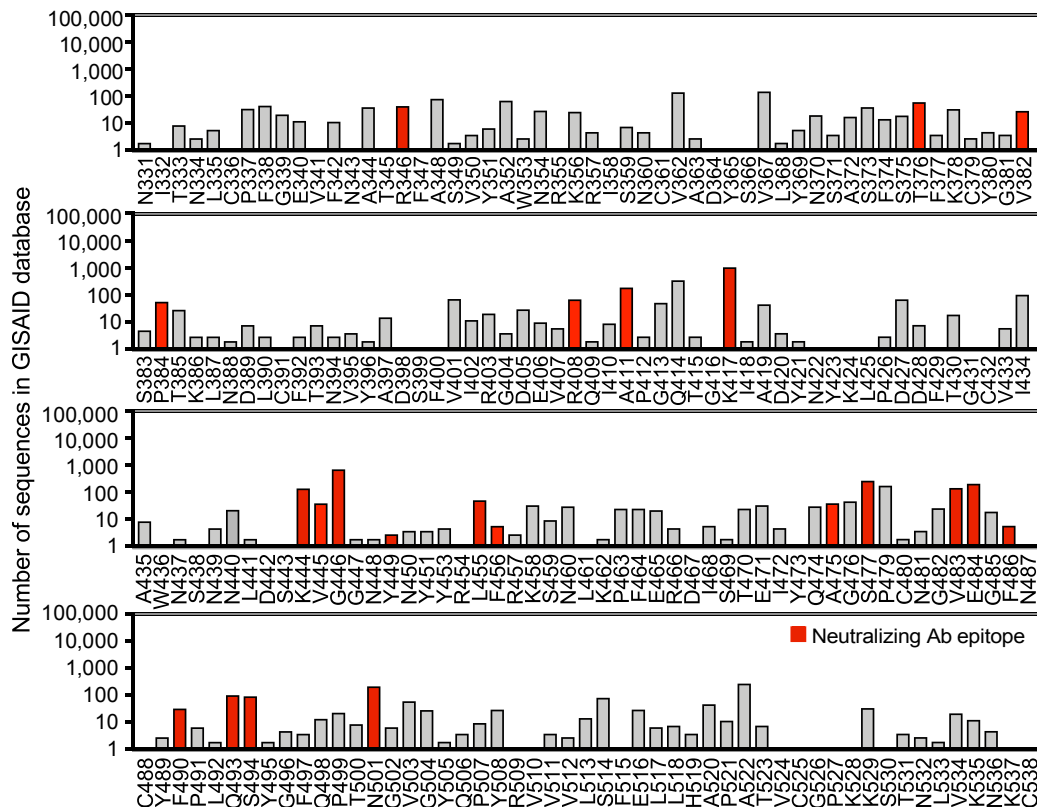


Figure S4. RBD mutations acquired by the Delta variant, related to Figure 5.

Number of RBD mutations acquired by the Delta variant. The numbers of mutations at each residue registered in the GISAID database are shown. L452 and T478 mutations included in all the Delta variant were excluded. The red bars indicate the known epitopes for anti-RBD neutralizing antibodies.

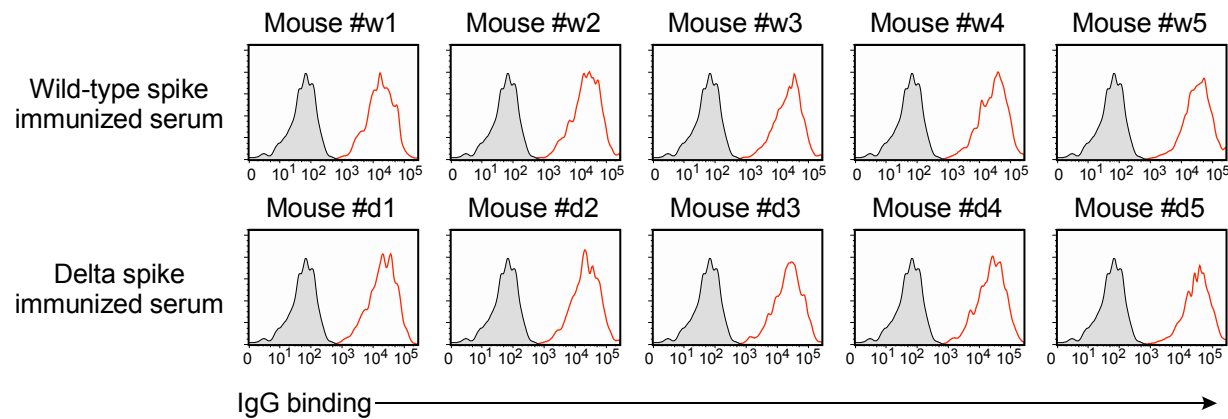


Figure S5 Anti-spike antibodies of the wild-type and delta spike-immunized mice, related to Figure 7.

IgG antibody binding of the 100 times diluted spike-immunized mouse sera to the wild-type spike transfectants were analyzed by flow cytometer. Red: IgG binding. Gray: Control staining.

Table S1. Cryo-EM data collection and processing statistics, related to Figure 4.

Data collection		
Sample	Spike protein of SARS-CoV2 Delta strain	
Micorscope	Titan Krios	
Acc. Voltage (kV)	300	
Total electron dose (e ⁻ /Å)	50	
Pixel size (Å)	0.88	
Defocus range (µm)	-0.8 – -2.0 (0.15)	
Magnification	81,000	
Corrected Cs (mm)	0.064	
Data processing		
Software	CryoSparc v3.2.0	
# of Micrographs	15,000	
# of particles	147,497	
Symmetry	C1	
Resolution (Å, GS-FSC=0.143)	3.19	
EMDB ID	31731	
Model building		
Method	Rigid body fitting & Coot	
Template model	AlphaFold2 prediction, 7JJI, 7N01	
# of Atoms	21,634 (2,725 residues)	
modification	NAG: 27	
MolProbity score	2.07	
Map vs model resolution (FSC = 0.5)	3.3 (masked)	
Ramachandran (%)	Favored	90.54
	Allowed	9.16
	Outlier	0.30
Clash score	10.42	
CaBLAM outeliars (%)	4.15	
RMSZ bound length (Å)	0.006	
RMSZ bound angle (°)	0.814	
PDBID	7V5W	

US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”

J. Bart Classen, MD*

Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD

*Correspondence:

J. Bart Classen, MD, Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD 21102, Tel: 410-377-8526, E-mail: Classen@vaccines.net.

Received: 24 July 2021; Accepted: 25 August 2021

Citation: Classen B. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”. Trends Int Med. 2021; 1(1): 1-6.

ABSTRACT

Three COVID-19 vaccines in the US have been released for sale by the FDA under Emergency Use Authorization (EUA) based on a clinical trial design employing a surrogate primary endpoint for health, severe infections with COVID-19. This clinical trial design has been proven dangerously misleading. Many fields of medicine, oncology for example, have abandoned the use of disease specific endpoints for the primary endpoint of pivotal clinical trials (cancer deaths for example) and have adopted “all cause mortality or morbidity” as the proper scientific endpoint of a clinical trial. Pivotal clinical trial data from the 3 marketed COVID-19 vaccines was reanalyzed using “all cause severe morbidity”, a scientific measure of health, as the primary endpoint. “All cause severe morbidity” in the treatment group and control group was calculated by adding all severe events reported in the clinical trials. Severe events included both severe infections with COVID-19 and all other severe adverse events in the treatment arm and control arm respectively. This analysis gives reduction in severe COVID-19 infections the same weight as adverse events of equivalent severity. Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group. The Moderna immunized group suffered 3,042 more severe events than the control group ($p=0.00001$). The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group ($p=0.000014$), when only including “unsolicited” adverse events. The Janssen immunized group suffered 264 more severe events than the control group ($p=0.00001$). These findings contrast the manufacturers’ inappropriate surrogate endpoints: Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized. Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.

Keywords

Clinical trial, Vaccines, COVID-19.

Introduction

For decades, true scientists have warned that pivotal clinical trial designs for vaccines are dangerously flawed and outdated

[1]. Vaccines have been promoted and widely utilized under the false claim they have been shown to improve health. However, this claim is only a philosophical argument and not science based. In a true scientific fashion to show a health benefit one would need to show fewer overall deaths during an extended period in the vaccinated group compared to a control group. Less stringent

indicators of a health benefit would include fewer severe events of all kinds, fewer days hospitalized for any reason, lower health care expenses of all types, fewer missed days from work for any health reason. No pivotal clinical trial for a vaccine preventing an infectious disease has ever demonstrated an improvement in health using these scientific measurements of health as a primary endpoint. Instead, vaccine clinical trials have relied on misleading surrogate endpoints of health such as infection rates with a specific infectious agent. Manufacturers and government agents have made the scientifically disproved and dangerous philosophical argument that these surrogate endpoints equate to a health benefit.

True medical scientists, outside the vaccine fields, have embraced the use of true health measurements as the proven proper scientific endpoint of clinical trials. Decades ago, a pharmaceutical manufacturer would only need to show that a chemotherapeutic agent shrank a tumor or reduce cancer deaths to obtain FDA approval. Manufacturers would market their products under the fraudulent philosophical argument that shrinking tumors or reducing cancer deaths equates to improved survival. However, many of the toxic chemotherapeutic agents would destroy vital organs and actually reduce survival while decreasing cancer deaths at the same time. The FDA and comparable agencies around the world switched to “all cause mortality” as the primary endpoint for pivotal cancer drug trials. The gold standard for marketing approval is to show that those receiving a cancer drug actually live longer than those who do not. Typically, new “miracle” anticancer drugs only prolong survival about 2 months but this added time may be spent severely ill suffering from adverse events caused by the chemotherapy. Application of true scientific principles often severely deflates the hype promoting pharmaceutical products.

All previous vaccine trials have suffered not only from lacking a proper primary clinical endpoint but also from insufficient perspective follow up of adverse events. The trials have failed to account for the well-established toxicity data and epidemiology data that vaccines are associated with chronic immune mediated disorders that may not develop for years after immunization. These adverse events, for example type 1 diabetes, are quite common, develop 3 or more years after immunization, and can exceed the reduction in infectious complications induced by the vaccine as was shown with a hemophilus vaccine [1]. Pivotal trials for the recombinant hepatitis B vaccine prospectively recorded adverse events for about 7 days after immunization and newer vaccines typically prospectively follow patients 6 months for adverse events.

Use of “all cause morbidity or mortality” as the primary endpoint is warranted in vaccine trials for several reasons. First, the recipients are generally healthy (relative to patients with terminal cancer for example) and the risk of severe morbidity from the target infection is low so even rare adverse events can result in an unfavorable risk benefit. Second, stimulating the immune system with a vaccine can lead to almost any type of adverse event including increasing the incidence or severity of diseases already present in the population. One needs a trial design with a primary endpoint that captures both a decline in infectious complications as well as small rises in hundreds of different immune modified disorders of similar or worse severity as the infectious complications.

Three COVID-19 vaccines are approved by the US FDA under Emergency Use Authorization (EUA). These vaccines have been developed by Pfizer-BioNTech, Moderna, and Janssen. Since marketing has begun multiple reports of potential, adverse events have been recorded. These reports include prion disease [2,3], clotting disorders [4], myocarditis, reproductive issues, death and many more. A clear difference in frequency of adverse events between different COVID-19 vaccines has been published [3]. The clinical trial designs of the pivotal trials and the resulting data was evaluated to determine if scientifically the results support mass immunization with the vaccines for COVID-19. The published data from the manufacturers’ own clinical trials was re analyzed using the proper scientific endpoint “all cause severe morbidity”.

Method

Data from all three US COVID-19 vaccines was published in the New England Journal of Medicine [4-6]. Data from these three publications and the accompanying published appendixes provided the bulk of the information analyzed. On rare occasions supplemental data was found on the FDA’s website (<https://www.fda.gov/advisory-committees/advisory-committee-calendar>) in briefing documents pertaining to FDA advisory panel committees for COVID-19 vaccines from Pfizer-BioNTech, Moderna, and Janssen. The scientific primary endpoint, “all severe events”, in the treatment group and controls was calculated by adding all severe or life threatening events reported in the clinical trials by the manufacturers. Severe events included both severe cases of COVID-19 and all other severe events in the treatment arm and control arm respectively.

A Chi square analysis using a 2x2 table was used to calculate statistical p values. An online statistical chi square calculator (<https://www.socscistatistics.com/tests/chisquare>) was used. Statistical calculations ignored small differences in total subject number between efficacy and adverse event populations. The randomized number, shown in Table 1, was used as the study population for statistical calculations. In general, the population for adverse events was slightly higher than that for efficacy. Given the statistical significant p, values generated (see Table 1), these small differences do not appear to be material.

The FDA document entitled Guidance for Industry Toxicity Grading Scale for Healthy Adult and Adolescent Volunteers Enrolled in Preventive Vaccine Clinical Trials, 2007, provided the following definitions for adverse events.

Grades 3, Severe: Prevents daily activity and requires medical intervention.

Grades 4, Potentially life threatening: ER visit or hospitalization.

Results

Moderna

The Moderna pivotal Phase III trial results and protocol are published in the New England Journal of Medicine (NEJM) [5]. The primary endpoint was COVID-19 illness starting 14 days after the second dose of vaccine however the trial had a secondary endpoint

which was patients developing severe COVID-19 symptoms. This later endpoint allowed for a direct comparison to severe adverse events. The study randomized 30,420 individuals, 15,210 were randomized to receive injections with Moderna's mRNA-1273 vaccine and 15,210 were randomized to receive injections with placebo. Two shots were administered 28 days apart. "Solicited" adverse events were collected 7 days after immunization and "unsolicited" adverse events were reported up to 28 days after administration of each vaccine or approximately 56 days after the first dose according to protocol. Because of dropouts, adverse events were recorded on 15,185 vaccinated patients and 15,166 placebo patients (reference 5, appendix table S8). The treatment group had 11 cases of symptomatic COVID-19 infections and 0 cases severe COVID-19 infections (reference 5, appendix table S13). There were 234 cases of severe "unsolicited" adverse events in the treatment group (reference 5, appendix table S8), and an additional 3,751 "solicited" severe or life threatening (Grade 3 or Grade 4) adverse events (reference 5, appendix table S3 and S4). By contrast, the control group had 185 cases of symptomatic COVID-19 infections and 30 cases of severe COVID-19 infections. However, only one of these case of COVID-19 out of 15,166 controls required admission to an intensive care unit (see reference 5, appendix table S13). There were 202 cases of severe "unsolicited" adverse events in the placebo group and an additional 711 "solicited" severe or life threatening (Grade 3 or Grade 4) adverse events. There were 3 deaths in the placebo group and 2 in the vaccinated group (reference 5, appendix table S8).

Pfizer-BioNTech

The Pfizer-BioNTech (Pfizer) pivotal Phase III trial results are published in the New England Journal of Medicine [6]. The Pfizer trial was classified as a Phase 1/2/3 trial. Two shots were administered 21 days apart. The primary endpoint was confirmed COVID-19 infections 7 days after the second dose. A post hoc analysis of severe COVID-19 infections was included in the appendix published by the NEJM. The study randomized 43,548 individuals of which 100 did not receive injections, 21,720 received injections with the vaccine and 21,728 received injections with placebo. "Solicited" adverse events were collected 7 days after immunization and "unsolicited" severe adverse events were reported up to 14 weeks after administration of the second dose. However, median safety follow up for "unsolicited" events was only approximately 2 months after the second dose at the time of publication in the NEJM. In the treatment arm there was 1 case of severe Covid-19 (reference 6, appendix table S5), 240 "unsolicited" severe adverse events and 21 "unsolicited" life threatening adverse events (reference 6, appendix table S3). In the placebo arm, there were 9 cases of severe COVID-19, 139 "unsolicited" severe adverse events and 24 "unsolicited" life threatening adverse events. Pfizer used a safety subset of approximately 8,183 (both vaccinated and unvaccinated) to record "solicited" adverse events at 7 days. These data that are not shown in Table 1 in part because the data was depicted graphically in the NEJM manuscript. However, graphical data in the NEJM strongly

Table 1: All Cause Severe Morbidity

	Moderna		Control		Difference	P value
Randomized	15,210		15,210			
Days of Safety Follow Up	56		56			
# Severe COVID-19 Cases	0		30			
# Unsolicited Severe Adverse Events	234		202			
# Solicited Grade 3 AE, Shot 1	848		361			
# Solicited Grade 4 AE, Shot 1	5		6			
# Solicited Grade 3 AE, Shot 2	2884		341			
# Solicited Grade 4 AE, Shot 2	14		3			
# Total Severe Events	3985		943		3042	p=0.00001
#Deaths	2		3			
	Pfizer		Control		Difference	P value
Randomized	21,720		21,728			
Days of Safety Follow Up	81		81			
# Severe COVID-19 Cases	1		9			
# Unsolicited Severe Adverse Events	240		139			
# Unsolicited Life Threatening Adverse Events	21		24			
# Total Severe Events	262		172		90	p=0.000014
#Deaths	2		4			
	Jansen	Jansen	Control	Control	Difference	P value
Randomized	19,630		19,691			
Safety Subset		3,356		3,386		
Days of Safety Follow Up	28		28			
# Severe COVID-19 Cases	21		78			
# Solicited Grade 3 Adverse Events						
Local (extrapolated)	135	23	35	6		
Systemic (extrapolated)	357	61	122	21		
# Unsolicited Grade 3-4 Adverse Events	83		96			
# Total Severe Events	595		331		264	p=0.00001
# Deaths	3		16			

indicates the vaccinated group has more “solicited” adverse events of all grade levels than the control group.

Janssen

The Janssen pivotal Phase III trial design and trial results are published in the New England Journal of Medicine [4]. The primary endpoint was prevention of molecularly confirmed, moderate to severe–critical COVID-19 14 days post vaccination however a secondary endpoint was prevention of molecularly confirmed, severe–critical COVID-19 14 days post vaccination. This later endpoint allowed for a direct comparison to severe adverse events. The study randomized 19,630 to receive a single injection with Janssen’s adenovirus COVID-19 vaccine and randomized 19,691 to receive a single injection with placebo. “Solicited” adverse events were collected 7 days after immunization and “unsolicited” adverse events were reported up to 28 days after administration of the single dose of vaccine. The treatment group had 21 cases of severe or critical COVID-19 infections while the placebo control group had 78 (reference 4, appendix table S9). Further analysis shows that only 2 of 19,514 immunized patients needed medical intervention for COVID-19 infections starting 14 days after immunization, while only 8 of 19,544 controls needed medical intervention for COVID-19 infections starting 14 days after placebo injection where the COVID-19 infection was confirmed by a central lab (reference 4, appendix table S10). There were 83 “unsolicited” and approximately 492 “solicited” serious adverse events in the vaccinated group compared to 96 “unsolicited” and approximately 157 “solicited” serious adverse events in the control group (reference 4, appendix table S7). There were 3 deaths in the treatment group and 16 in the control group (reference 4, appendix table S7).

Janssen did not collect “solicited” adverse events from the whole group at day 7 but instead collected these adverse events from a safety group comprising 3,356 vaccinated and 3,380 control patients. FDA briefing document Table 23, page 39 [7] provided the number of “solicited” Grade 3 adverse events in each group. These figures as well as the number of patients randomized were used to extrapolate the number of solicited severe adverse events in the full vaccinated and placebo group as recorded in Table 1.

Discussion

Scientific analysis of the data from pivotal clinical trials for US COVID-19 vaccines indicates the vaccines fail to show any health benefit and in fact, all the vaccines cause a decline in health in the immunized groups. Health is the sum of all medical events or lack thereof. COVID-19 vaccines are promoted as improving health while in fact there is no evidence that these vaccines actually improve health in the individual or population as a whole. The current analysis used the proper scientific endpoint of “all cause severe morbidity”, a true measure of health. By contrast, manufacturers and government officials promote the vaccines using a surrogate measure of health, severe infections with COVID-19, and the disproved philosophical argument that this surrogate endpoint equates to health. This substitution of philosophy for science is extremely dangerous and is certainly leading to a catastrophic public health event.

Review of data from the three COVID-19 vaccines marketed in the US shows complete lack of a health benefit and even an increase in severe events among vaccine recipients. The proper scientific clinical trial endpoint, “all cause severe morbidity” was created by combining all severe and or life threatening events, both infectious and non-infectious, occurring in the vaccinated and placebo control groups respectively. The data (Table 1) shows there are clearly more severe events in the vaccinated groups. The results are highly statistically significant. The use of a true scientific measure of health as an endpoint for a vaccine trial gives a contrasting result compared to the use of a non-scientific surrogate endpoint of health, severe infections with COVID-19.

Clinical trial data show there were actually few very “severe” cases of COVID-19 in either the vaccinated or the placebo group. Moderna data shows that only one of 15,166 unvaccinated patients required admission to an intensive care unit for COVID-19. Data provided by Janssen shows that only a few of the “severe” COVID-19 infections required medical intervention. Table S10 in the appendix published in the New England Journal of Medicine [4], shows only 2 of 19,514 patients immunized with the Janssen vaccine needed medical intervention for severe COVID-19 infections starting 14 days after immunization, while only 8 of 19,544 controls needed medical intervention for severe COVID-19 infections starting 14 days after placebo, where the infection was confirmed by a central lab. This benefit, reduction in 6 cases of COVID-19 requiring medical intervention, in 19,630 vaccinated patients is simply statistically insignificant in a population that has a hundred fold more severe events of any cause. The Janssen vaccinated group had 595 severe Grade 3 or 4 events in the first 28 days post immunization. Science thus does not support a health benefit with COVID-19 vaccines. All arguments for immunization are purely philosophical and based on false, discredited, assumptions.

Reductions in infection rates, hospitalization rates and even death with COVID-19 are poor surrogate markers for health and are not proper primary endpoints for a vaccine clinical trial. As discussed earlier with cancer treatments, a trial endpoint showing reduced cancer deaths is not equivalent to enhanced survival. One could apply enough radiation (or cytotoxic chemotherapy) to cancer patients to kill all their cancer cells and prevent cancer deaths but these cancer patients would die of radiation sickness (or chemotherapy induced organ failure) faster than if they died naturally of cancer. In the same manner, reducing severe COVID-19 infections does not equate to enhanced survival especially when the vaccine can cause clotting, heart disease and many other severe adverse events. Potential vaccine recipients need to know if the vaccine improves their survival in order for them to make an informed consent to be immunized. Unfortunately, the current studies with COVID-19 vaccines in fact show they cause a decline in health.

The actual health decline caused by the vaccines is probably much worse than what is depicted in Table 1 for many reasons. First manufacturers took a haphazardly approach to recording adverse events in contrast to recording a reduction in COVID-19 events. At

the time of publication, patients were only followed prospectively for approximately 7 days after immunization for “solicited” adverse events, and then relied on “unsolicited” reports of adverse events for approximately 30-60 days after immunization. Serious non-infectious events occurring after this 30-60 day period were not part of the published data. By contrast, infections with COVID-19 were followed indefinitely since the time of immunization. Both Janssen and Pfizer were specifically lax recording adverse events and only recorded “solicited” adverse events at day 7 in a safety cohort representing less than 20% of the study population. Given that some of the vaccine clinical trials recruited patients in the third world, patients with low education, and potentially even elderly with dementia the patients can not be expected to understand when they may be having an serious event that needs reporting or how to report it. For these and others reason only 5% of adverse events are generally ever reported [8].

COVID-19 vaccines were released for marketing under a EUA. Use of such a protocol should be reserved for outbreaks of life threatening epidemics. If this were, actually the case with COVID-19 then reduction in “all cause mortality” should be the primary outcome for the vaccine trials and “all cause severe morbidity” should be the secondary endpoint. However, the manufacturers show no evidence of a survival benefit. Deaths in the trials were extremely rare and of 30 deaths, out of roughly 110,000 trial participants, only about 6 deaths were confirmed to have COVID-19 at the time of death. Regrettably, the vaccines did not reduce morbidity but caused an increase in severe events. Worse, the pivotal clinical trials were never designed to show a benefit in “all-cause mortality” or reduction “in all cause severe morbidity”. The fact that the trials were never designed to show these health benefits is an admission that those developing the vaccines never expected the vaccines to result in measurable health benefits. Regrettably some manufacturers have published the false claim [6] that the vaccine have been proven to be “effective” and that its now “unethical” to withhold immunization from the control group. They advocate abolishing the control group by immunizing them. This unscientific act only further proves the pharmaceutical industry is unaccountable to any one and does not feel the need to adhere to principles of science, ethics, or public health.

The COVID-19 vaccine pivotal clinical trials were of very short duration and the question exists whether longer-term follow up will reverse the vaccine induced health decline and show a health benefit. The question is purely philosophical. Some manufactures have already threatened to destroy the randomization by immunizing the control group, as stated above, making further scientific study impossible. While it is possible that the vaccines will continue to prevent severe infectious disease long after the immunization, the reality is that immunity wanes with time and vaccine resistant variants keep developing. Another issue is that severe adverse events will continue to occur over time. Given evidence of prion genic activity by both established pathophysiology [2], animal toxicity data [9] and epidemiology data [3] one can expect an increase in adverse events in the vaccinated group for decades.

Yearly booster are unlikely to improve the health outcome with

COVID-19 vaccines. A booster may provide a small incremental benefit in preventing severe COVID-19 infections however, the boosters are likely to cause many more severe adverse events. Looking at the data on secondary injections with the Moderna vaccine (Table 1) there are approximately 3 times as many Grade 3 or 4 adverse events after the second dose than after the first dose. However, this is not the case following the second dose of placebo in the Moderna placebo group. The net is that adding a booster shot is highly unlikely to induce a favorable health benefit that was missing with the first series of immunization.

Government officials are promoting COVID-19 vaccines as a way to stop the epidemic. There is however no scientific data that the COVID-19 vaccines can improve the health of the population. In fact, the data from the clinical trials seems to point in the opposite direction. Given that the population is the sum of the individuals, and the vaccines cause a decline in health in the individuals, then mass immunization is likely to erode the health of the general population, not improve it. Immunization may even cause a selection bias for new variants. Finally, if the COVID-19 outbreak is the result of a bioweapons attack and vaccine resistant variants represent the release of different prototypes then immunization is almost certain to fail [10].

There is an old saying, fool me once shame on you, fool me twice shame on me. This saying can be applied to the COVID-19 mass immunization program. The US anthrax attack of 2001, which originated at US army is Fort Detrick, has demonstrated that there are people in the US government who desire to attack US citizens with bioweapons [10]. According to the chief FBI agent leading the investigation of the US anthrax attack, conspirators were likely not apprehended in part because the investigation was prematurely ended and prior to stopping the investigation, people at the top of the FBI deliberately tried to sabotage the investigation [11]. In the US anthrax attack of 2001, people high in the US government publicly anticipated the anthrax attack as early as 1999 [10]. Similarly with the COVID-19 attack, people high in government anticipated the COVID-19 attack [12,13] several years before the attack took place [10]. There is even data that an effort was made in 2018 to protect certain populations against COVID-19 by immunizing them with MMR vaccine [14].

In such a hostile government environment, the citizens need to individually evaluate the science of immunization with COVID-19 vaccines and not rely on philosophical arguments propagated by government officials. In this case there is no scientific evidence that the COVID-19 vaccines improve the health of the individual, much less of the population as a whole. Mass immunization with COVID-19 vaccines is certainly leading to a catastrophic public health event.

References

1. Classen JB, Classen DC. Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after

-
- Hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM. Autoimmunity. 2002; 35: 247-253.
2. Classen JB. COVID-19 RNA based vaccines and the risk of prion disease. Microbiol Infect Dis. 2021; 5: 1-3.
 3. Classen JB. COVID-19 Vaccine associated Parkinson's disease, a prion disease signal in the UK Yellow Card adverse event database. J Med - Clin Res & Rev. 2021; 5: 1-6.
 4. Sadoff J, Gray G, Vandebosch A, et al. Safety and efficacy of single-dose Ad26.COV2.S vaccine against Covid-19. N Engl J Med. 2021; 384: 2187-2201.
 5. Baden LR, El Sahly HM, Essink B, et al. Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine. N Engl J Med. 2021; 384: 403-416.
 6. Polack FP, Thomas SJ, Kitchin N, et al. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. N Engl J Med. 2020; 383: 2603-2615.
 7. FDA Briefing Document, Janssen Ad26.COV2.S vaccine for the prevention of COVID-19. Vaccines and Related Biological Products Advisory Committee Meeting February 26, 2021.
 8. Hazell L, Shakir SAW. Under reporting of adverse drug reactions: a systematic review. Drug Saf. 2006; 29: 385-396.
 9. Philippens IHCHM, Böszörményi KP, Wubben JA, et al. SARS-CoV-2 causes brain inflammation and induces Lewy body formation in macaques. bioRxiv preprint. 2021.
 10. Classen JB. Review of COVID-19 vaccines and the risk of chronic adverse events including neurological degeneration. J Med - Clin Res & Rev. 2021; 5: 1-7.
 11. Richard L. Lambert versus Attorney General Eric Holder, Robert Muller III and others. Eastern District of Tennessee. Case 3:15-cv-00147-PLR-HBG. Filed April 2, 2015.
 12. Schoch-Spana M, Brunson E, Chandler H, et al. Recommendations on how to manage anticipated communication dilemmas involving medical countermeasures in an emergency. Public health reports. 2018; 133: 366-378.
 13. <https://www.usatoday.com/story/news/factcheck/2020/07/29/fact-check-2017-anthony-fauci-warned-potential-outbreak/5494601002/>
 14. Classen JB. COVID-19, MMR vaccine, and bioweapons. Diabetes Complications. 2020; 4: 1-8.



Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study

Anika Singanayagam*, Seran Hakki*, Jake Dunning*, Kieran J Madon, Michael A Crone, Aleksandra Koycheva, Nieves Derqui-Fernandez, Jack L Barnett, Michael G Whitfield, Robert Varro, Andre Charlett, Rhia Kundu, Joe Fenn, Jessica Cutajar, Valerie Quinn, Emily Conibear, Wendy Barclay, Paul S Freemont, Graham P Taylor, Shazaad Ahmad, Maria Zambon, Neil M Ferguson†, Ajit Lalvani†, on behalf of the ATACCC Study Investigators‡



Summary

Background The SARS-CoV-2 delta (B.1.617.2) variant is highly transmissible and spreading globally, including in populations with high vaccination rates. We aimed to investigate transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community.

Methods Between Sept 13, 2020, and Sept 15, 2021, 602 community contacts (identified via the UK contract-tracing system) of 471 UK COVID-19 index cases were recruited to the Assessment of Transmission and Contagiousness of COVID-19 in Contacts cohort study and contributed 8145 upper respiratory tract samples from daily sampling for up to 20 days. Household and non-household exposed contacts aged 5 years or older were eligible for recruitment if they could provide informed consent and agree to self-swabbing of the upper respiratory tract. We analysed transmission risk by vaccination status for 231 contacts exposed to 162 epidemiologically linked delta variant-infected index cases. We compared viral load trajectories from fully vaccinated individuals with delta infection (n=29) with unvaccinated individuals with delta (n=16), alpha (B.1.1.7; n=39), and pre-alpha (n=49) infections. Primary outcomes for the epidemiological analysis were to assess the secondary attack rate (SAR) in household contacts stratified by contact vaccination status and the index cases' vaccination status. Primary outcomes for the viral load kinetics analysis were to detect differences in the peak viral load, viral growth rate, and viral decline rate between participants according to SARS-CoV-2 variant and vaccination status.

Findings The SAR in household contacts exposed to the delta variant was 25% (95% CI 18–33) for fully vaccinated individuals compared with 38% (24–53) in unvaccinated individuals. The median time between second vaccine dose and study recruitment in fully vaccinated contacts was longer for infected individuals (median 101 days [IQR 74–120]) than for uninfected individuals (64 days [32–97], $p=0.001$). SAR among household contacts exposed to fully vaccinated index cases was similar to household contacts exposed to unvaccinated index cases (25% [95% CI 15–35] for vaccinated vs 23% [15–31] for unvaccinated). 12 (39%) of 31 infections in fully vaccinated household contacts arose from fully vaccinated epidemiologically linked index cases, further confirmed by genomic and virological analysis in three index case–contact pairs. Although peak viral load did not differ by vaccination status or variant type, it increased modestly with age (difference of 0.39 [95% credible interval –0.03 to 0.79] in peak \log_{10} viral load per mL between those aged 10 years and 50 years). Fully vaccinated individuals with delta variant infection had a faster (posterior probability >0.84) mean rate of viral load decline (0.95 \log_{10} copies per mL per day) than did unvaccinated individuals with pre-alpha (0.69), alpha (0.82), or delta (0.79) variant infections. Within individuals, faster viral load growth was correlated with higher peak viral load (correlation 0.42 [95% credible interval 0.13 to 0.65]) and slower decline (–0.44 [–0.67 to –0.18]).

Interpretation Vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts. Host–virus interactions early in infection may shape the entire viral trajectory.

Funding National Institute for Health Research.

Copyright © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

Introduction

While the primary aim of vaccination is to protect individuals against severe COVID-19 disease and its

consequences, the extent to which vaccines reduce onward transmission of SARS-CoV-2 is key to containing the pandemic. This outcome depends on the ability of

Lancet Infect Dis 2021

Published Online
October 28, 2021
[https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4)

See Online/Comment
[https://doi.org/10.1016/S1473-3099\(21\)00690-3](https://doi.org/10.1016/S1473-3099(21)00690-3)

*Joint first authors

†Contributed equally

‡Investigators are listed at the end of the article

NIHR Health Protection Research Unit in Respiratory Infections, National Heart and Lung Institute

(A Singanayagam PhD, S Hakki PhD, K J Madon MSc, A Koycheva BSc, N Derqui-Fernandez MSc, J L Barnett MPhys, M G Whitfield PhD, R Varro MSc, R Kundu PhD, J Fenn PhD, J Cutajar BSc, V Quinn BSc, E Conibear MSc, Prof A Lalvani DM), **Department of Infectious Disease** (A Singanayagam, Prof W Barclay PhD, Prof G P Taylor DSc, M A Crone MBBCh, Prof P S Freemont PhD), **NIHR Health Protection Research Unit in Modelling and Health Economics, MRC Centre for Global Infectious Disease Analysis, Jameel Institute** (Prof N M Ferguson DPhil), and **UK Dementia Research Institute Centre for Care Research and Technology** (M A Crone, Prof P S Freemont), **Imperial College London, London, UK; NIHR Health Protection Research Unit in Emerging and Zoonotic Infections, University of Oxford, Oxford, UK (J Dunning PhD); London Biofoundry, Imperial College Translation and Innovation Hub, London, UK (M A Crone, Prof P S Freemont); National Infection Service**

(A Singanayagam, J Dunning, Prof M Zambon FRCPATH) and
Data and Analytical
Services (A Charlett PhD),
Public Health England, London,
UK; Department of Virology,
Manchester Medical
Microbiology Partnership,
Manchester Foundation Trust,
Manchester Academic Health
Sciences Centre, Manchester, UK
(S Ahmad FRCPATH)
Correspondence to:
Prof Ajit Lalvani, NIHR Health
Protection Research Unit in
Respiratory Infections, National
Heart and Lung Institute,
Imperial College London,
London, W2 1PG, UK
a.lalvani@imperial.ac.uk

Research in context

Evidence before this study

The SARS-CoV-2 delta variant is spreading globally, including in populations with high vaccination coverage. While vaccination remains highly effective at attenuating disease severity and preventing death, vaccine effectiveness against infection is reduced for delta. Determining the extent of transmission from vaccinated delta-infected individuals to their vaccinated contacts is a public health priority. Comparing the upper respiratory tract (URT) viral load kinetics of delta infections with those of other variants gives insight into potential mechanisms for its increased transmissibility. We searched PubMed and medRxiv for articles published between database inception and Sept 20, 2021, using search terms describing "SARS-CoV-2, delta variant, viral load, and transmission".

Two studies longitudinally sampled the URT in vaccinated and unvaccinated delta variant-infected individuals to compare viral load kinetics. In a retrospective study of a cohort of hospitalised patients in Singapore, more rapid viral load decline was found in vaccinated individuals than unvaccinated cases. However, the unvaccinated cases in this study had moderate-to-severe infection, which is known to be associated with prolonged shedding. The second study longitudinally sampled professional USA sports players. Again, clearance of delta viral RNA in vaccinated cases was faster than in unvaccinated cases, but only 8% of unvaccinated cases had delta variant infection, complicating interpretation. Lastly, a report of a single-source nosocomial outbreak of a distinct delta sub-lineage in Vietnamese health-care workers plotted viral load kinetics (without comparison with unvaccinated delta infections) and demonstrated transmission between fully vaccinated health-care workers in the nosocomial setting. The findings might therefore not be generalisable beyond the particular setting and distinct viral sub-lineage investigated.

Added value of this study

The majority of SARS-CoV-2 transmission occurs in households, but transmission between fully vaccinated individuals in this

setting has not been shown to date. To ascertain secondary transmission with high sensitivity, we longitudinally followed index cases and their contacts (regardless of symptoms) in the community early after exposure to the delta variant of SARS-CoV-2, performing daily quantitative RT-PCR on URT samples for 14–20 days. We found that the secondary attack rate in fully vaccinated household contacts was high at 25%, but this value was lower than that of unvaccinated contacts (38%). Risk of infection increased with time in the 2–3 months since the second dose of vaccine. The proportion of infected contacts was similar regardless of the index cases' vaccination status. We observed transmission of the delta variant between fully vaccinated index cases and their fully vaccinated contacts in several households, confirmed by whole-genome sequencing. Peak viral load did not differ by vaccination status or variant type but did increase modestly with age. Vaccinated delta cases experienced faster viral load decline than did unvaccinated alpha or delta cases. Across study participants, faster viral load growth was correlated with higher peak viral load and slower decline, suggesting that host–virus interactions early in infection shape the entire viral trajectory. Since our findings are derived from community household contacts in a real-life setting, they are probably generalisable to the general population.

Implications of all the available evidence

Although vaccines remain highly effective at preventing severe disease and deaths from COVID-19, our findings suggest that vaccination is not sufficient to prevent transmission of the delta variant in household settings with prolonged exposures. Our findings highlight the importance of community studies to characterise the epidemiological phenotype of new SARS-CoV-2 variants in increasingly highly vaccinated populations. Continued public health and social measures to curb transmission of the delta variant remain important, even in vaccinated individuals.

vaccines to protect against infection and the extent to which vaccination reduces the infectiousness of breakthrough infections.

Vaccination was found to be effective in reducing household transmission of the alpha variant (B.1.1.7) by 40–50%,¹ and infected, vaccinated individuals had lower viral load in the upper respiratory tract (URT) than infections in unvaccinated individuals,² which is indicative of reduced infectiousness.^{3,4} However, the delta variant (B.1.617.2), which is more transmissible than the alpha variant,^{5,6} is now the dominant strain worldwide. After a large outbreak in India, the UK was one of the first countries to report a sharp rise in delta variant infection. Current vaccines remain highly effective at preventing admission to hospital and death from delta infection.⁷ However, vaccine effectiveness against infection is reduced for delta, compared with alpha,^{8,9} and the delta variant

continues to cause a high burden of cases even in countries with high vaccination coverage. Data are scarce on the risk of community transmission of delta from vaccinated individuals with mild infections.

Here, we report data from a UK community-based study, the Assessment of Transmission and Contagiousness of COVID-19 in Contacts (ATACCC) study, in which ambulatory close contacts of confirmed COVID-19 cases underwent daily, longitudinal URT sampling, with collection of associated clinical and epidemiological data. We aimed to quantify household transmission of the delta variant and assess the effect of vaccination status on contacts' risk of infection and index cases' infectiousness, including (1) households with unvaccinated contacts and index cases and (2) households with fully vaccinated contacts and fully vaccinated index cases. We also compared sequentially sampled

URT viral RNA trajectories from individuals with non-severe delta, alpha, and pre-alpha SARS-CoV-2 infections to infer the effects of SARS-CoV-2 variant status—and, for delta infections, vaccination status—on transmission potential.

Methods

Study design and participants

ATACCC is an observational longitudinal cohort study of community contacts of SARS-CoV-2 cases. Contacts of symptomatic PCR-confirmed index cases notified to the UK contact-tracing system (National Health Service Test and Trace) were asked if they would be willing to be contacted by Public Health England to discuss participation in the study. All contacts notified within 5 days of index case symptom onset were selected to be contacted within our recruitment capacity. Household and non-household contacts aged 5 years or older were eligible for recruitment if they could provide written informed consent and agree to self-swabbing of the URT. Further details on URT sampling are given in the appendix (p 13).

The ATACCC study is separated into two study arms, ATACCC1 and ATACCC2, which were designed to capture different waves of the SARS-CoV-2 pandemic. In ATACCC1, which investigated alpha variant and pre-alpha cases in Greater London, only contacts were recruited between Sept 13, 2020, and March 13, 2021. ATACCC1 included a pre-alpha wave (September to November, 2020) and an alpha wave (December, 2020, to March, 2021). In ATACCC2, the study was relaunched specifically to investigate delta variant cases in Greater London and Bolton, and both index cases and contacts were recruited between May 25, and Sept 15, 2021. Early recruitment was focused in West London and Bolton because UK incidence of the delta variant was highest in these areas.¹⁰ Based on national and regional surveillance data, community transmission was moderate-to-high throughout most of our recruitment period.

This study was approved by the Health Research Authority. Written informed consent was obtained from all participants before enrolment. Parents and caregivers gave consent for children.

Data collection

Demographic information was collected by the study team on enrolment. The date of exposure for non-household contacts was obtained from Public Health England. COVID-19 vaccination history was determined from the UK National Immunisation Management System, general practitioner records, and self-reporting by study participants. We defined a participant as unvaccinated if they had not received a single dose of a COVID-19 vaccine at least 7 days before enrolment, partially vaccinated if they had received one vaccine dose at least 7 days before study enrolment, and fully vaccinated if they had received two doses of a COVID-19 vaccine at least 7 days before

study enrolment. Previous literature was used to determine the 7-day threshold for defining vaccination status.^{11–13} We also did sensitivity analyses using a 14-day threshold. The time interval between vaccination and study recruitment was calculated. We used WHO criteria¹⁴ to define symptomatic status up to the day of study recruitment. Symptomatic status for incident cases—participants who were PCR-negative at enrolment and subsequently tested positive—was defined from the day of the first PCR-positive result.

Laboratory procedures

SARS-CoV-2 quantitative RT-PCR, conversion of ORF1ab and envelope (E-gene) cycle threshold values to viral genome copies, whole-genome sequencing, and lineage assignments are described in the appendix (pp 13–14).

Outcomes

Primary outcomes for the epidemiological analysis were to assess the secondary attack rate (SAR) in household contacts stratified by contact vaccination status and the index cases' vaccination status. Primary outcomes for the viral load kinetics analysis were to detect differences in the peak viral load, viral growth rate, and viral decline rate between participants infected with pre-alpha versus alpha versus delta variants and between unvaccinated delta-infected participants and vaccinated delta-infected participants.

We assessed vaccine effectiveness and susceptibility to SARS-CoV-2 infection stratified by time elapsed since receipt of second vaccination as exploratory analyses.

Statistical analysis

To model viral kinetics, we used a simple phenomenological model of viral titre¹⁵ during disease pathogenesis. Viral kinetic parameters were estimated on a participant-specific basis using a Bayesian hierarchical model to fit this model to the entire dataset of sequential cycle threshold values measured for all participants. For the 19 participants who were non-household contacts of index cases and had a unique date of exposure, the cycle threshold data were supplemented by a pseudo-absence data point (ie, undetectable virus) on the date of exposure. Test accuracy and model misspecification were modelled with a mixture model by assuming there was a probability p of a test giving an observation drawn from a (normal) error distribution and probability $1-p$ of it being drawn from the true distribution.

The hierarchical structure was represented by grouping participants based on the infecting variant and their vaccination status. A single-group model was fitted, which implicitly assumes that viral kinetic parameters vary by individual but not by variant or vaccination status. A four-group model was also explored, where groups 1, 2, 3, and 4 represent pre-alpha, alpha, unvaccinated delta, and fully vaccinated delta, respectively. We fitted a correlation matrix between

See Online for appendix

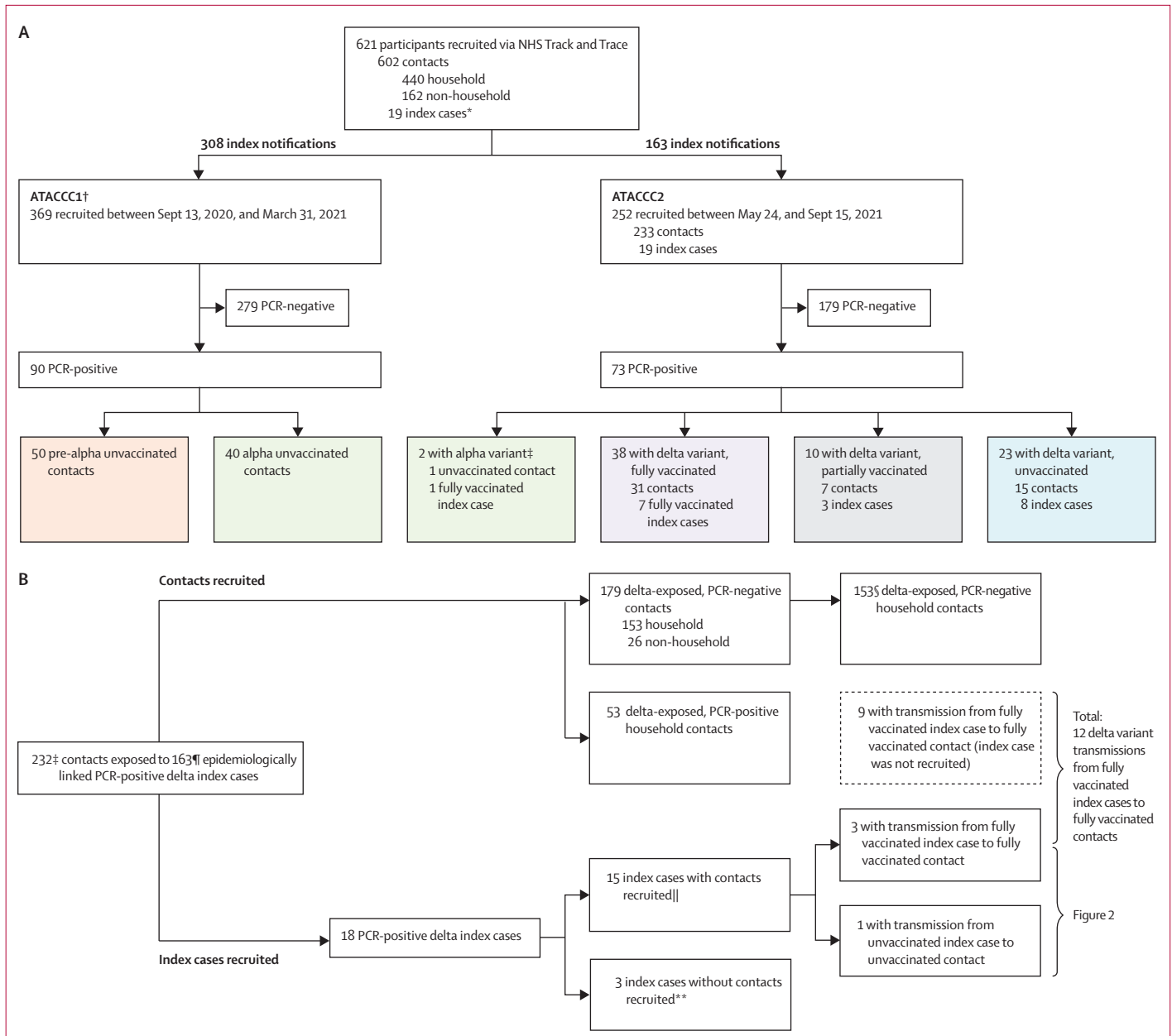


Figure 1: Recruitment, SARS-CoV-2 infection, variant status, and vaccination history for ATACCC study participants

(A) Study recruitment and variant status confirmed by whole-genome sequencing (ATACCC1 and ATACCC2 combined). (B) ATACCC2: delta-exposed contacts included in secondary attack rate calculation (table 1) and transmission assessment (table 2). NHS=National Health Service. * All index cases were from ATACCC2. † All contacts. ‡ The two earliest PCR-positive cases from the ATACCC2 cohort (one index case and one contact) were confirmed as having the alpha variant on whole-genome sequencing (recruited on May 28, 2021). This alpha variant-exposed, PCR-positive contact is excluded from figure 1B. § One PCR-negative contact had no vaccination status data available and one PCR-negative contact's index case had no vaccination data available. ¶ Vaccination data were available for 138 index cases of 163. || The contacts of these 15 index cases are included within the 232 total contacts. ** These three index cases without contacts are only included in the viral load kinetics analysis (figure 3) and are not included in tables 1 and 2.

participant-specific kinetic parameters to allow us to examine whether there is within-group correlation between peak viral titre, viral growth rate, and viral decline rate. Our initial model selection, using leave-one-out cross-validation, selected a four-group hierarchical model with fitted correlation coefficients between individual-level parameters determining peak viral load

and viral load growth and decline rates (appendix p 5). However, resulting participant-specific estimates of peak viral load (but not growth and decline rates) showed a marked and significant correlation with age in the exploratory analysis, which motivated examination of models where mean peak viral load could vary with age. The most predictive model overall allowed mean viral

load growth and decline rates to vary across the four groups, with mean peak viral load common to all groups but assumed to vary linearly with the logarithm of age (appendix p 5). We present peak viral loads for the reference age of 50 years with 95% credible intervals (95% CrIs). 50 years was chosen as the reference age as it is typical of the ages of the cases in the whole dataset and the choice of reference age made no difference in the model fits or judgment of differences between the groups.

We computed group-level population means and within-sample group means of log peak viral titre, viral growth rate, and viral decline rate. Since posterior estimates of each of these variables are correlated across groups, overlap in the credible intervals of an estimate for one group with that for another group does not necessarily indicate no significant difference between those groups. We, therefore, computed posterior probabilities, pp , that these variables were larger for one group than another. For our model, Bayes factors can be computed as $pp/(1-pp)$. We only report population (group-level) posterior probabilities greater than 0.75 (corresponding to Bayes factors >3) as indicating at least moderate evidence of a difference.

For vaccine effectiveness, we defined the estimated effectiveness at preventing infection, regardless of symptoms, with delta in the household setting as $1 - \text{SAR (fully vaccinated)} / \text{SAR (unvaccinated)}$.

Role of the funding source

The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

Results

Between Sept 13, 2020, and Sept 15, 2021, 621 community-based participants (602 contacts and 19 index cases) from 471 index notifications were prospectively enrolled in the ATACCC1 and ATACCC2 studies, and contributed 8145 URT samples. Of these, ATACCC1 enrolled 369 contacts (arising from 308 index notifications), and ATACCC2 enrolled 233 contacts (arising from 163 index notifications) and 19 index cases. SARS-CoV-2 RNA was detected in 163 (26%) of the 621 participants. Whole-genome sequencing of PCR-positive cases confirmed that 71 participants had delta variant infection (18 index cases and 53 contacts), 42 had alpha variant infection (one index case and 41 contacts), and 50 had pre-alpha variant infection (all contacts; figure 1A).

Of 163 PCR-positive participants, 89 (55%) were female and 133 (82%) were White. Median age was 36 years (IQR 26–50). Sex, age, ethnicity, body-mass index (BMI) distribution, and the frequency of comorbidities were similar among those with delta, alpha, and pre-alpha infection, and for vaccinated and unvaccinated delta-infected participants, except for age and sex (appendix pp 2–3). There were fewer unvaccinated

	Total	PCR positive	PCR negative	SAR (95% CI)	p value
Contacts					
All	231	53	178	23 (18–29)	NA
Fully vaccinated	140	31	109	22 (16–30)	0.16
Unvaccinated	44	15	29	34 (22–49)	..
Partially vaccinated	47	7	40	15 (7–28)	NA
Household contacts					
All	205	53	152	26 (20–32)	NA
Fully vaccinated	126	31	95	25 (18–33)	0.17
Unvaccinated	40	15	25	38 (24–53)	..
Partially vaccinated	39	7	32	18 (9–33)	NA

χ^2 test was performed to calculate p values for differences in SAR between fully vaccinated and unvaccinated cases. One PCR-negative contact who withdrew from the study without vaccination status information was excluded. NA=not applicable. SAR=secondary attack rate.

Table 1: SAR in contacts of delta-exposed index cases recruited to the ATACCC2 study

females than males ($p=0.04$) and, as expected from the age-prioritisation of the UK vaccine roll-out, unvaccinated participants infected with the delta variant were significantly younger ($p<0.001$; appendix p 3). Median time between exposure to the index case and study enrolment was 4 days (IQR 4–5). All participants had non-severe ambulatory illness or were asymptomatic. The proportion of asymptomatic cases did not differ among fully vaccinated, partially vaccinated, and unvaccinated delta groups (appendix p 3).

No pre-alpha-infected and only one alpha-infected participant had received a COVID-19 vaccine before study enrolment. Of 71 delta-infected participants (of whom 18 were index cases), 23 (32%) were unvaccinated, ten (14%) were partially vaccinated, and 38 (54%) were fully vaccinated (figure 1A; appendix p 3). Of the 38 fully vaccinated delta-infected participants, 14 had received the BNT162b2 mRNA vaccine (Pfizer–BioNTech), 23 the ChAdOx1 nCoV-19 adenovirus vector vaccine (Oxford–AstraZeneca), and one the CoronaVac inactivated whole-virion vaccine (Sinovac).

It is highly probable that all but one of the 233 ATACCC2 contacts were exposed to the delta variant because they were recruited when the regional prevalence of delta was at least 90%, and mostly 95–99% (figure 1B).¹⁰ Of these, 206 (89%) were household contacts (in 127 households), and 26 (11%) were non-household contacts. Distributions of age, ethnicity, BMI, smoking status, and comorbidities were similar between PCR-positive and PCR-negative contacts (appendix p 4). The median time between second vaccine dose and study recruitment in fully vaccinated contacts with delta variant infection was 74 days (IQR 35–105; range 16–201), and this was significantly longer in PCR-positive contacts than in PCR-negative contacts (101 days [IQR 74–120] vs 64 days [32–97], respectively, $p=0.001$; appendix p 4). All 53 PCR-positive contacts were exposed in household settings and the SAR for all delta variant-exposed household contacts was 26% (95% CI 20–32). SAR was

	All household contacts (n=204)*	Fully vaccinated contacts (n=125)		Partially vaccinated contacts (n=39)		Unvaccinated contacts (n=40)	
		PCR positive (n=31)	PCR negative (n=94)	PCR positive (n=7)	PCR negative (n=32)	PCR positive (n=15)	PCR negative (n=25)
Fully vaccinated index cases (n=50)	69	12	31	1	8	4	13
Partially vaccinated index cases (n=25)	35	7	12	3	10	3	0
Unvaccinated index cases (n=63)	100	12	51	3	14	8	12

Non-household exposed contacts (n=24, all PCR negative) were excluded. One PCR-negative household contact who withdrew from the study without vaccination status information was excluded. One PCR-negative household contact who could not be linked to their index case was also excluded. *The rows below show the number of contacts exposed to each category of index case.

Table 2: Comparison of vaccination status of the 138 epidemiologically linked PCR-positive index cases for 204 delta variant-exposed household contacts

not significantly higher in unvaccinated (38%, 95% CI 24–53) than fully vaccinated (25%, 18–33) household contacts (table 1). We estimated vaccine effectiveness at preventing infection (regardless of symptoms) with delta in the household setting to be 34% (bootstrap 95% CI –15 to 60). Sensitivity analyses using a 14 day threshold for time since second vaccination to study recruitment to denote fully vaccinated did not materially affect our estimates of vaccine effectiveness or SAR (data not shown). Although precision is restricted by the small sample size, this estimate is broadly consistent with vaccine effectiveness estimates for delta variant infection based on larger datasets.^{9,16,17}

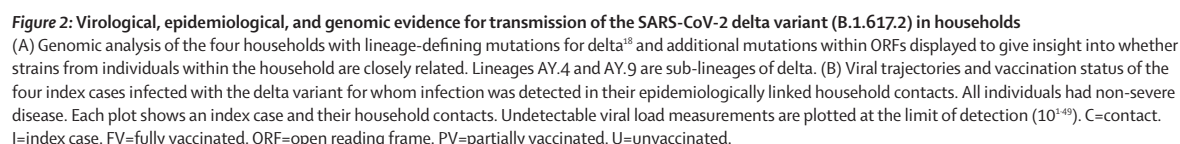
The vaccination status of 138 epidemiologically linked index cases of 204 delta variant-exposed household contacts was available (figure 1B, table 2). The SAR in household contacts exposed to fully vaccinated index cases was 25% (95% CI 15–35; 17 of 69), which is similar to the SAR in household contacts exposed to unvaccinated index cases (23% [15–31]; 23 of 100; table 2). The 53 PCR-positive contacts arose from household exposure to 39 PCR-positive index cases. Of these index cases who gave rise to secondary transmission, the proportion who were fully vaccinated (15 [38%] of 39) was similar to the proportion who were unvaccinated (16 [41%] of 39). The median number of days from the index cases' second vaccination to the day of recruitment for their respective contacts was 73 days (IQR 38–116). Time interval did not differ between index cases who transmitted infection to their contacts and those who did not (94 days [IQR 62–112] and 63 days [35–117], respectively; $p=0.43$).

18 of the 163 delta variant-infected index cases that led to contact enrolment were themselves recruited to ATACCC2 and serial URT samples were collected from them, allowing for more detailed virology and genome analyses. For 15 of these, their contacts were also recruited (13 household contacts and two non-household contacts). A corresponding PCR-positive household contact was identified for four of these 15 index cases (figure 1B). Genomic analysis showed that index–contact pairs were infected with the same delta variant sub-lineage in these instances, with one exception (figure 2A). In one household (number 4), an unvaccinated index case transmitted the delta variant to an unvaccinated contact,

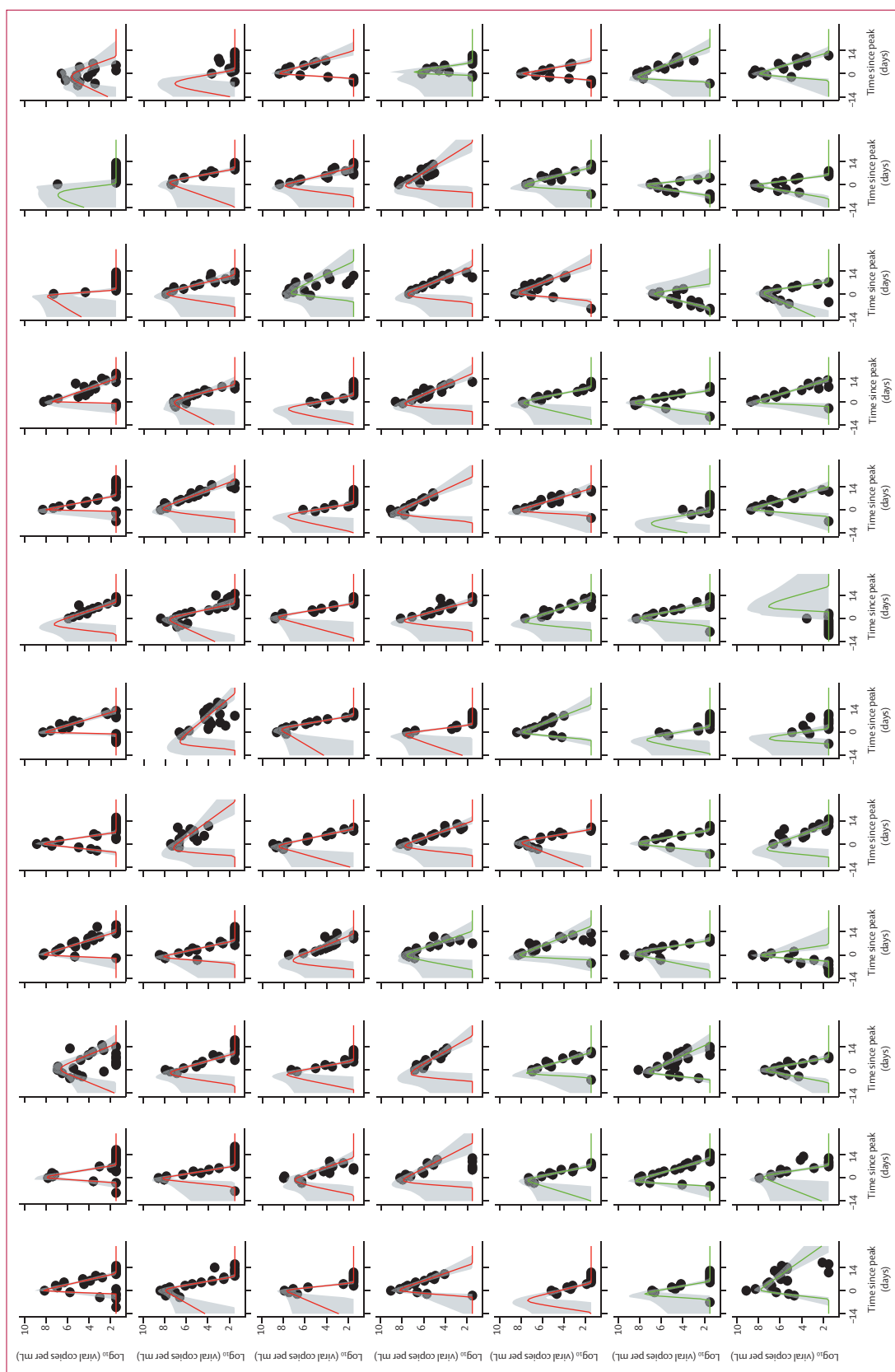
while another partially vaccinated contact was infected with a different delta sub-lineage (which was probably acquired outside the household). In the other three households (numbers 1–3), fully vaccinated index cases transmitted the delta variant to fully vaccinated household contacts, with high viral load in all cases, and temporal relationships between the viral load kinetics that were consistent with transmission from the index cases to their respective contacts (figure 2B).

Inclusion criteria for the modelling analysis selected 133 participant's viral load RNA trajectories from 163 PCR-positive participants (49 with the pre-alpha variant, 39 alpha, and 45 delta; appendix p 14). Of the 45 delta cases, 29 were fully vaccinated and 16 were unvaccinated; partially vaccinated cases were excluded. Of the 133 included cases, 29 (22%) were incident (ie, PCR negative at enrolment converting to PCR positive subsequently) and 104 (78%) were prevalent (ie, already PCR positive at enrolment). 15 of the prevalent cases had a clearly resolvable peak viral load. Figure 3 shows modelled viral RNA (ORF1ab) trajectories together with the viral RNA copy numbers measured for individual participants. The E-gene equivalent is shown in the appendix (p 2). Estimates derived from E-gene cycle threshold value data (appendix pp 5, 7, 9, 11) were similar to those for ORF1ab.

Although viral kinetics appear visually similar for all four groups of cases, we found quantitative differences in estimated viral growth rates and decline rates (tables 3, 4). Population (group-level) estimates of mean viral load decline rates based on ORF1ab cycle threshold value data varied in the range of 0.69–0.95 log₁₀ units per mL per daxes 4; appendix p 10), indicating that a typical 10-day period was required for viral load to decline from peak to undetectable. A faster decline was seen in the alpha ($pp=0.93$), unvaccinated delta ($pp=0.79$), and fully vaccinated delta ($pp=0.99$) groups than in the pre-alpha group. The mean viral load decline rate of the fully vaccinated delta group was also faster than those of the alpha group ($pp=0.84$) and the unvaccinated delta group ($pp=0.85$). The differences in decline rates translate into a difference of about 3 days in the mean duration of the decline phase between the pre-alpha and delta vaccinated groups.



grow from undetectable to peak. Our power to infer differences in growth rates between groups was more restricted than for viral decline, but there was moderate evidence ($pp=0.79$) that growth rates were lower for



(Figure 3 continues on next page)

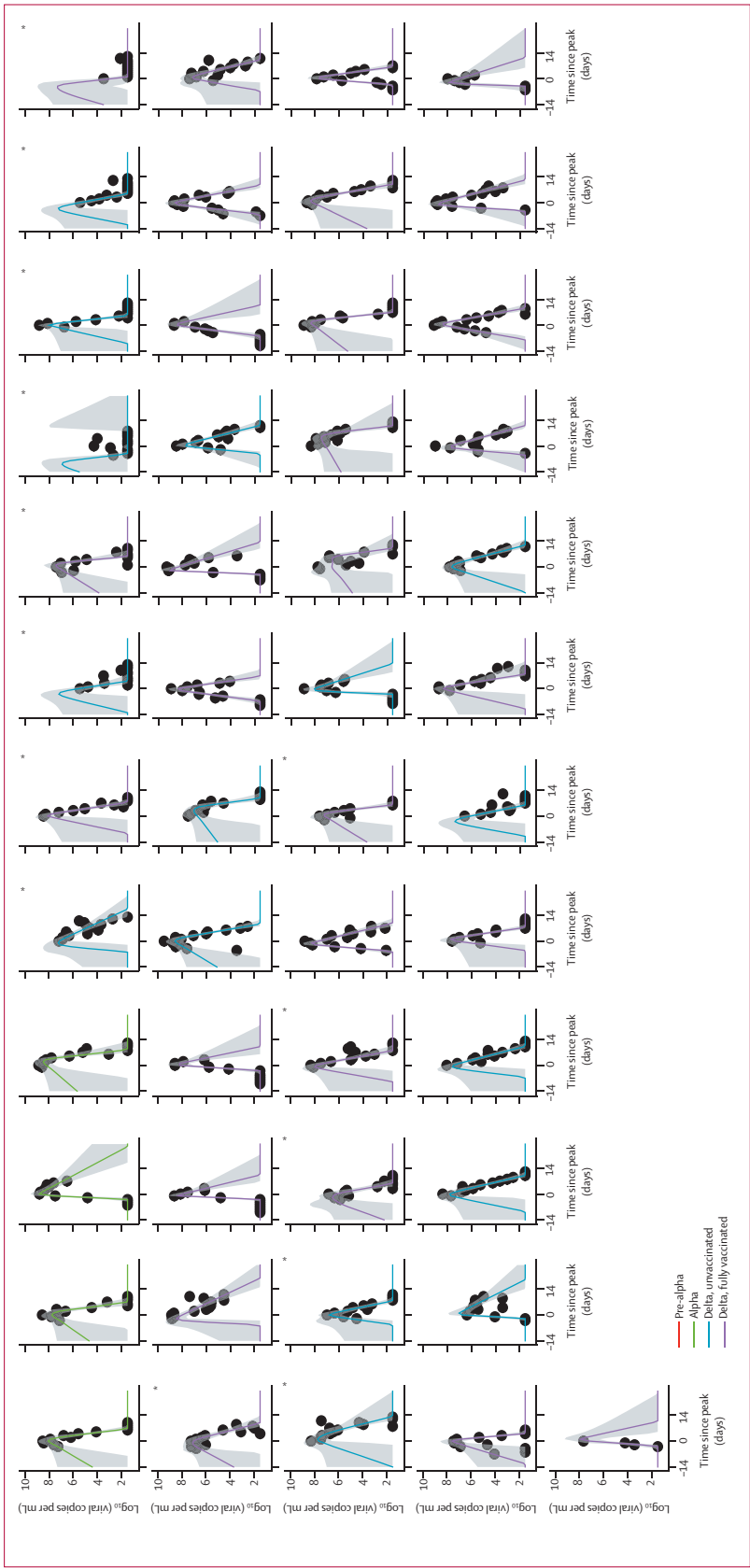


Figure 3: ORF1ab viral load trajectories from 14 days before to 28 days after peak for 133 participants infected with pre-alpha or alpha variants (unvaccinated), or the delta variant (vaccinated and unvaccinated) variants
Black circles are measured values, with the first datapoint for each participant being taken to the day of enrolment. Plots are rooted on the day of peak viral load for each participant, denoted as day 0 on the x-axis. Curves show the model posterior median estimate, with a 95% credible interval shading. 133 infected participants, comprising 114 contacts and 19 index cases. *Index cases.

	VL growth rate (95% CrI), log ₁₀ units per day	Posterior probability estimate is less than pre-alpha	Posterior probability estimate is less than alpha	Posterior probability estimate is less than delta (unvaccinated)	Posterior probability estimate is less than delta (fully vaccinated)
Pre-alpha (n=49)	3.24 (1.78–6.14)	..	0.44	0.27	0.21
Alpha (n=39)	3.13 (1.76–5.94)	0.56	..	0.32	0.25
Delta, unvaccinated (n=16)	2.81 (1.47–5.47)	0.73	0.68	..	0.44
Delta, fully vaccinated (n=29)	2.69 (1.51–5.17)	0.79	0.75	0.56	..

VL growth rates are shown as within-sample posterior mean estimates. Remaining columns show population (group-level) posterior probabilities that the estimate on that row is less than an estimate for a different group. Posterior probabilities are derived from 20 000 posterior samples and have sampling errors of <0.01. VL=viral load. CrI=credible interval.

Table 3: Estimates of VL growth rates for pre-alpha, alpha, and delta (unvaccinated and fully vaccinated) cases, derived from ORF1ab cycle threshold data

	VL decline rate (95% CrI), log ₁₀ units per day	Posterior probability estimate is larger than pre-alpha	Posterior probability estimate is larger than alpha	Posterior probability estimate is larger than delta (unvaccinated)	Posterior probability estimate is larger than delta (fully vaccinated)
Pre-alpha (n=49)	0.69 (0.58–0.81)	..	0.07	0.21	0.01
Alpha (n=39)	0.82 (0.67–1.01)	0.93	..	0.60	0.16
Delta, unvaccinated (n=16)	0.79 (0.59–1.04)	0.79	0.40	..	0.15
Delta, fully vaccinated (n=29)	0.95 (0.76–1.18)	0.99	0.84	0.85	..

VL decline rates are shown as within-sample posterior mean estimates. Remaining columns show population (group-level) posterior probabilities that the estimate on that row is less than an estimate for a different group. Posterior probabilities are derived from 20 000 posterior samples and have sampling errors of <0.01. VL=viral load. CrI=credible interval.

Table 4: Estimates of VL decline rates for pre-alpha, alpha, and delta (unvaccinated and fully vaccinated) cases, derived from ORF1ab cycle threshold data

those in the vaccinated delta group than in the pre-alpha group.

We estimated mean peak viral load for 50-year-old adults to be 8.14 (95% CrI 7.95 to 8.32) log₁₀ copies per mL, but peak viral load did not differ by variant or vaccination status. However, we estimated that peak viral load increases with age ($pp=0.96$ that the slope of peak viral load with log[age] was >0), with an estimated slope of 0.24 (95% CrI -0.02 to 0.49) log₁₀ copies per mL per unit change in log(age). This estimate translates to a difference of 0.39 (-0.03 to 0.79) in mean peak log₁₀ copies per mL between those aged 10 years and 50 years.

Within-group individual participant estimates of viral load growth rate were positively correlated with peak viral load, with a correlation coefficient estimate of 0.42 (95% CrI 0.13 to 0.65; appendix p 8). Hence, individuals with faster viral load growth tend to have higher peak viral load. The decline rate of viral load was also negatively correlated with viral load growth rate, with a correlation coefficient estimate of -0.44 (95% CrI -0.67 to -0.18), illustrating that individuals with faster viral load growth tend to experience slower viral load decline.

Discussion

Households are the site of most SARS-CoV-2 transmission globally.¹⁹ In our cohort of densely sampled household contacts exposed to the delta variant, SAR was 38% in unvaccinated contacts and 25% in fully vaccinated contacts. This finding is consistent with the known protective effect of COVID-19 vaccination against

infection.^{8,9} Notwithstanding, these findings indicate continued risk of infection in household contacts despite vaccination. Our estimate of SAR is higher than that reported in fully vaccinated household contacts exposed before the emergence of the delta variant.^{1,20,21} The time interval between vaccination and study recruitment was significantly higher in fully vaccinated PCR-positive contacts than fully vaccinated PCR-negative contacts, suggesting that susceptibility to infection increases with time as soon as 2–3 months after vaccination—consistent with waning protective immunity. This potentially important observation is consistent with recent large-scale data and requires further investigation.¹⁷ Household SAR for delta infection, regardless of vaccination status, was 26% (95% CI 20–32), which is higher than estimates of UK national surveillance data (10.8% [10.7–10.9]).¹⁰ However, we sampled contacts daily, regardless of symptomatology, to actively identify infection with high sensitivity. By contrast, symptom-based, single-timepoint surveillance testing probably underestimates the true SAR, and potentially also overestimates vaccine effectiveness against infection.

We identified similar SAR (25%) in household contacts exposed to fully vaccinated index cases as in those exposed to unvaccinated index cases (23%). This finding indicates that breakthrough infections in fully vaccinated people can efficiently transmit infection in the household setting. We identified 12 household transmission events between fully vaccinated index case–contact pairs; for three of these, genomic sequencing confirmed that the index case and

contact were infected by the same delta variant sub-lineage, thus substantiating epidemiological data and temporal relationships of viral load kinetics to provide definitive evidence for secondary transmission. To our knowledge, one other study has reported that transmission of the delta variant between fully vaccinated people was a point-source nosocomial outbreak—a single health-care worker with a particular delta variant sub-lineage in Vietnam.²²

Daily longitudinal sampling of cases from early (median 4 days) after exposure for up to 20 days allowed us to generate high-resolution trajectories of URT viral load over the course of infection. To date, two studies have sequentially sampled community cases of mild SARS-CoV-2 infection, and these were from highly specific population groups identified through asymptomatic screening programmes (eg, for university staff and students²³ and for professional athletes²⁴).

Our most predictive model of viral load kinetics estimated mean peak log₁₀ viral load per mL of 8.14 (95% CrI 7.95–8.32) for adults aged 50 years, which is very similar to the estimate from a 2021 study using routine surveillance data.²⁵ We found no evidence of variation in peak viral load by variant or vaccination status, but we report some evidence of modest but significant ($p=0.095$) increases in peak viral load with age. Previous studies of viral load in children and adults^{4,25,26} have not used such dense sequential sampling of viral load and have, therefore, been restricted in their power to resolve age-related differences; the largest such study²⁵ reported a similar difference between children and adults to the one we estimated. We found the rate of viral load decline was faster for vaccinated individuals with delta infection than all other groups, and was faster for individuals in the alpha and unvaccinated delta groups than those with pre-alpha infection.

For all variant vaccination groups, the variation between participants seen in viral load kinetic parameter estimates was substantially larger than the variation in mean parameters estimated between groups. The modest scale of differences in viral kinetics between fully vaccinated and unvaccinated individuals with delta infection might explain the relatively high rates of transmission seen from vaccinated delta index cases in our study. We found no evidence of lower SARs from fully vaccinated delta index cases than from unvaccinated ones. However, given that index cases were identified through routine symptomatic surveillance, there might have been a selection bias towards identifying untypically symptomatic vaccine breakthrough index cases.

The differences in viral kinetics we found between the pre-alpha, alpha, and delta variant groups suggest some incremental, but potentially adaptive, changes in viral dynamics associated with the evolution of SARS-CoV-2 towards more rapid viral clearance. Our study provides the first evidence that, within each variant or vaccination group, viral growth rate is positively correlated with peak viral load, but is negatively correlated with viral decline

rate. This finding suggests that individual infections during which viral replication is initially fastest generate the highest peak viral load and see the slowest viral clearance, with the latter not just being due to the higher peak. Mechanistically, these data suggest that the host and viral factors determining the initial growth rate of SARS-CoV-2 have a fundamental effect on the trajectory throughout infection, with faster replication being more difficult (in terms of both peak viral load and the subsequent decline of viral load) for the immune response to control. Analysis of sequentially sampled immune markers during infection might give insight into the immune correlates of these early differences in infection kinetics. It is also possible that individuals with the fastest viral load growth and highest peaks contribute disproportionately to community transmission, a hypothesis that should be tested in future studies.

Several population-level, single-timepoint sampling studies using routinely available data have found no major differences in cycle threshold values between vaccinated and unvaccinated individuals with delta variant infection.^{10,27,28} However, as the timepoint of sampling in the viral trajectory is unknown, this restricts the interpretation of such results. Two other studies longitudinally sampled vaccinated and unvaccinated individuals with delta variant infection.^{23,29} A retrospective cohort of hospitalised patients in Singapore²⁹ also described a faster rate of viral decline in vaccinated versus unvaccinated individuals with delta variant, reporting somewhat larger differences in decline rates than we estimated here. However, this disparity might be accounted for by the higher severity of illness in unvaccinated individuals in the Singaporean study (almost two-thirds having pneumonia, one-third requiring COVID-19 treatment, and a fifth needing oxygen) than in our study, given that longer viral shedding has been reported in patients with more severe illness.³⁰ A longitudinal sampling study in the USA reported that pre-alpha, alpha, and delta variant infections had similar viral trajectories.²⁴ The study also compared trajectories in vaccinated and unvaccinated individuals, reporting similar proliferation phases and peak cycle threshold values, but more rapid clearance of virus in vaccinated individuals. However, this study in the USA stratified by vaccination status and variant separately, rather than jointly, meaning vaccinated individuals with delta infection were being compared with, predominantly, unvaccinated individuals with pre-alpha and alpha infection. Moreover, sampling was done as part of a professional sports player occupational health screening programme, making the results not necessarily representative of typical community infections.

Our study has limitations. First, we recruited only contacts of symptomatic index cases as our study recruitment is derived from routine contact-tracing notifications. Second, index cases were defined as the first household member to have a PCR-positive swab, but we cannot exclude the possibility that another household member might already have been infected and transmitted

to the index case. Third, recording of viral load trajectories is subject to left censoring, where the growth phase in prevalent contacts (already PCR-positive at enrolment) was missed for a proportion of participants. However, we captured 29 incident cases and 15 additional cases on the upslope of the viral trajectory, providing valuable, informative data on viral growth rates and peak viral load in a subset of participants. Fourth, owing to the age-stratified rollout of the UK vaccination programme, the age of the unvaccinated, delta variant-infected participants was lower than that of vaccinated participants. Thus, age might be a confounding factor in our results and, as discussed, peak viral load was associated with age. However, it is unlikely that the higher SAR observed in the unvaccinated contacts would have been driven by younger age rather than the absence of vaccination and, to our knowledge, there is no published evidence showing increased susceptibility to SARS-CoV-2 infection with decreasing age.³¹ Finally, although we did not perform viral culture here—which is a better proxy for infectiousness than RT-PCR—two other studies^{27,32} have shown cultivable virus from around two-thirds of vaccinated individuals infected with the delta variant, consistent with our conclusions that vaccinated individuals still have the potential to infect others, particularly early after infection when viral loads are high and most transmission is thought to occur.³⁰

Our findings help to explain how and why the delta variant is being transmitted so effectively in populations with high vaccine coverage. Although current vaccines remain effective at preventing severe disease and deaths from COVID-19, our findings suggest that vaccination alone is not sufficient to prevent all transmission of the delta variant in the household setting, where exposure is close and prolonged. Increasing population immunity via booster programmes and vaccination of teenagers will help to increase the currently limited effect of vaccination on transmission, but our analysis suggests that direct protection of individuals at risk of severe outcomes, via vaccination and non-pharmacological interventions, will remain central to containing the burden of disease caused by the delta variant.

Contributors

AS, JD, MZ, NMF, WB, and ALal conceptualised the study. AS, SH, JD, KJM, AK, JLB, MGW, ND-F, RV, RK, JF, CT, AVK, JC, VQ, EC, JSN, SH, EM, TP, HH, CL, JS, SB, JP, CA, SA, and NMF were responsible for data curation and investigation. AS, SH, KJM, JLB, AC, NMF, and ALal did the formal data analysis. MAC, AB, DJ, SM, JE, PSF, SD, and ALac did the laboratory work. RV, RK, JF, CT, AVK, JC, VQ, EC, JSN, SH, EM, and SE oversaw the project. AS, SH, JD, KJM, JLB, NMF, and ALal accessed and verified the data. JD, MZ, and ALal acquired funding. NMF sourced and oversaw the software. AS and ALal wrote the initial draft of the manuscript. AS, JD, GPT, MZ, NMF, SH, and ALal reviewed and edited the manuscript. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

The ATACCC Study Investigators

Anjna Badhan, Simon Dustan, Chitra Tejpal, Anjali V Ketkar, Janakan Sam Narean, Sarah Hammett, Eimear McDermott,

Timesh Pillay, Hamish Houston, Constanta Luca, Jada Samuel, Samuel Bremang, Samuel Evetts, John Poh, Charlotte Anderson, David Jackson, Shahjahan Miah, Joanna Ellis, and Angie Lackenby.

Declaration of interests

NMF reports grants from UK Medical Research Council, UK National Institute of Health Research, UK Research and Innovation, Community Jameel, Janssen Pharmaceuticals, the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance; consulting fees from the World Bank; payment or honoraria from the Wellcome Trust; travel expenses from WHO; advisory board participation for Takeda; and is a senior editor of the *eLife* journal. All other authors declare no competing interests.

Data sharing

An anonymised, de-identified version of the dataset can be made available upon request to allow all results to be reproduced. Modelling code will also be made publicly available on the GitHub repository.

Acknowledgments

This work is supported by the National Institute for Health Research (NIHR200927), a Department of Health and Social Care COVID-19 Fighting Fund award, and the NIHR Health Protection Research Units (HPRUs) in Respiratory Infections and in Modelling and Health Economics. NMF acknowledges funding from the MRC Centre for Global Infectious Disease Analysis and the Jameel Institute. PSF and MAC are supported by the UK Dementia Research Institute. JD is supported by the NIHR HPRU in Emerging and Zoonotic Infections. MGW is supported by the NIHR HPRU in Healthcare Associated Infections and Antimicrobial Resistance. GPT is supported by the Imperial NIHR Biomedical Research Centre. We thank all the participants who were involved in the study, Public Health England staff for facilitating recruitment into the study, the staff of the Virus Reference Department for performing PCR and sequencing assays, and the Immunisations Department for assisting with analysis of vaccination data. We also thank Kristel Timcang, Mohammed Essoussi, Holly Grey, Giulia Miserocchi, Harriet Catchpole, Charlotte Williams, Niamh Nichols, Jessica Russell, Sean Nevin, Lulu Wang, Berenice Di Biase, Alice Panes, Esther Barrow, and Lauren Edmunds for their involvement in logistics, conducting data entry, or quality control; and the Molecular Diagnostics Unit at Imperial College London, in particular Lucy Moss crop, Carolina Rosadas de Oliveira, and Patricia Watber, for performing RNA extraction, quantitative RT-PCR, and preparing samples for sequencing.

References

- Harris RJ, Hall JA, Zaidi A, Andrews NJ, Dunbar JK, Dabrera G. Effect of vaccination on household transmission of SARS-CoV-2 in England. *N Engl J Med* 2021; **385**: 759–60.
- Levine-Tiefenbrun M, Yelin I, Katz R, et al. Initial report of decreased SARS-CoV-2 viral load after inoculation with the BNT162b2 vaccine. *Nat Med* 2021; **27**: 790–92.
- Singanayagam A, Patel M, Charlett A, et al. Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020. *Euro Surveill* 2020; **25**: 2001483.
- Lyngse FP, Mølbak K, Trøholt Franck K, et al. Association between SARS-CoV-2 transmissibility, viral load, and age in households. *medRxiv* 2021; published online June 4. <https://doi.org/10.1101/2021.02.28.21252608> (preprint).
- Liu Y, Rocklöv J. The reproductive number of the delta variant of SARS-CoV-2 is far higher compared to the ancestral SARS-CoV-2 virus. *J Travel Med* 2021; published online Aug 9. <https://doi.org/10.1093/jtm/taab124>.
- Challen R, Dyson L, Overton CE, et al. Early epidemiological signatures of novel SARS-CoV-2 variants: establishment of B.1.617.2 in England. *medRxiv* 2021; published online June 7. <https://doi.org/10.1101/2021.06.05.21258365> (preprint).
- Sheikh A, McMenamin J, Taylor B, Robertson C. SARS-CoV-2 delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness. *Lancet* 2021; **397**: 2461–62.
- Lopez Bernal J, Andrews N, Gower C, et al. Effectiveness of COVID-19 vaccines against the B.1.617.2 (delta) variant. *N Engl J Med* 2021; **385**: 585–94.

- 9 Seppälä E, Veneti L, Starrfelt J, et al. Vaccine effectiveness against infection with the delta (B.1.617.2) variant, Norway, April to August 2021. *Euro Surveill* 2021; **26**: 2100793.
- 10 Public Health England. SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 20. Aug 6, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf (accessed Oct 21, 2021).
- 11 Dagan N, Barda N, Kepten E, et al. BNT162b2 mRNA COVID-19 vaccine in a nationwide mass vaccination setting. *N Engl J Med* 2021; **384**: 1412–23.
- 12 Chung H, He S, Nasreen S, et al. Effectiveness of BNT162b2 and mRNA-1273 COVID-19 vaccines against symptomatic SARS-CoV-2 infection and severe COVID-19 outcomes in Ontario, Canada: test negative design study. *BMJ* 2021; **374**: n1943.
- 13 Polack FP, Thomas SJ, Kitchin N, et al. Safety and efficacy of the BNT162b2 mRNA COVID-19 vaccine. *N Engl J Med* 2020; **383**: 2603–15.
- 14 WHO. WHO COVID-19 case definition. 2020. https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2 (accessed Aug 19, 2021).
- 15 Ferguson NM, Kien DT, Clapham H, et al. Modeling the impact on virus transmission of wolbachia-mediated blocking of dengue virus infection of *Aedes aegypti*. *Sci Transl Med* 2015; **7**: 279ra37.
- 16 Elliott P, Haw D, Wang H, et al. REACT-1 round 13 final report: exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with delta variant in England during May to July 2021. https://spiral.imperial.ac.uk/bitstream/10044/1/90800/2/react1_r13_final_preprint_final.pdf (accessed Oct 21, 2021).
- 17 Pouwels K, Pritchard E, Matthews P, et al. Impact of delta on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK. <https://www.ndm.ox.ac.uk/files/coronavirus/covid-19-infection-survey/finalfinalcombinedve20210816.pdf> (accessed Oct 21, 2021).
- 18 O'Toole Á, Hill V, Pybus OG, et al. Tracking the international spread of SARS-CoV-2 lineages B.1.1.7 and B.1.351/501Y-V2 with grinch. *Wellcome Open Res* 2021; **6**: 121.
- 19 Thompson HA, Mousa A, Dighe A, et al. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) setting-specific transmission rates: a systematic review and meta-analysis. *Clin Infect Dis* 2021; **73**: e754–64.
- 20 House T, Pellis L, Pritchard E, McLean AR, Walker AS. Total effect analysis of vaccination on household transmission in the Office for National Statistics COVID-19 infection survey. *arXiv* 2021; published online July 14. <http://arxiv.org/abs/2107.06545> (preprint).
- 21 de Gier B, Andeweg S, Joosten R, et al. Vaccine effectiveness against SARS-CoV-2 transmission and infections among household and other close contacts of confirmed cases, the Netherlands, February to May 2021. *Euro Surveill* 2021; **26**: 2100640.
- 22 Chau NVV, Ngoc NM, Nguyet LA, et al. An observational study of breakthrough SARS-CoV-2 Delta variant infections among vaccinated healthcare workers in Vietnam 2021. *E Clin Med* 2021; **41**: 101143.
- 23 Ke R, Martinez PP, Smith RL, et al. Daily sampling of early SARS-CoV-2 infection reveals substantial heterogeneity in infectiousness. *medRxiv* 2021; published online July 12. <https://doi.org/10.1101/2021.07.12.21260208> (preprint).
- 24 Kissler SM, Fauver JR, Mack C, et al. Densely sampled viral trajectories suggest longer duration of acute infection with B.1.1.7 variant relative to non-B.1.1.7 SARS-CoV-2. *medRxiv* 2021; published online Aug 25. <https://doi.org/10.1101/2021.02.16.21251535> (preprint).
- 25 Jones TC, Biele G, Mühlemann B, et al. Estimating infectiousness throughout SARS-CoV-2 infection course. *Science* 2021; **373**: eabi5273.
- 26 Madera S, Crawford E, Langelier C, et al. Nasopharyngeal SARS-CoV-2 viral loads in young children do not differ significantly from those in older children and adults. *Sci Rep* 2021; **11**: 3044.
- 27 Riemersma KK, Grogan BE, Kita-Yarbro A, et al. Shedding of infectious SARS-CoV-2 despite vaccination when the delta variant is prevalent—Wisconsin, July 2021. Version 4. *medRxiv* 2021; published online Aug 24. <https://doi.org/10.1101/2021.07.31.21261387> (preprint).
- 28 Brown CM, Vostok J, Johnson H, et al. 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; **70**: 1059–62.
- 29 Chia PY, Ong S, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 delta variant vaccine-breakthrough infections: a multi-center cohort study. *medRxiv* 2021; published online July 31. <https://doi.org/10.1101/2021.07.28.21261295> (preprint).
- 30 Cevik M, Tate M, Lloyd O, Maraolo AE, Schafers J, Ho A. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis. *Lancet Microbe* 2021; **2**: e13–22.
- 31 Viner RM, Mytton OT, Bonell C, et al. Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults: a systematic review and meta-analysis. *JAMA Pediatr* 2021; **175**: 143–56.
- 32 Shamier MC, Tostmann A, Bogers S, et al. Virological characteristics of SARS-CoV-2 vaccine breakthrough infections in health care workers. *medRxiv* 2021; published online Aug 21. <https://doi.org/10.1101/2021.08.20.21262158> (preprint).

On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

Sucharit Bhakdi, MD and Arne Burkhardt, MD

This text is a written summary of Dr. Bhakdi's and Dr. Burkhardt's presentations at the Doctors for COVID Ethics symposium that was live-streamed by [UKColumn](#) on December 10th, 2021. The two presentations can be viewed at the very beginning of [the video recording](#) of the symposium.

The authors

Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of Pathology in Reutlingen for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

The evidence

We herewith present scientific evidence that calls for an immediate stop of the use of gene-based COVID-19 vaccines. We first lay out why the agents cannot protect against viral infection. While no positive effects can be expected, we show that the vaccines can trigger self-destructive processes that lead to debilitating illness and death.

Why the vaccines cannot protect against infection

A fundamental mistake underlying the development of the COVID-19 vaccines was to neglect the functional distinction between the two major categories of antibodies which the body produces in order to protect itself from pathogenic microbes.

The first category (secretory IgA) is produced by immune cells (lymphocytes) which are located directly underneath the mucous membranes that line the respiratory and intestinal tract. The antibodies produced by these lymphocytes are secreted through and to the surface of the mucous membranes.

These antibodies are thus on site to meet air-borne viruses, and they may be able to prevent viral binding and infection of the cells.

The second category of antibodies (IgG and circulating IgA) occur in the bloodstream. These antibodies protect the internal organs of the body from infectious agents that try to spread via the bloodstream.

Vaccines that are injected into the muscle – i.e., the interior of the body – will only induce IgG and circulating IgA, not secretory IgA. Such antibodies cannot and will not effectively protect the mucous membranes from infection by SARS-CoV-2. Thus, the currently observed “breakthrough infections” among vaccinated individuals merely confirm the fundamental design flaws of the vaccines. Measurements of antibodies in the blood can never yield any information on the true status of immunity against infection of the respiratory tract.

The inability of vaccine-induced antibodies to prevent coronavirus infections has been reported in recent scientific publications.

The vaccines can trigger self-destruction

A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localized to the respiratory tract. In contrast, the vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ. We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death. How and why such tragedies might causally be linked to vaccination has remained a matter of conjecture because scientific evidence has been lacking. This situation has now been rectified.

Histopathologic studies: the patients

Histopathologic analyses have been performed on the organs of 15 persons who died after vaccination. The age, gender, vaccination record, and time of death after injection of each patient are listed in the table on the next page. The following points are of utmost importance:

- Prior to death, only 4 of the 15 patients had been treated in the ICU for more than 2 days. The majority were never hospitalized and died at home (5), on the street (1), at work (1), in the car (1), or in home-care facilities (1). Therefore, in most cases, therapeutic intervention is unlikely to have significantly influenced the post-mortem findings.
- Not a single death was brought into any possible association with the vaccination by the coroner or the public prosecutor; this association was only established by our autopsy findings.
- The initially performed conventional post-mortems also uncovered no obvious hints to a possible role of vaccination, since the macroscopic appearance of the organs was overall unremarkable. In most cases, “rhythmicogenic heart failure” was postulated as the cause of death.

But our subsequent histopathological analyses then brought about a complete turnaround. A summary of the fundamental findings follows.

Case #	Gender	Age (years)	Vaccine (injections)	Time of death after last injection
1	female	82	Moderna (1. and 2.)	37 days
2	male	72	Pfizer (1.)	31 days
3	female	95	Moderna (1. and 2.)	68 days
4	female	73	Pfizer (1.)	unknown
5	male	54	Janssen (1.)	65 days
6	female	55	Pfizer (1. and 2.)	11 days
7	male	56	Pfizer (1. and 2.)	8 days
8	male	80	Pfizer (1. and 2.)	37 days
9	female	89	Unknown (1. and 2.)	6 months
10	female	81	Unknown (1. and 2.)	unknown
11	male	64	AstraZeneca (1. and 2.)	7 days
12	female	71	Pfizer (1. and 2.)	20 days
13	male	28	AstraZeneca (1.), Pfizer (2.)	4 weeks
14	male	78	Pfizer (1. and 2.)	65 days
15	female	60	Pfizer (1.)	23 days

Histopathologic studies: findings

Histopathologic findings of a similar nature were detected in organs of 14 of the 15 deceased. Most frequently afflicted were the heart (14 of 15 cases) and the lung (13 of 15 cases). Pathologic alterations were furthermore observed in the liver (2 cases), thyroid gland (Hashimoto's thyroiditis, 2 cases), salivary glands (Sjögren's Syndrome; 2 cases) and brain (2 cases).

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endothelitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;

2. the extensive perivascular accumulation of T-lymphocytes;
3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.

This combination of multifocal, T-lymphocyte-dominated pathology that clearly reflects the process of immunological self-attack is without precedent. Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals.

Conclusion

Histopathologic analysis show clear evidence of vaccine-induced autoimmune-like pathology in multiple organs. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections, is self-evident.

Beyond any doubt, injection of gene-based COVID-19 vaccines places lives under threat of illness and death. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.

From: Mike Muglia
Sent: 1/4/2022 6:10:50 PM
To: DOH WSBOH
Cc:
Subject: Please do not add the Covid 19 Vaccines to the list of required vaccines for students in Washington Schools

External Email

Dear Washington State Board of Health Directors,

You have asked for input whether or not parents think that the Covid-19 Vaccines should be added to the list of required vaccines for school students.

I would respectfully request in light of the lack of long term scientific studies available regarding the potential side effects of the Covid 19 Vaccines that you vote against the mandate. Please do not make it mandatory in order for students to be allowed to attend in person school.

Thank you for your attention and request for input.

Best Regards,
Michael A Muglia
411 E Lacrosse Ave, Spokane, WA 99207
509-570-4958

From: Virginia Klein
Sent: 1/5/2022 12:02:02 AM
To: DOH WSBOH
Cc:
Subject: Public Comment child vaccines

External Email

Good morning,

I would like to respectfully request you say NO to child covid vaccines. Please allow parents the power to decide what is best for their child's medical health. Thank you,
Sincerely, Virginia Amidon

Sent from Yahoo Mail on Android

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

From: Spicciati, Alan
Sent: 1/3/2022 10:24:35 PM
To: Joshua Daugherty,DOH WSOH,DOH
Information,GOVOutBound,Communications,Brown, Greg,Gayman, Anne,Richardson,
Marva
Cc:
Subject: Re: Revise mask mandates for children schools

External Email

Mr. Daugherty,

I agree on this point, we need to know where the off-ramp is for masking. Common sense says long-term masking will have downsides for children. Superintendents have been posing this issue with the state. But that conversation is on hold during the current COVID spike.

You make a remark at the end about remote learning. I assure you, we are NOT moving in this direction. In fact, our principals and school staff are going above and beyond to keep schools open. We are operating with more than 10% of staff out this week. I have no intention of pivoting to any extended period of remote learning. And OSPI and WA DOH also support in-person learning. I can't promise we won't have disruptions, like airlines canceling a flight here and there when there is not a crew available to work. But we are committed to in-person learning barring specific outbreaks and/or severe staffing shortages.

Alan

Dr. Alan Spicciati
Superintendent

From: Joshua Daugherty <joshua.daugherty.wa@gmail.com>
Sent: Monday, January 3, 2022 6:11 PM
To: DOH WSOH <WSOH@sboh.wa.gov>; DOH Information <DOH.Information@DOH.WA.GOV>; govoutbound@gov.wa.gov <govoutbound@gov.wa.gov>; Spicciati, Alan <aspicciati@auburn.wednet.edu>; Communications <Communications@auburn.wednet.edu>; Brown, Greg <gbrown@auburn.wednet.edu>; Gayman, Anne <agayman@auburn.wednet.edu>; Richardson, Marva <mrichardson@auburn.wednet.edu>
Subject: Re: Revise mask mandates for children schools

This email originated outside of the organization and contains a Web link or attachment. Please use caution. – ASD Tech

Educators,

DOH is useless and has been since the start of this plandemic. Still trying to control a virus that is still out of control. They hopefully realize this fact.

Now, after the turn of the new year, would like to get updated guidance as to the unconstitutional/forced masking policies that you are trying to enforce. Stop this nonsense. I'll ask the simple question once again to hopefully get some answers.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

Is anyone going to respond to my queries? Now with omicron/xi, the studies are now pointing to the uselessness of cloth masks. WSJ LINK

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcloth-face-mask-omicron-11640984082&data=04%7C01%7CW5BOH%40sboh.wa.gov%7C6002c55b3d824a9561e408d9cf4a9f87%7>>

One more item to bring back up as you clearly haven't understood it the first time:

"If masks, mandates & lockdowns work, why aren't they working?"

Clearly you all have some deprogramming that needs to be done. Hope for some answers this year...

Currently preparing on moving our family out of state. I hope you finally get the message as more people leave this 'power-hungry' dem-led state.

Happy New Year to more restrictions! Hmm, maybe you should bring schools back to online-only. Still, no plans...

Josh Daugherty

DO NOT COMPLY.

On Dec 13, 2021, at 6:13 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 15, then already Winter/Christmas break,

Still no constructive, healthy dialogue on this question.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

As all addressed on this continue to be complicit with 'policy', I propose in 2022, new year, new rules. Masks = Recommended for all, not mandated. I will not comply with your demands. At least begin a phased approach to mirror the restaurant half-assed policy of wearing masks walking around in the restaurant, but then when you sit down, you may take them off. Our children deserve better. Please share your thoughts on this, as you clearly do not have any other ideas. Since the beginning of the school year, you've been shrugging my concerns off or ignoring this altogether. Great job, now I'm starting to adopt some of these ideas, to ignore/disregard any & all communication coming down concerning force masking, vaccinations, etc.

You do not have control over what I do, what I wear, how I live. Our children wear the minimal 'protection' to abide by mandates only to 'not get in trouble'. They can also see that this is all theater and wearing masks for 'show' under the guise of 'keeping

everyone safe'. My underlying question all along has been, who is 'dangerous'? Certainly not our children as they have a larger chance of dying from the flu or common cold than covid. Covid is weak when it comes to them. Stop with this nonsense.

If WA DOH were TRULY trying to keep everyone 'safe' against a virus that only negatively impacts a very small portion of the public, they've been doing a BAD job at that. According to the DOH website, and due to the fact that 9,554 individuals have lost their lives to this. A whopping 1.2% of the WA population. A large majority of those are in the at risk age group and those that have had multiple health issues already. You've been failing since the beginning, and every death (including those hidden from view attributed to depression/suicide) is on you.

<PastedGraphic-2.tiff>

What I am finding even more surprising, the fact that you are pressing forward with 5-11 year old vaccinations and I highly doubt that many children in the state are medically 'at-risk' for this emergency use authorization. Shame on you all.

<PastedGraphic-3.tiff>

Additional facts to consider:

- 1) We've had viral illnesses for every single year of human history.
- 2) Covid has ~same fatality rate as a flu.
- 3) We've managed to live like normal humans until 2020.

Why are we still obsessed with covid?

Have a wonderful week and a happy holiday season,

Josh Daugherty

On Dec 7, 2021, at 6:41 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

To whom this may concern,

Is it already week 14? How can this be where the WA DOH only has the plan to see force masking our children until they say so? I believe this will fall on deaf ears as many of you are still complicit with this madness, but I will not comply.

All I'm requesting is to change from 'mandate' to 'recommended'. That would allow parents to make up their own minds as to mask their children or not. I can already expect that when masking eventually ends, common cold & flu cases will go up as masks prevent us from building our immunity to anything.

I will ask again:

- What is Washington's plan/goal as to when masks can be

recommended/optional for children while at school?

Let the children breathe. If parents are still scared for the .000007% chance that their child may be adversely affected by this virus, they can add masks if they choose. This needs to be a choice. I see that the DOH hasn't updated their page since 29 November 2021 which shows me they still have no plan. Or have you realized that you are probably getting to the end of mass vaccines? The rest of WA will not do what you tell them. Give up. Will not get to 100% vaccinated, but that still isn't the plan, right?

I would like to also point out a quick observation that Ohio Rep Jim Jordan had mentioned recently:

Summary: If masks, mandates & lockdowns work, why aren't they working?

The 'health' community has been wrong at almost every step of the way since the beginning. Their plan seems to be: 'lets try this...what about this...next we should try this...'

Quite the 'science', hmmm. If you don't have a plan, just say it. Still advocating for my previous comment, begin with a phased approach like in restaurants. Our students can remove their masks while seated. What is so wrong about this?

I am still looking forward to our comments & replies with answers. Not more of the political jargon...it doesn't work anymore.

Awaiting solutions & dialogue,

Josh Daugherty

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 30, 2021, at 8:12 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Surprise! I have received a response from last week's request from the DOH Information email. Still no answers (not a true surprise). I look forward to the weekly, one-way communication with all involved. No one seems to be doing anything to assist in this. I hold all accountable for this non-action.

Please see below for the thread from today preceded by my latest response.:

DOH Information,

This question was asked over a week ago and just now you are getting back to me. Bottom line: My question still isn't answered. You really need to update your sources as that CDC links were updated as of November 2020 & May 2021. That is between 6 months and a year ago!

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

According to the WA DOH, covid doesn't spread in restaurants while diners have meals, that can take off their masks then, why not our children while seated? I have no issues with parents who wish to have their child masked all day, just do not force it on all of our children. Statistically speaking, our children have more of a risk of adverse problems with the flu and the common cold than they do against covid. No one mentioned prior to 2019/2020 wearing masks for any flu seasons. Odds are the common cold & flu cases will spike once our kids remove their masks as they all have been weakening their immune systems with this forced masking.

As of yesterday, the WA DOH covid page shows vaccination stats. I am asking the WA DOH to come up with a % as to how many people need to get vaccinated against this useless virus that only hurts the weakest in the population (immunocompromised). I guarantee that we will not get to 100%, probably never 90% but how long do we need to continue this nonsense? What is the plan? I will say this again: IF YOU FAIL TO PLAN, THEN YOU PLAN TO FAIL.

<PastedGraphic-1.png>

I look forward to your reply with answers and or a plan. Maybe begin a 'phased approach' that was tried to reopen after the government shut all the small businesses at the beginning. Quite the asinine approach at that but we at least tried that.

Concerned parent,

Josh Daugherty

<https://www.unmaskourkidswa.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

REQUEST

RESPONSE FROM DOH PA THIS MORNING TO MY 23 NOVEMBER

Hello,

Thank you for contacting the Department of Health.

DOH disease experts continue to monitor COVID-19 infection, hospitalization, death rates and health system capacity closely. While disease rates are declining, they remain high and hospital occupancy is still over 90 percent. We feel cautiously optimistic now that kids age 5 and older are eligible for the vaccine; however, the majority of children are still not vaccinated. We need to continue to do everything we can to prevent the spread of COVID-19, especially in light of the highly contagious Delta variant. As we head into winter and the holiday season, when the number of social get-togethers and indoor gatherings increase, a combination of masks and vaccines remain

the best tools we have available to ensure that kids stay healthy and businesses and schools stay open.

You may view the studies below about the reduction in virus transmission and mask use:

The Science of Masking to Control COVID-19 (cdc.gov)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fdownloads%2Fscience-of-masking-full.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C6002c55b3d824a9561e408d9cf4a9f87%7C11d0>>

Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2Fmasking-science-sars-cov2.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C6002c55b3d824a9561e408d9cf4a9f87%7C11d0>>

Best regards,

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov
<<mailto:DOH.Information@doh.wa.gov>>

800-525-0127 | www.doh.wa.gov
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C6002c55b3d824a9561e408d9cf4a9f87%7C11d0>>

<image003.png>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>>

On Nov 30, 2021, at 6:39 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Contacts,

Here we are at week 13, still no plan for children, the HEALTHIEST of us all, to have masks optional in school.

I will try to ask the question again, expecting someone to give any answers to the question:

- What is Washington's plan as to when masks can be recommended/optional for children while at school?

"Until we say so..." isn't science. Show me the proof that kids are dropping like flies while at school. I will restate my previous comment, our kids are much healthier and can fight off any common cold & flu (read covid) much quicker than any of us. Why is the state still providing the useless nonsense direction as to 'keep everyone safe' and 'keep masking up until we say so'.

If you are awaiting 100% covid vaccinations, even for VAST majority of children that do NOT need it, we will not reach that goal. But it seems like the DOH still doesn't have a plan...

Not to mention, no one is keeping the conversation open except for parents, so everyone else in this chain is being complicit with these mandates.

I believe I've said it before, but this sounds a lot like when I was growing up, if someone told you to jump off a bridge, many of you would. Sorry to disappoint but I think for myself and will not jump.

Still frustrated and I will talk to you again next week! Parental choice should be part of this conversation. If masks work, then let those that continue to wear them, and be afraid of this virus continue. I will not comply.

Josh Daugherty

<https://www.unmaskourkidswa.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 23, 2021, at 4:06 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Washington State Board of Health,

12 weeks and still no answers from anyone as to what the plan is concerning the forced masking of our children at school. Here is the question, should be simple and to the point:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Wear masks until we say so... isn't rooted in any

science that I know of. Our children already have a much lower chance of health issues even if they contract Covid. I will reiterate my previous request: "mirror the restaurant policy" so that when our children are seated at their desk in the classroom, they may take off their masks. If some children still feel scared to take their masks off, they may keep them on. This should still be about choice of the parents/students. With these false-rooted mandates, they aren't allowing us freedom of choice.

I look forward to your comments/dialogue concerning this topic. If you will not help, then step aside as your inaction shows just how deeply you care about the health of my children.

Josh Daugherty

Just in case you missed it, here's some educational reading when it comes to our children.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 16, 2021, at 9:35 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Washington State Board of Health,

Still awaiting an answer to my queries below. Here we are, 11 weeks into the school year and it's still the same: "do it until we say so...". If you fail to PLAN, you plan to FAIL. I see a lot of failing by those in all positions of 'office'.

I've been contacting the WA DOH without answers every week, including Cc'ing our non-action school district, principals etc. No one will assist with speaking to anyone that may have any indication as to how long should we expect to force-mask our children at school. This virus is NOT a threat to our children, as it is comparable to the flu or the common cold. They are healthy.

Would like to at least begin some conversation with relaxing these 'mandates' to at least mirror restaurants in the area. If the children are seated, they should be able to remove these face diapers. Not to mention, cloth masks don't do anything for Covid particles. This continues to show this is all for 'show'. I will not participate.

If parents still wish to mask their child, feel free to. They should have the choice.

Still a frustrated parent,

Josh Daugherty

If you would like further information, please look at

the following website. I am also open to conversation.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

Begin forwarded message:

From: Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> >
Date: November 10, 2021 at 10:23:30 AM PST
To: WSBOH@sboh.wa.gov
<<mailto:WSBOH@sboh.wa.gov>>
Subject: Revise mask mandates for children schools

□WA Board of Health,

To date, I have been requesting updates for the
forced masking in schools:

10 weeks, still nothing from the state...

How much longer to force mask our children? We
should have a choice on whether to mask or not.

I just want to know what the goal is of the force
masking! "Until we say so..." isn't ANYTHING near common sense or science.

Don't you dare start with the force vaccinations for
our children when only about .000003% may even need it.

Answers requested as to what the education plan is. I
will continue to request weekly updates until a plan shows an end in sight. Just because
"we said so" isn't right.

Maybe as a start. We could mirror the restaurant policy where if you are seated, you may take off your mask. I understand keeping children safe, but they are not in danger. If children want to continue to mask up, please have them continue. If children do not want to wear a mask, they shouldn't need to.

Where is the proof that children are all infected?

Irritated parent,
Joshua Daugherty

On Oct 25, 2021, at 7:16 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐

Week 9,

Still nothing. Exactly what I expect from this school district and even nothing from the DOH. My concern/question is:

What is the end goal?

How long do our kids need to be masked in school?

they say so. So WRONG!

So far WA DOH is basically saying to wear them until

72.5% fully vaccinated.

As of today in WA, 78.6% 12+ has one dose and

85.6% in King County.

I've been requesting information from the schools, district and the DOH with no answers. How does anyone think this is the 'correct' way?

Going back to when I was young, if someone told you to jump off a bridge, would you? Too many people are just following the 'guidance' whether it makes sense or not, without question.

Just asking for the choice. Our kids should have a choice. Currently they are being taught that everyone is infected. If you want to still mask up, feel free to.

Don't you dare agree with vaccine mandates!

This is now my 9th week of requesting answers.
Unbelievable poor management at all levels. Will continue until I receive dialogue.

Joshua Daugherty

On Oct 18, 2021, at 6:54 AM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ Still waiting any information from the WA DOH.
Nothing yet and we are only 8 weeks into this. I know that many of you don't care about the safety of my child, as you just follow the same guidance pushed from 'above', without questions. This is WRONG.

From today to the WA DOH:

Another week, more nonsense. I have been requesting follow-ups to my questions and nothing has been done. Every week I am asking the same, MAIN question.

- What is WA state's end goal when it comes to children's force masking policies?

If there is no plan, then you plan to fail. This has been the case since the 'pandemic' began. The science doesn't back the policy of 'wear a mask until we say so...' I need additional information as this is WRONG and many know it. I would like to have a constructive dialogue with someone that can say when our children can opt into masks or not at school. Again, if parents choose to mask their kids, it is their choice. Please let me know what the plan is beyond, 'wear them until we say so.'

Still no answers,
Josh Daugherty

On Oct 18, 2021, at 6:40 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 7,

Starting out 'right'? How does this make any sense?
Please show me which part makes any sense at all.

It's a good thing that my daughters aren't playing sports. Kids now need to be given the vaccine, or test every 2 weeks. Studies even show that even with the vaccine, they can still spread covid/common cold... Are you going to be ensuring that they are wearing masks while participating too? Or is that just while sitting, spectating?

This must be more of that 'science' stuff. Just

regurgitating the nonsense that the DOH puts out.

<Another useless mandate.png>

Have there been any further guidance or discussions concerning the forced-masking mandates to become 'recommended'? Still awaiting anyone to respond back to me from the WA DOH. Anything besides wear it until we say stop?

Still awaiting answers,

Josh Daugherty

On Oct 10, 2021, at 8:21 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 6,

Still trying to find out the following:

- How long do our children need to be force masked?
What is the end goal to go back to breathing fresh air?

Freedom, this is still America. If you want to stay masked, fine. Do not force it on us. Under the guise of 'public safety', keep wearing masks to 'protect everyone'. That infers that my kids are dangerous! DOH WA needs to let us know the plan, we must demand that from them, 'until we say so' is NOT science.

Oh, and mandate doesn't equal law.

So glad I'm actively teaching my children & family CRITICAL THINKING. Something that the Gov, DOH, School districts, etc have no idea what it is. Just mandate compliance. Basically continuing a 'shut up and color' attitude. We know who is at fault. Just because it's 'popular', doesn't mean that it's right. If this continues to go on for an extended period of time, expect more pushback.

Just asking to give us the choice. Why is this so hard for you to comprehend? Maybe we start dictating what you need to wear and how you need to act.

Such a relevant article to this:
<https://notthebee.com/article/covid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotthebee.com%2Farticle%2Fcovid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren&data=04%7C01%7CWsBOH%40sboh.wa.gov%7C6002c55b3d824a9561e408d9cf4a9f87%7>>

Looking forward to continued dialogue as to the end of these unconstitutional mandates.

Still frustrated,
Josh Daugherty

Awaiting DOH responses too.

On Oct 5, 2021, at 9:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□
Week 5,

Still no communication from WA DOH concerning their plan. It's still , "mask up until we say stop."

Awaiting constructive dialogue as to optional masks for kids. Why are we STILL treating our children as they are all infected? None of this makes sense and you know it! Please assist with communication with the DOH as they clearly aren't listening to me, a 'lowly peasant'.... It seems like that is how they are treating us. So frustrating!

Still frustrated with everyone that isn't doing ANYTHING! Not even asking questions. Just as much at fault.

Frustrated,
Josh Daugherty

Enough.

On Sep 27, 2021, at 9:17 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Week 4,

Fourth request for information:

When is the mask mandate for schools going to end? I've requested info from DOH as they need to answer to my requests. They have not and I will continue to request weekly from the DOH and the district on down to our schools. They do not stop the virus from being passed. It is just for show/theater. Otherwise the wording in the 'order' wouldn't be 'anything'.

"A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin."

It may have plenty of holes throughout the mask. This further proves that DOH doesn't care about the transmission of the virus. Just to mandate the "do it or else".

Enough of this nonsense. I'm just trying to communicate with someone other than just a 'Customer Service Specialist' that is just passing junk back. Awaiting the constructive dialogue.

Continuing on my requests for common sense and/or parent choice for masks in schools. Mandates are just asking for push back. I will continue to push back.

Josh Daugherty

On Sep 19, 2021, at 7:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ WeeR,

Finally received an email back from WA DOH with more of the same, no answers to my questions. My main question will continue until I receive answers instead of just a 'Customer Service Specialist' responding to my web query with a loosely prepared, blanket statement, that mentions 'keeping the CDC recommendations as of August 5, 2021'.

My question seems to be simple, straightforward and to the point.

- What is Washington's plan/goal concerning the mask

mandates for school-age children? There needs to be a plan besides 'wear the mask because I said so'. (aka mandate)

If they were going with the CDC recommendations, forced masking wouldn't be in our schools.

I am requesting that they at least update the guidance to 'recommended' as the current failed 'plans' make zero sense. There is NO scientific data that has been collected to warrant this abuse across the board. Especially state-wide. As of 13 September, posted on the WA DOH website it shows that 75.1% of residents have at least one dose and 68.1% are FULLY vaccinated against COVID. Of that, King County has vaccination rates of 77.7% (12+). Auburn School District is in King County.

<PastedGraphic-1.png>

The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates. How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources? I will add to this as we have already received communication from the schools that COVID/common cold/sniffles/flu has popped up in school.

Looking at anyone that I've communicated with concerning this. Fail to plan, plan to fail... Seems spot-on for this situation that we are in!

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that we give parents the CHOICE whether to mask/unmask our children.

Looking forward to future constructive dialogue,
Josh Daugherty

On Sep 13, 2021, at 10:09 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 2 of the insanity continues,

I have been trying to communicate with the WA DOH, and I am still awaiting their responses and/or dialogue of any kind showing this fake-science behind their blind mandates.

This is no longer about the safety of students and staff members. Masks are turning out to become a direct contributor of learning issues, social interaction struggles, increased headaches, anxiety & overall discomforts. As a parent, I am still disturbed to see our children treated this way. Totally unnecessary.

Please assist in communication with the WA DOH in changing this to 'recommended', not mandated for all. I will not comply if I visit the schools or the district.

Still a concerned parent,
Josh Daugherty

On Sep 8, 2021, at 8:23 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

That is what I have been doing and they continually give me the run around with 'that is the way it is.' Not acceptable, hence the 'because I said so' attitude. Is there nothing that the Districts can assist with?

I have reached out to them, and will continue to do so until something is modified, or at least a goal set for when we can return to normal. Actual normal, without face masks on our kids if we, as parents choose. We have had it with these non-science mandates and will continually be pushing back against them.

So glad to hear that the crooked DOH & schools have finally wised up and allowed our kids to play outside, WITHOUT masks. So idiotic from last year while being in-person that they needed masks outside at recess.

Still concerned,
Josh Daugherty

On Sep 8, 2021, at 1:45 PM, Spicciati, Alan
<aspicciati@auburn.wednet.edu <mailto:aspicciati@auburn.wednet.edu> > wrote:

Hello Mr. Daugherty,

You won't be surprised for me to write that masks are a mandate from the Washington State Department of Health. Statewide elected officials have been clear that local districts do not have the authority to lift the mask mandate. The state's focus this year, as is ours, is keeping schools open for in-person learning. I recommend you contact the WA DOH with your concerns.

Alan Spicciati

From: Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> >
Sent: Wednesday, September 8, 2021 11:31 AM
To: Spicciati, Alan <aspicciati@auburn.wednet.edu
<mailto:aspicciati@auburn.wednet.edu> >; Brown, Greg <gbrown@auburn.wednet.edu
<mailto:gbrown@auburn.wednet.edu> >; Gayman, Anne
<agayman@auburn.wednet.edu <mailto:agayman@auburn.wednet.edu> >;
Communications <Communications@auburn.wednet.edu
<mailto:Communications@auburn.wednet.edu> >
Subject: On with the school year, more child abuse...

This email originated outside of the organization and contains a Web link or attachment. Please use caution. – ASD Tech

To whom this may concern.

What is Washington's plan/goal concerning the mask mandates for school-age children? Is there a plan besides wear them 'because I said so' (aka mandate)? I demand that you update the guidance to still allow for those children that are scared to get sick, wear them, but change the guidance to 'recommended', not mandatory. There is NO science data that has been collected to warrant this abuse across the board. Especially state-wide.

As of 7 September, posted on the WA DOH website it shows that 73.9% of residents have at least one dose and 67% are FULLY vaccinated against COVID. The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates.

How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources?

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that parents should have the CHOICE whether to mask or unmask our children.

Thus far, I have spoken with the schools, school district and even email coordination with DOH with nothing but passing me nonsense with no proof that our kids are 'super-spreaders'... I look forward to your conversation on this matter.

Concerned parent,
Josh Daugherty

From: nick.scheel@outlook.com
Sent: 1/4/2022 8:40:41 PM
To: DOH WSBOH
Cc:
Subject: Public comment on Covid-19 vaccination for public schools

External Email

To the Members of the Board of Health,

I am writing in regard to the board seeking public comment on their consideration to include Covid-19 vaccination in list of required vaccinations for children in the public school system.

I am a parent of two children in Spokane Public Schools and I am admittedly opposed to mandating the Covid-19 vaccination in the schools. Contrary to recent widespread reports, I am sure you are all aware that all of the vaccines are still currently being administered under an Emergency Use Authorization. One condition of the EUA is that the choice to take the vaccine is voluntary. By definition, voluntary would indicate that one cannot be compelled or coerced into a decision. One could easily construe the withholding of public services as government coercion.

Further, the lack of studies on the long term effects of this new vaccine technology and exactly zero accountability for it's manufacturers nor for government agencies like the Board of Health who may mandate it's use, do not instill confidence in the vaccine for use on my children.

I will personally pull my children from the school system before I ever allow the government to dictate what should be a personal medical decision. I urge the board to not place myself nor the other parents of children across the state in that position.

Thank you for your consideration on this matter.

Regards,

Nicholas Scheel

From: S J
Sent: 1/5/2022 3:26:39 PM
To: monroe.artist114@yahoo.com
Cc:
Subject: Opposition to the Upcoming January 12, 2022 Covid-19 Vaccine Requirement Recommendation

External Email

To Whom it May Concern;

I am submitting this email in regards to the upcoming January 12, 2022 decision recommending the Covid-19 Vaccine for school age children.

Public education is funded by taxpayers and should not be withheld from ANY child in Washington State based on their personal or religious beliefs and preferences. Our children deserve equal access to education without discrimination. Segregating our children by forcing parents to make decisions to un-enroll their children in Public Education and find alternate means of education or in many cases, leaving the state completely, will not cure Covid-19. It will only increase childhood depression and anxiety and, as you all should know, even increase suicidal tendencies in Washington State Youth.

Washington State, in my opinion and that of numerous fellow parents I have spoken with in regards to the subject, has operated at an extremely poor level during this pandemic. It has promoted division and supported the isolation of our children by implementing online learning as opposed to in-person learning, and the requirements that have been imposed on our children when they were allowed to return to in person learning are proving to be detrimental to their mental health and well-being even now. I implore you to talk to students at all grade levels and actually see what they are thinking and how they feel being in the situations they are in with the restrictions in place. Given that Washington State has seen a withdrawal of students from their Public Education program over the past two years in excess of 55,000 students, this should be a blatantly obvious indication that the decisions being made that effect the students of Washington are not "Popular". If this becomes a requirement, the number of students pulled from Public will grow exponentially. Washington State is already disregarded across the country with the poor handling of the pandemic and the excessive restrictions that leadership has put in place, don't add any 'Fuel to the fire' by adding yet another layer to this already disgraceful situation.

The Covid-19 virus and it's continued variants are something that we are ALL going to have to live with going forward. It is abundantly clear at this point that vaccines and masking have not solved the issue. It is being reported that upwards of 70% of Omicron infected patients are all vaccinated. I personally know of several Breakthrough cases of Covid-19 in family and friends, and some of them were severe enough to end up in ICU BEING FULLY VACCINATED! The rules for masking, types of masks, etc. change so often a person could get whiplash attempting to keep up with current protocols. My family and I have all had, and recovered, from Covid-19 even with the protocols in place.

I am firmly against the requirement of the Covid-19 Vaccine for our children to attend public school. This is not something that was put forth by a vote of the People of Washington State, nor is it accommodating for all of our children. As a parent of 3 children in Public Education, I am imploring you oppose making the Covid-19 Vaccine a requirement to attend Public School in Washington State.

I thank you for your time.

Shiriah Jelenek
17526 20th St. SE
Snohomish, WA 98290
425-329-5132
ewdnbbd@yahoo.com

From: rb2006
Sent: 1/4/2022 10:23:23 AM
To: DOH WSBOH
Subject: Board Consideration for Vaccine Mandate on Children



*attachments\F47805FBAB974317_Dear DOH and To Whom It May Concern
1.3.21.pdf*

External Email

To Whom It May Concern,

Attached in PDF form is my letter to Washington State Board of Health, sent directly to WSBOH along with multiple elected and official representatives for my community. Respectfully please consider points made in these large decisions coming up for our state.

Thank you,

Rachel Buck

Sent with ProtonMail

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

Dear DOH and To Whom It May Concern:

I have a 16 year old daughters' bodily sovereignty I am defending with my comments. She is a straight A student, has fought to conquer the odds to stay active in her school through sports and leadership. And is on an added extracurricular board of students across the state to provide insight to the legislation as to what the students perspectives are regarding policies and proposals.

Our daughter does not want the Covid-19 vaccine. She has had Covid, and thankfully fared well throughout the illness. We are responsible citizens, quarantining over 10 plus times to be considerate of the public around us. But we stand in a legal and moral place to defend her Informed Medical Consent and right to bodily sovereignty, in all things.

I will be BCC some Representatives in my community in this email, for full disclosure.

I understand the discussion with the TAG panel is purely from a medical basis. But I would like to encourage a couple of points for considerations:

- 1) Medical involves psychological and I see this lacking in the panel, happy to be proven wrong in this though.
- 2) With only one panelist from Eastern Washington I would like to present that this is a politically skewed optic out the gate. Eastern Washington often has little voice and say, policy speaking, as to what goes on in our own state. When weighing such a massive advisory vote, one that holds much power, as a constituent of this state I would appreciate more balance on this front.

I do not say this as a personal attack on those picked for this panel. Honestly I do not assume to know your experience and expertise, or be a judge of this. I do assume each person is acting in their own best conscious.

The continued marginalization of half the landmass of this state's population is incredibly frustrating to watch over and over and over in different governing decisions. Including giving unvoted power to regulatory agencies such as the Washington State Board of Health.

An example: Seattle Public School District feels they have the right to make a vaccine mandate request for the entire state and this is then blasted via media. This one school district does not hold the place to make a request above the 295 other districts that make up the OSPI oversight.

- 3) If you do, indeed, continue to push this vaccine, while ignoring the experimental nature of its creation, onto the schools you are directly responsible for an obvious step in marginalization of a demographic with sincerely held religious beliefs.

Marginalization often hides in under the guise of "the greater good." Just look at mass incarceration. People as commodity has gone far enough, just look at the Indian Farmer's and the fight against corporate elite's attack in the last five years.

Marginalization happens in many ways.

- 4) Time will be the true measure that lets our population know if any measure is necessary and when it has to do with our children, time is what is requested. Especially looking at the risk factors

involved, complete lack of long-term studies done, and FDA decision to allow Pfizer to withhold important data in regard to their specific Covid-19 vaccine variation.

We now have evidence that the lockdown measures were not as productive as hoped. Spokane Mayor Nadine Woodward has brought this issue as well as the issue of mental health to the forefront in our community. Sadly, my own sister has been attempting a FOIA request with Spokane Regional Health District and been met with roadblocks.

Her request is the statistics involving drug overdoses and suicide rates from 2020 and 2021. As this data has not been released. So, in the name of transparency, what is this information and why is it not readily available to the public? We can count weekly Covid-19 test numbers but we cannot publicly and accurately check these stats as well? Or make them easily publicly available?

5) The hate I see in our community? Is pushed by Governor Inslee when he heavily insinuates over and over that my family, including many law-abiding citizens with not so much as a speeding ticket, are domestic terrorist. FEMA defines Terrorism as “the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom.”

Mr. Inslee’s behavior and continued hateful rhetoric constitutes this definition much closer than mine. I have loved my community and family members boundaries incredibly intentionally throughout the pandemic. Regardless of political view or medical decisions I might add. Mr. Inslee, as the leader of Washington state, cannot in good faith claim the same.

6) If our state legislation and acting agencies decide to continue to push this line, while ignoring ALL of the scientific data, onto our children we are left with little choice but to very seriously consider removing her from the system to defend her rights as an American citizen. We as parents will know then, that the true intent is to persecute, not to act in public health.

As such, we respectfully request vaccine clinics moved OFF school property and to local community centers. This allows the families that would like to participate in the vaccination process close access for their children but respects the boundaries and the families that do not. Placing clinics on taxpayer funded property like the school ignores the mental health of our youth during a devastating time.

7) One of the most beautiful aspects of being a Constitutionalist is that my family’s community is not a specific ethnicity. It holds no line on outside optics. It does not hold people in a class, but rather works to honor each person’s life experience. It includes people from all over the world, that have fled their countries, often fleeing for their lives.

This is my culture and this I feel in my heart. This is shown in our family’s constant attempt to love those around us. To live our life by the Golden Rule. Are we perfect people? Absolutely not, nor would we ever claim to be. But have raised our daughter with these values. And we use these values to make our decision on Informed Medical Consent.

8) In conclusion, I understand it is a difficult place to be in, making these big decisions at this moment in history. But I encourage each person that reads this letter to do some research on a few topics that may seem outside the box. Read Professor Harriet Washington’s Book, Carte Blanche as well as Oneness vs. the 1% by Environmentalist Shavana Shiva and do some soul searching on the lessons

history can teach us. While we are in unprecedented times, we as a population don't need to re-write a script.

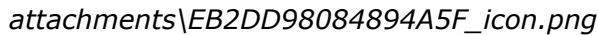
One last thing, we beg you as community members, constitutes, and people of this land. Stop searching for ways to control an uncontrollable situation. And start leading by example through bridge building, compassion, and understanding. This is what our great state truly needs. I say this in the name of equality, Love for my community regardless of beliefs, and as a citizen trying to do the same thing on a daily basis.

Sincerely,

Rachel Buck

Born and Raised Citizen of Spokane County

From: Kelley Pattison
Sent: 12/29/2021 1:56:31 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine



External Email

To Whom it may Concern,
The COVID vaccine requirement for attendance at school should be left to the parents. It should be treated like the Flu vaccine and an option. Research has shown that you can get COVID with or without being vaccinated. Also, the booster is found to be not effective to "boost" immunity either. With this being said, a healthy child's own immunity will be able to fight COVID on its own without putting a vaccine in them. Kids are not the primary source for being a host of COVID and therefore shouldn't be required to take the vaccine. COVID is viral and not bacteria so vaccines can't fully prevent it. I would hope you would look at all aspects of the science and sides to COVID. In addition, I would hope you would be open minded to all parents opinions and comments around this issue. Public and Private education is a choice as well as a child's health made by the parent not some "rule/law" made by politicians. Forcing parents to get their child vaccinated for COVID to go to school is a bullying tactic for the higher ups to get paid for a vaccine that is not effective. We live in America where freedom of choice should still reign.
Kelley Pattison
Mother and Educator

Address not found

Your message wasn't delivered to wsboh@sboh.wa.us because the domain sboh.wa.us
<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.us%2F&data=04%7C01%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.us%2F&data=04%7C01%2F)
couldn't be found. Check for typos or unnecessary spaces and try again.

The response was:

DNS Error: 90929376 DNS type 'mx' lookup of sbob.wa.us
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsbob.wa.us%2F&data=04%7C01%
responded with code NXDOMAIN Domain name not found: sbob.wa.us
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsbob.wa.us%2F&data=04%7C01%

Show quoted text

From: swwashington
Sent: 12/29/2021 8:56:40 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\A7BFC89B832646E1_Mercola understanding-covid-19-pdf.pdf

attachments\F0AD9F40C19C451B_SARS-CoV-2_mRNA_Vaccination-Associated_Myocarditis.pdf

External Email

Forward

To Board

It is really important to understand the implications of your decisions when you are deciding to mandate an inoculation to children, who are not sick or dying from Covid-19. There is medical terminology to help guide decision making in these circumstances.

The number need to treat or in this case vaccinate (NNT or NNV) differs according to the population that is involved. However, it is also important to understand how this reduces all cause mortality. In the case of the jab, the all cause mortality is not reduced because there are injuries and deaths associated with the jab. For children, myocarditis and pericarditis are both occurring at a higher incidence, especially in boys 12-28 year old. Myocarditis and pericarditis are not benign. The injury to the heart causes scarring of the heart muscle, which worsens with time, sometimes leading to heart transplantation.

For me believing that injuries were happening was the hardest thing to accept. However, if you took the time to get to know the community that is fiercely defending the right to choose, you would start to get to know people who have lost loved ones as a consequence to being jabbed.

Please take the time to read these articles. Your political persuasion may center your thoughts one way. It took me awhile to be able to hear what others were saying. Don't let a family member having a side effect to the jab become the reason why you decide to listen.

Sincerely, Clark County Resident

Other articles:

<https://childrenshealthdefense.org/defender/fda-pfizer-covid-vaccine-risk-benefit-analysis-nntv-children/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/fda-pfizer-covid-vaccine-risk-benefit-analysis-nntv-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1d4057a9abd4eb81cdc08d9caebce2e%7C1>>

<https://www.lifesitenews.com/opinion/covid-19-vaccines-may-potentially-kill-our-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fopinion%2F19-vaccines-may-potentially-kill-our-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1d4057a9abd4eb81cdc08d9caebce2e%7C1>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1d4057a9abd4eb81cdc08d9caebce2e%7C1>>
Secure Email.

The Most Important Podcast You Can Hear About COVID-19

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › Of the COVID-19 deaths in the U.S., none received adequate and/or early-enough treatment. At least 85% of COVID deaths were preventable
- › There are three components to SARS-CoV-2 infection: viral replication, cytokine storm and blood clotting, therefore necessitating a multidrug approach, and treatment must begin early to be effective
- › Research published in 2006 showed hydroxychloroquine reduced viral replication of SARS-CoV-1 (the original SARS virus). It also has well-established anti-inflammatory properties. These two properties help explain its usefulness against COVID-19
- › There were clear intentional efforts to prevent use of hydroxychloroquine against COVID-19, likely in an effort to make the COVID jabs appear necessary
- › You cannot get COVID-19 twice; those with natural immunity have robust, long-lasting immunity. The Pfizer COVID shot, meanwhile, has been shown to have undetectable effectiveness 201 days after the second dose and Moderna's effectiveness reaches zero around day 121

If you could only listen to one podcast to get up to speed on COVID-19, you are in luck as one of the top clinicians in the world on understanding COVID-19, Dr. Peter McCullough, finally made his way to the largest podcast in the world, Joe Rogan and, as expected, it was epic. You will do yourself a serious disservice if you don't watch the entire, nearly three-hour, interview at normal speed.

McCullough is an internist, cardiologist and epidemiologist, and in this podcast, he reviews and summarizes what we know about the COVID jabs. McCullough also discusses the importance of early treatment, which has been universally suppressed and ignored from the start.

He's convinced, and states unequivocally in this interview, that of the COVID-19 deaths in the U.S., none received adequate and/or early-enough treatment. In short, people did not, and certainly don't now, need to die from this infection, barring some serious underlying condition.

It's treatable, and later variants, such as Delta and Omicron, appear generally milder than the original virus, resulting in even easier-to-treat illness. From early on, researchers and clinicians demonstrated that early treatment, be it with hydroxychloroquine, ivermectin or steroids and anticoagulants — in some combination — resulted in far better outcomes and saved lives.

When you just let the infection run its course without treatment, most COVID-19 patients were riddled with blood clots and other complications by the time they were hospitalized. According to McCullough, we know that at least 85% of all COVID deaths could have been avoided with early treatment.

Early Treatment Is Key

In August 2020, McCullough's landmark paper "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection" was published online in the American Journal of Medicine.¹

It was the first published report on how to treat COVID on an outpatient basis and described a comprehensive COVID treatment protocol for frontline doctors. Before this, there were about 4,000 papers discussing the potential benefit of various remedies, but none that actually sought to present a comprehensive protocol for treatment.

A follow-up paper, "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)" published in Reviews in

Cardiovascular Medicine in December 2020,² became the basis for an AAPS home treatment guide.

Importantly, McCullough and the team of collaborators he put together understood early on that there were three components to this infection: viral replication, cytokine storm and blood clotting, therefore necessitating a multidrug approach.

One drug that gained early attention was hydroxychloroquine, as research published in 2006 showed it reduced viral replication of SARS-CoV-1 (the original SARS virus). It also has well-established anti-inflammatory properties. It's been routinely used in the treatment of lupus, for example. But as explained by McCullough, there were clear intentional efforts to prevent use of the drug against COVID-19.

The U.S. government refused to release its stockpiles, and doctors were told they'd lose their medical license if they used it. The largest manufacturing plant of hydroxychloroquine even mysteriously burned down, and in South Africa, "mercenaries" were breaking into pharmacies and burning the drug.

In addition to that, a fraudulent paper was published in the journal Lancet, falsely stating that hydroxychloroquine was dangerous. "It looked like it was a step to bury hydroxychloroquine as a treatment," McCullough says. When focus shifted to ivermectin, that drug also became inaccessible and was widely vilified as "horse paste" in the mainstream media.

Treatment Was Suppressed for a Reason

Considering the overwhelming success doctors have had in treating the infection with these and other drugs, why aren't hospitals everywhere doing it? Why have health authorities fought against treatment in general, and the use of hydroxychloroquine and ivermectin in particular? In McCullough's words:

"It seems to me, early on, there was an intentional, very comprehensive suppression of early treatment in order to promote fear, suffering, isolation, hospitalization and death. And it seemed to be completely organized and

intentional in order to create acceptance for and then promote mass 'vaccination.'"

The plan to create acceptance for novel mRNA gene transfer technology in lieu of a conventional vaccine by suppressing treatment options has been explained in detail in Dr. Peter Breggin's book, "COVID-19 and the Global Predators: We Are the Prey,"³ and Pamela Popper's book, "COVID Operation: What Happened, Why It Happened and What's Next."⁴ McCullough recommends both, if you want to understand how this was coordinated and planned.

Robert Kennedy Jr.'s book, "The Real Anthony Fauci" also shows, using extensive documentation, that Moderna was working on an mRNA injection for COVID-19 well before the world even knew it existed. He reveals extensive collusion occurred to push this novel gene transfer technology on the world, with devastating effects.

When asked why more doctors aren't using these early treatment protocols, McCullough points out that of the 1 million or so doctors in the U.S., probably only 500 or so actually understand that viable treatments are being suppressed with the intent to drive uptake of the gene transfer shots. Those relatively few who do understand what's going on face censorship and the threat of having their medical license removed if they speak out about treatment.

Questions About Reinfection Linger

A widespread concern that Rogan brings up is whether or not you can actually get COVID twice. According to McCullough, the answer is a hard no. You cannot. You might think you have it twice, because you've tested positive, but we now know that the false positive rate for PCR testing is about 97%.

After intense pressure to produce evidence of reinfection, the U.S. Centers for Disease Control and Prevention finally admitted they don't have a single verified case of someone getting sick with COVID twice.

To prove reinfection, McCullough says, you'd need to have a positive PCR test at a cycle threshold below 28 (not 40 or 45, as is routinely done, which is why the false positive rate is 97%), and a positive antigen immunoassay test to show that you actually had antibodies from the first infection, and a gene sequencing test showing you in fact have the SARS-CoV-2 virus.

What's more, dozens of studies confirm that natural immunity is robust and long-lasting. "So why is there so much resistance to the idea that people have natural immunity?" Rogan asks, to which McCullough replies, "All roads lead to the 'vaccine.'"

Dr. Robert Malone disagrees with McCullough on this issue, pointing to a December 4, 2021, study showing 12% out of a sample of 1,200 individuals experienced COVID reinfection.⁵ In a Twitter post, Malone said:⁶

"I have caught it twice, as has my wife. I was asymptomatic, she was not. This is a rapidly mutating RNA virus. Just like the common cold. The symptoms will not be as severe — but yes, people catch it more than once. Even Delta ..."

Relative Versus Absolute Risk Reduction

Now, when it comes to the efficacy of these COVID shots, the manufacturers have employed a classic strategy to mislead the masses and make the shots sound far better than they actually are. That strategy is looking at relative risk reduction rather than absolute risk reduction.

While the COVID shots boasted efficacy rates between 67% and 95% at the outset, those were the relative risk reductions. The four available COVID shots in the U.S. provide an absolute risk reduction between just 0.7% and 1.3%.^{7,8}

Now, compare that to the noninstitutionalized infection fatality ratio across age groups, which is 0.26%.⁹ Since the absolute risk that needs to be overcome is lower than the absolute risk reduction these injections can provide, mass vaccination simply cannot have a favorable impact. Yet here we are, being told to get used to the idea of getting booster shots at ever-increasing intervals. It just doesn't add up.

Of course, as I've reported on several occasions, research and clinical experience clearly show that the effectiveness of these shots rapidly wanes. Six months after the second dose, your protection is nil. Meanwhile, your body continues producing toxic spike protein for at least 15 months after each dose.

Efficacy Rapidly Wanes

McCullough cites a Swedish study¹⁰ published October 25, 2021, which looked at data from 842,974 pairs, where each person who had received two COVID jabs was paired and compared against an unvaccinated individual, to see if the vaccinated had fewer symptomatic cases and hospitalizations.

Early on, the double-jabbed appeared to have good protection, but that quickly changed. The Pfizer jab went from 92% effectiveness at Day 15 through 30, to 47% at Day 121 through 180, and zero from Day 201 onward. The Moderna shot had a similar trajectory, being estimated at 59% from Day 181 onward. The AstraZeneca injection had a lower effectiveness out of the gate, waned faster than the mRNA shots, and had no detectable effectiveness as of Day 121.

All the while, millions of Americans have already had COVID¹¹ and have natural immunity that doesn't wane in this manner. Yet they are being shunned and fired for not complying with COVID jab mandates. Again, it just doesn't add up. Never before has a vaccine been required for anyone with natural immunity against a disease, and there's good reason for that. It's completely illogical.

Just like you don't need a measles vaccine if you've had measles, you don't need a COVID shot if you've had COVID. In fact, you are at increased risk of adverse events if you do take it. Remember, if you already have natural immunity, you're exposing yourself to the harms of the shot with no hope of benefit.

The Most Dangerous Injections in Medical History

As explained in this interview, the COVID shots are the most dangerous, most lethal drugs ever used — and the U.S. Food and Drug Administration and CDC knew this as early as mid-February, when the deaths reported to the U.S. Vaccine Adverse Events Reporting System (VAERS) hit 182.

Historically, any drug with five unexplained deaths gets a black box warning. At 50 unresolved deaths, it's pulled from the market altogether. None of that happened here. To this day, the FDA and CDC claim not a single death is attributable to the COVID shots, even as the reported death toll is nearing 20,000¹² (including international reports), with half of them occurring within 48 hours of the injection. Eighty percent occur within a week post-injection.

That is simply unheard of. The temporal association is stronger than anything we've seen before. McCullough also cites research concluding that in 86% of cases, there was no other explanation for the death other than the COVID shot.

McCullough points out that in any given year, an average of 150 deaths following vaccination are reported to VAERS. That's 150 deaths from an average of 278 million vaccine doses given.

Here, we had 182 deaths at a point in time when only 27 million doses had been administered. So, you cannot blame it on the volume of shots given. The same trends can be found in other countries' databases as well, such as the U.K.'s Yellow Card scheme.

What's more, vaccine side effects are notoriously underreported, so as staggering as the VAERS data are, they're just the tip of the iceberg. Historically, only 1%¹³ to 10%¹⁴ of adverse effects are reported. For the COVID shots, the underreporting factor has been calculated to be anywhere between 31 and 100. That means that to get a more accurate range, you have to multiply the VAERS number by 31 and 100.

The absolute most-conservative estimate so far is an underreporting factor of five. That estimate came from an FDA whistleblower who used Centers for Medicare and Medicaid Services data to estimate the underreporting in VAERS.¹⁵ According to that

whistleblower, the number of Americans killed by the shots was at least 45,000 as of July 9, 2021. At that time, VAERS reported 9,048 deaths following COVID injection.

Who's at Greatest Risk for COVID Jab Side Effects?

As explained by McCullough, one of the reasons for this massive death toll is the fact that the COVID shot introduces an uncontrolled dose of spike protein into your body — a far greater dose than what you get when naturally infected with the virus. And the spike protein is the most lethal part of the virus. It's responsible for the most problematic symptoms of infection.

So, the shots are killing the same people that would be in dire straits were they infected by the virus. It's also killing some who would likely fare OK with the wild virus but cannot handle the excessive spike protein load produced by the COVID shot.

Consistent Data Point to Clear and Present Danger

As noted by McCullough, we have a very clear safety signal from VAERS. We also have clear biological plausibility, meaning we can explain why and how people might be harmed by these shots. The data are also internally and externally consistent, within VAERS and databases in other countries. The same patterns are seen everywhere.

Normally association does not mean causality unless very specific criteria are met, and in the case of the COVID jabs, those criteria are indeed met. "We've fulfilled what's called the Bradford Hill criteria for causality," McCullough says. In other words, we have evidence that the injuries and deaths are not accidental. The COVID shots are indeed injuring and killing people at unprecedented rates, despite what the lying CDC states.

Myocarditis Will Likely Be Widespread

Interestingly, the shots appear to harm men and women differently. Women are having far higher rates of neurological injuries, whereas boys and young men account for some

80% of myocarditis (heart inflammation). Just how bad is the myocarditis wave?

Research published in 2017¹⁶ calculated the background rate of myocarditis in children and youth, showing it occurs at a rate of four cases per million per year. Assuming there are 60 million American children, the background rate for myocarditis would be 240 cases a year.

How many cases of myocarditis have been reported to VAERS following COVID injection so far? 16,918 as of December 3, 2021,¹⁷ and it's going up by several hundred to a couple of thousand every week. We're also seeing myocarditis in adult men.

“ My fear is, some of these kids who develop myocarditis will be in the 13% category where they have progressive left ventricle dysfunction and heart failure. ~ Dr. Peter McCullough ”

"Doctors have never seen so many cases of myocarditis," McCullough says. "It is frequent, and it is severe." Patients require heart medication, and must remain sedentary for extended periods of time. While myocarditis is typically a nonfatal adverse event, it can shave years off your life.

Research published in 2019 showed 13% of myocarditis cases ends up with progressive heart failure. Their hearts just never fully recover from the damage. In the study, another 36% improved but never fully recovered.

"My fear is, some of these kids who develop myocarditis will be in the 13% category where they have progressive left ventricle dysfunction and heart failure," McCullough says.

While we don't yet know exactly how COVID jab myocarditis compares to naturally-occurring myocarditis, the data we currently have suggest the damage incurred by the spike protein is rather severe.

According to McCullough, 86% of youth who develop myocarditis in response to the jab are sick enough to require hospitalization. Research also shows young boys are far more likely to be hospitalized with myocarditis than they are being hospitalized with COVID-19, McCullough says.

Reject Boosters

If you've taken one or two COVID jabs months ago and nothing bad happened, count your blessings. You're among the lucky ones. If you persist in taking boosters, however, your luck is probably going to run out at some point. It's really only a matter of time before the amount of spike protein in your system overwhelms it, producing noticeable damage.

Again, evidence suggests the spike protein may remain for 15 months post-injection. McCullough believes it will last at least a year after each dose. If you start getting boosters every three to six months, you're never going to get rid of that spike protein.

You'll be adding more and more with each dose, and it's the same spike protein that causes problems in COVID-19. If you fear COVID-19, you ought to be just as fearful of the COVID shots, if not more so, as you end up with far more spike protein from the shot than you do from the natural infection.

At this point in time, the evidence is clearly weighing against the COVID shots. They're causing far more harm than good, especially among children, who are not at high risk of dying from COVID-19 in the first place.

Sources and References

- ¹ American Journal of Medicine January 2021; 134(1): 16-22
- ² Reviews in Cardiovascular Medicine 2020; 21(4): 517-530
- ³ COVID-19 and the Global Predators: We Are the Prey by Peter Breggin
- ⁴ COVID Operation: What Happened, Why It Happened and What's Next by Pamela Popper
- ⁵ medRxiv December 4, 2021; 2021.07.20.21260855
- ⁶ Twitter Robert Malone December 16, 2021
- ⁷ Medicina 2021; 57: 199

- ⁸ The Lancet Microbe July 1, 2021; 2(7): E279-E280
- ⁹ Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352
- ¹⁰ Lancet Preprints October 25, 2021
- ¹¹ Our World in Data December 15, 2021
- ¹² OpenVAERS December 3, 2021
- ¹³ The Vaccine Reaction January 9, 2020
- ¹⁴ BMJ 2005;330:433
- ¹⁵ US District Court for the Northern District of Alabama Civil Action No: 2: 21-cv-00702-CLM (PDF)
- ¹⁶ Journal of the American Heart Association November 18, 2017; 6:e005306
- ¹⁷ OpenVAERS Adverse Events Reports as of November 19, 2021

From: Kahler, Kelie (SBOH)
Sent: 1/4/2022 8:04:17 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 Vaccines for Children



attachments\7A910DC11E184547_utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf

attachments\A46187E18B664B27_covid-vaccines.r10.pdf

attachments\303BF9DFD2D843C3_covid19-problem-analysis.pdf

From: Enoch J Ledet <enoch.ledet@gmail.com>
Sent: Tuesday, January 4, 2022 7:56 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Cc: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Covid-19 Vaccines for Children

External Email

As a citizen, father, and grandfather residing in this state I want to voice my objection to mandatory vaccinations of children.

I'm a retired biochemist/chemist and have done a great deal of independent research on these EAU , mRNA vaccines and booster shots which indicate they are reactive, short-term , temporary solutions which do not prevent viral infection nor prevent viral mutation.

They are a perpetual money making machine and investment for Big Pharma and its investors.

Attached is a brief summary of my research along with several colleagues individual research with references, which we present as evidence against vaccinating children.

https://factcheckedorg.files.wordpress.com/2021/01/utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com/2021/01/utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7Ce7b07970afd94854b5bd08d9cf9bdb69%7C11d0

<https://factcheckedorg.files.wordpress.com/2020/12/covid19-problem-analysis.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com/2020/12/covid19-problem-analysis.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce7b07970afd94854b5bd08d9cf9bdb69%7C>>

Sent from my iPhone

Utilizing Repurposed Drugs to Treat COVID-19 Virus

By E.J. Ledet and Dean L. Gano

January 1, 2021

In the latest edition of The World Health Organization's [*Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews*](#),¹ they say there are more than 200 therapeutic options or combinations thereof that are being investigated in more than 1,700 clinical trials treating COVID-19 infection. In this November 30, 2020 review they examined 58 of these therapeutic options. Among the therapeutics being studied are Vitamins C & D, and manmade drugs like Hydroxychloroquine, Remdesivir, and Ivermectin.

So typical of everything our trusted health care institutions do, their analysis is anything but objective or scientific. At the core of their failures is the total lack of evidenced based causal analysis, but it is much more than that. They provide declaratory statements like: "the body of evidence on hydroxychloroquine (HCQ), showed no benefit in terms of mortality reduction." But, when we look more closely at their evidence for this statement, we find they only looked at 30 studies and of those, only 6 showed that HCQ worked to prevent infection. So, given their "body of evidence," this is a valid statement.

However, had they looked at the entire body of scientific evidence, and performed a simple search for "hydroxychloroquine effective treatment for coronavirus," at the National Institute of Health (NIH) website, PubMed they would find over [800 scientific papers](#)² have been written on this subject and most of them show it works. When you find a review that says it doesn't work, you nearly always find the study patients are in the late stages of COVID-19 infection, where no antiviral drug can be expected to have much effect, and/or no Zinc was administered. As [Dr. Zelenko](#)³ has said, Hydroxychloroquine is the gun and Zinc is the bullet, yet these people don't seem to know anything about these causes.

So, given this clear observation that they cherry-picked their evidence, what's going on and where can we find the real science on this subject?

The Real Science

First and foremost, the problem here is the total failure of all the government-controlled health organizations to provide the simple causal relationships surrounding these viruses so you, the normal citizen, can make up your own mind. This is how life works! From the time we start learning about the world as small children, we observe, test, and determine the many causal relationships that guide us down the path to success. Like learning that fire is hot and will burn you if you don't avoid it. Or, that if people lie to you, you can't trust them in future interactions.

So, what are the causal relationships of a coronavirus so we can act accordingly and prevent infection? Just like we learned to avoid fire to prevent getting burned. It can't be that complicated, can it?

Indeed, it is not that complicated, but you have to be curious and look for all the causes, not just the ones that support preconceived ideas or support political propaganda. When a coronavirus enters the body, it tries to get inside a cell somewhere on the surface of the respiratory tract so it can reproduce, and we know that nose cells are likely the [key infection source for COVID-19](#).⁴ If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself. As the immune system responds with too many killer T-Cells, your lungs fill with fluid and you suffocate. But this doesn't happen to healthy young people, so what's going on?

Our natural immune system defense against all viruses occurs when compounds in the foods we eat (called ionophores), from Vitamins like C, D, and E, flavonoids like Quercetin, or hormones like Melatonin create a slightly basic/alkaline environment in and around the cell. This alkaline environment disassembles the virus proteins rendering them harmless. Also, the body is made up of many [epithelial cells](#)⁵ found on the surfaces of our bodies that act like gatekeepers; keeping out environmental problems like dirt and pathogens but allowing healthy cell biology to function. One of the mechanisms these special cells use is to allow zinc to attach to a specific receptor site on the cell's surface, like a little door entrance, called an ACE-2 receptor site. (ACE stands for Angiotensin-converting enzyme which acts as a biological catalyst in normal cell biology.)

This site is used as a primary defense to prevent a virus from entering a cell, by keeping it in the alkaline environment long enough to disassemble the virus. The Zinc transporters, called ionophores, that create this alkaline environment also help Zinc get inside the cells through this "door." Once inside, the zinc acts as a backup defense mechanism to disassemble the virus if they get inside.

But this is only one way Zinc is used to protect us. As defined in this NIH study, [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#),⁶ July 2020, Zinc works in nine different ways to prevent a viral infection and maintain a healthy immune system. Making sure we have enough blood serum zinc is most important in the elderly and patients with various inflammatory and autoimmune diseases. And obesity, which is present in 40% of Americans, causes Zinc deficiency and may account for why deaths are so high in the US.

So, because Zinc is so important to a healthy immune system we can see why older and unhealthy people, who are zinc deficient, are so much more likely to die. All of the COVID-19 [co-morbidity causes identified by the CDC involve Zinc-deficiencies](#).⁷ They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc supplements. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, in summary, the cause of death is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung cells. This failure

is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

When 97.5% of the COVID-19 deaths are people over 45 years old and 94% of those who die have an average of 2.6 comorbidity causes linked to zinc deficiency you know there has to be a causal connection and now you know what it is, so take action to protect yourself from this horrible disease.

Prevention

Now that we know how the immune system works to prevent infection, we know that the first line of defense is Zinc and zinc ionophores on the outside of our cells. Please note, you do not “kill” a virus, because it is not a living organism; it is just a protein molecule made of Ribonucleic acid (RNA), a basic building block of life, and by subjecting it to a low-acid environment called a “base compound” it disassembles and falls apart. This occurs when enough zinc ionophores like Vitamins C, D, and E and/or Zinc are present in the blood stream.

But there are other kinds of Zinc ionophores. In fact, there are over two billion of them and they have been identified in the [ZINC20 database](#)⁸ provided by the American Chemical Society funded by a subsidiary of NIH (National Institute of Health). When you look at this database you will find that nearly all of the proposed synthetic drug treatments for the COVID-19 virus, like Hydroxychloroquine, Chloroquine, Remdesivir, and Ivermectin and other natural substances are all listed as zinc ligand (metal transporter) ionophores. And they work by first disassembling the virus via pH modifications on the outside of the cell or if that fails, they take zinc inside the cell to stop the replication process. In effect, you have two compounds, zinc and zinc ionophores fighting both outside and inside our cells. When you are young, this all happens naturally and is why to date, [only 147 children under the age of 18](#)⁹ have died from COVID-19 in the US.

While we have heard a lot about drugs like Hydroxychloroquine and Remdesivir, we haven't heard much about Ivermectin, which is a repurposed drug normally used as a medical preparation that effectively copes with many kinds of parasites. It is a prescription drug used to treat lice, scabies, as well as onchocerciasis (river blindness) and other nematodes in humans and animals. It is applied externally in a cream and internally as a pill, depending on the disease.

Appearing as a witness on Dec. 8, 2020, before the Senate Committee on Homeland Security and Governmental Affairs—which held a hearing on “Early Outpatient Treatment: An Essential Part of a COVID-19 Solution”—Dr. Pierre Kory, President of the [Frontline COVID-19 Critical Care Alliance \(FLCCC\)](#),¹⁰ called for the government to swiftly review the already expansive and still rapidly emerging medical evidence on Ivermectin.

The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those patients with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover. [Dr. Kory testified](#)¹¹ that Ivermectin is effectively a “miracle drug” against COVID-19 and called upon the government’s medical authorities—the NIH, CDC, and FDA—to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19.

In the process of learning about Ivermectin, the Frontline COVID-19 Critical Care Alliance created, based on feedback from doctors from around the world who were treating COVID-19 patients, a protocol for treatment called MATH+ and published a paper in the Journal of Intensive Care Medicine titled: [Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19](#).¹²

MATH+” stands for Methylprednisolone, which is a corticosteroid and zinc ionophore; Ascorbic acid (Vitamin C), which is a zinc ionophore; Thiamine (Vitamin B1) also a zinc ionophore; Heparin, which is a blood thinner and zinc ligand/ionophore; and the “+” stands for hospital care and co-interventions including Ivermectin, which is a strong zinc ionophore; Vitamin D and Melatonin, which are also zinc ionophores; Zinc, and Famotidine which is an antacid and zinc ligand/ionophore.

Notice how all of these therapeutics provide the exact causal defense our natural immune system uses (Zinc and Zinc Ionophores) to effectively fight the virus when you are young and healthy! It should be no surprise then, that they are highly effective at treating and preventing COVID-19 infection in the rest of the population. However, Big Pharma does not disclose that all of these synthetic drugs are zinc ligand ionophores because they can’t make big money selling zinc or these repurposed existing drugs that have been around for decades.

Given this causal evidence that supports the use of the MATH+ protocol, it begs the question of why our trusted scientific institutions have failed to follow the science and instead provide obfuscation and non-causal narratives focused on personalities and politics. Remember how the corporate media attacked the use of Hydroxychloroquine simply because President Trump said it works after hearing the real science? Instead of following the evidenced-based science, they proceeded to sell fear and hate and killed hundreds of thousands of people in the process.

Incompetence or Planned?

In every negative analysis of these repurposed drugs, the authors totally fail to acknowledge the causal relationships between the virus and immune system like we just laid out for you. Instead, they focus on presenting a narrative about outcomes of specific studies that have nothing to do with the causes of the problem. So, the question becomes: how can you possibly provide a solution to any problem if you don’t understand and state the causal relationships of the event? You can’t, and that means they are grossly incompetent or deliberately deceiving us. This is not rocket science.

We all know, as a basic human strategy, that to solve a problem you first have to know what the causes are; and they never do this in these phony studies.

Also, given that effective problem-solving is not taught by our education system, it is possible that these people are just ill-trained incompetents, but there is another possibility and we need to explore it.

Just ask yourself, if the anti-HCQ or anti-Ivermectin papers were actually peer reviewed why didn't the peer scientists ask the same simple questions we have? Like, why did they ignore the causal relationships we have presented; that are common knowledge, supported by hundreds of studies? Why didn't they check the blood-serum Zinc level of the patients in their study? Because if they had, they would have probably found that most of those who responded well to HCQ or Ivermectin, had high blood serum Zinc levels and those who did not respond well, had low levels of Zinc.

And why didn't they question the supposed adverse effects of HCQ, when we know that not only is HCQ not dangerous, it is safer than Aspirin. A [study at Oxford University](#)¹³ of 956,000 people from all over the world showed no deleterious effects when recommended doses are used.

And why are our trusted medical journals printing false information? For example, the Journal of the American Medical Association (JAMA) [published an article](#)¹⁴ claiming HCQ didn't work and also could cause heart rate problems and should not be used without medical supervision. Problem is, they used 400mg twice a day and **did not use Zinc** in their treatment. Toxic doses that are 14 times what is recommended equals toxic results.

And once again, on May 22, 2020, *The Lancet*, a highly respected online medical journal also published a paper saying HCQ was ineffective and dangerous. Because both *The Lancet* and JAMA studies reported that HCQ is dangerous, the FDA rescinded its emergency order allowing HCQ to be prescribed for COVID-19. This also caused several state governors to issue orders to local pharmacies not to fill HCQ prescriptions ordered by many board-certified Doctors for their COVID-19 patients. Something that has never happened before and certainly resulted in more unnecessary deaths.

Also, *The Lancet* finally asked for a detailed peer review regarding the article they published on May 22, 2020 and as reported in [WebMD](#)¹⁵ they retracted the article because the authors would not provide data that could be adequately peer reviewed, and it was eventually found to be completely false; so at least someone is following scientific protocol. But it speaks volumes to how corrupt the scientific peer review process is. Let's look a little closer.

Whistle Blowers

Several Family Doctors, who have successfully treated many COVID-19 patients, came out in public to question the path our government officials have led us down. One of

them is Dr. Simone Gold, who [exposes the truth about Coronavirus and Hydroxychloroquine](#).¹⁶ These doctors fully understand the causal relationships and hence know the truth.

Also, there are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the [Great Barrington Declaration](#)¹⁷ asking our government officials to wake up and focus on preventing death. Among other things they state:

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Also, in an article by the [Alliance For Human Research Protection](#)¹⁸ on June 5, 2020, they report that Dr. Philippe Dousty-Blazy, the former French Health Minister, publicly stated that *The Lancet* and the *New England Journal of Medicine* editors admitted to being pressured by pharmaceutical companies to publish certain results.

When *The Lancet* editor Dr. Richard Horton was asked why it initially published the discredited article discussed above, he said: “*If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful; they are able to pressure us to accept papers that are apparently methodologically perfect, but their conclusion is what pharmaceutical companies want.*”

Also, Marcia Angell, former Editor-In-Chief of the NEJM writes in her 2004 book "The Truth About the Drug Companies": “*The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.*”

In a recent [open letter](#)¹⁹ to Sir. Anthony Fauci, three board certified doctors made it very clear that he has grossly mishandled the pandemic response by asking him 122 very pointed questions highlighting his inconsistencies, and concluded the following:

“Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus. We are confident that thousands of lives would be saved with early treatment of high-risk

individuals with a cocktail of hydroxychloroquine, Zinc, and azithromycin. Americans must not live in fear. As Dr. Harvey Risch's [Newsweek article](#)²⁰ declares, "The key to defeating COVID-19 already exists. We need to start using it."

More evidence to support what these leading Physicians said can be found in what the Big Pharma Company "Gilead Sciences" has done. Their magic medicine, which the very reverend Dr. Anthony Fauci wholeheartedly endorses, is Remdesivir and they have put a lot of money pressure on MDs, Medical Journals, Press, Academia, NIH, WHO, and the CDC to discredit HCQ - even though it has 65 years of safe use as a malaria drug and 40 years of safe use to treat lupus and some forms of arthritis.

[Gilead contributes big money](#)²¹ to the [income of 20% of the National Institute of Health](#)²² (NIH) Board Members and since Dr. Fauci heads the NIAID, one of 27 institutes that make up the NIH it might be hard for him to contradict them. And, oh-by-the-way, he is [not required to disclose any ties to Big Pharma](#).²³ Gilead also funds Academic Medical Research and as we learned above, cleverly influences Medical Journal Publishers.

Gilead, being focused on money not saving lives, has spent hundreds of millions of dollars in research, marketing, and propaganda, to sell its 5-day injection treatment for \$2,340 versus \$25 or less for HCQ pills that can be bought over-the-counter in most of the world.

Bottom Line

Given what we know about how simple it is to treat and prevent COVID-19 infections using off label medicines and easily available compounds that mimic how a healthy immune system works, why are our trusted leaders not telling us this? Who created and spread this virus and why? And while we don't have evidenced based causes to answer these questions, we do know one thing. We still live in a free country, for now, but if "we the people" continue to act like sheep, all of our freedoms will be taken away, so we must act now. Please do everything you can to get this simple solid science out to everyone you know and let your leaders at every level of government know we are not going to accept their phony narratives and lying anymore!

To Learn More, Go To: <https://fact-checked.org>

¹ Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews; https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19200029_eng.pdf?sequence=14&isAllowed=y

² National Library of Medicine Search for Effective Treatment of COVID-19; <https://pubmed.ncbi.nlm.nih.gov/?term=hydroxychloroquine%20effective%20treatment%20for%20coronavirus>

³ Dr. Zelenko's Website: <https://www.vladimirzelenkomd.com>

⁴ Key nose cells identified as likely COVID-19 virus entry points; Science Daily, April 23, 2020; <https://www.sciencedaily.com/releases/2020/04/200423130420.htm>

⁵ Epithelial Cells: Sciencing; <https://sciencing.com/epithelial-cells-definition-function-types-examples-13718055.html>

⁶ The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis; PubMed, November 2020; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>

-
- ⁷ COVID-19 and Real Science; https://factcheckedorg.files.wordpress.com/2020/12/covid19-and-real-science.m3_2.pdf
- ⁸ ZINC20—A Free Ultra large-Scale Chemical Database for Ligand Discovery, American Chemical Society; <https://pubs.acs.org/doi/10.1021/acs.jcim.0c00675>
- ⁹ Provisional COVID-19 Death Counts by Sex, Age, and State, CDC: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>
- ¹⁰ Frontline COVID-19 Critical Care Alliance; <https://covid19criticalcare.com>
- ¹¹ Senate Testimony Of Dr. Pierre Kory - Ivermectin - Miracle Drug To Treat Covid-19?; Why Doesn't Anyone But Us Gives A Darn... WTF?, The Auto Channel; <https://www.theautochannel.com/news/2020/12/10/922677-senate-testimony-dr-pierre-kory-ivermectin-miracle-drug-to-treat.html>
- ¹² Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19, Pierre Kory, December 2020; <https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf>
- ¹³ Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study; Jennifer C. E. Lane, et.al. May 31, 2020. <https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v2>
- ¹⁴ Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19); Nicholas J. Mercuro, et.al., May 1, 2020. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631>
- ¹⁵ The Lancet Retracts Hydroxychloroquine Study; Ralph Ellis, June 4, 2020. <https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>
- ¹⁶ Dr. Simone Gold Exposes the Truth About Coronavirus and Hydroxychloroquine; <https://www.youtube.com/watch?v=poOGJ-wH-Fw>
- ¹⁷ The Great Barrington Declaration; <https://gbdeclaration.org>
- ¹⁸ Lancet Editor Spills the Beans and Britain’s PM Surrenders to the Gates Vaccine Cartel; John Stone, June 5, 2020. <https://ahrp.org/lancet-editor-spills-the-beans-and-britains-pm-surrenders-to-the-gates-vaccine-cartel/>
- ¹⁹ Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19; George C. Fareed, MD, Michael M. Jacobs, MD, Donald C. Pompan, MD, August 12, 2020. https://www.thedesertreview.com/opinion/columnists/open-letter-to-dr-anthony-fauci-regarding-the-use-of-hydroxychloroquine-for-treating-covid-19/article_31d37842-dd8f-11ea-80b5-bf80983bc072.html
- ²⁰ The Key to Defeating COVID-19 Already Exists. We Need to Start Using It | Opinion; Harvey A. Risch, MD, PhD, July 23, 2020. <https://www.newsweek.com/key-defeating-covid-19-already-exists-we-need-start-using-it-opinion-1519535>
- ²¹ Experts on NIH COVID Panel Have Financial Ties to Gilead; By ADAM, August 12, 2020. <https://americanannouncement.com/2020/08/experts-on-nih-covid-panel-have-financial-ties-to-gilead/>
- ²² Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics; <https://www.covid19treatmentguidelines.nih.gov/panel-financial-disclosure/>
- ²³ 10 Experts Setting NIH COVID Treatment Guidelines Financially Tied to Firms Selling Cures Touted by Fauci – Fauci Not Subject to Disclosure Requirement; Michael Thau, August 11, 2020. https://www.redstate.com/michael_thau/2020/08/11/10-on-nih-covid-treatment-advisory-panel-have-financial-ties-to-firms-selling-cures-touted-by-fauci—his-name-curiously-absent-from-disclosure-list/

COVID-19 “ Experimental” Vaccines

You have the right to make an informed decision about your health and your future and you may be asking: Should I take this experimental vaccine? Here are a few facts you should consider to help you make an informed decision.

Facts:

1. According to the Pharmaceutical Companies themselves, these vaccines may not prevent the SARS-CoV-2 virus: Evidence:
 - a. From the [Moderna](#) and [Pfizer](#) Vaccine Fact Sheets: *The (Moderna/Pfizer) COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There are no FDA approved vaccines to prevent COVID-19.*
 - b. However, the [handout](#) you get when they give you the shot, says it “...has been authorized to prevent COVID-19”, so they are lying about it. They are experimental and have been approved by FDA and CDC via an Emergency Use Authorization (EUA) but have not been fully tested, so are not proven safe.
2. These vaccines are experimental compounds that use “synthetic messenger RNA (mRNA)” housed in fat cells. In 2005 an [animal study](#) was done with SARS-CoV-1 mRNA vaccines on ferrets. Because of major issues, the SARS-CoV-1 vaccine was not further developed.
3. In many previous [clinical trials since the 1960's](#) attempts to [vaccinate against Respiratory Syncytial Virus](#) (RSV) (a pneumonia type virus), [Dengue](#), SARS and MERS, the studies each failed during the animal phase. [Cats, ferrets, monkeys, and rabbits each and every time experienced Antibody Dependent Enhancement](#) (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system creates an uncontrolled and overwhelming inflammatory response upon being confronted with the pathogen in the real world, and the outcome, tragically, is death. The same immune system overreaction took place in a number of infants in [clinical trials who received an attempted RSV shot](#), as well as some six hundred Filipino children who died following early vaccination against Dengue Fever, so [this outcome remains a viable concern today](#).
4. Big Pharma has asked for the normally required animal studies for the CoV19 vaccine to be waived. It was waived for EUA purposes, so there have been no long-term animal studies to see if this could happen with these new mRNA vaccines. WHY?
5. Because these vaccines may or may not prevent infection, and as [some reports show](#), only reduce symptoms, why take something that does not **prevent** the infection in the first place. It is a proven fact, with [hundreds of scientific studies to prove it](#), that Zinc and Zinc ionophores can prevent or mitigate infection in the first place; take them as supplements and you are protected. [The CDC recently said that 80%](#) of all people who were infected with COVID-19 were deficient in Vitamin D, another Zinc ligand (metal binding) ionophore (transporter). And this helps explain why Sub-Saharan Africa and other countries where most people are in the sun a lot [only have marginal deaths from this virus](#).
6. Hydroxychloroquine (HCQ) is a 65-year-old drug that has been shown [to stop an infection](#) if taken within the first 2 – 7 days of getting symptoms from COVID-19. So, if you are taking your preventative Vitamins like C, D, E and Quercetin, and/or other supplements like Melatonin plus Zinc, and for some reason this doesn't prevent infection, you can stop it with Ivermectin + zinc; which is [readily available online](#).

COVID-19 “ Experimental” Vaccines

7. Other synthetic drugs like Budesonide, Dexamethasone, Ivermectin as well as natural substances (i.e., vitamins, flavonoids, amino acids, and hormones) can be found in the Pharmaceutical Zinc20 database, a database funded by a subsidiary of NIH. This database is comprised of ligands, which carry metals like Zinc, Calcium and other micronutrients present in our blood serum and transport them across cell membranes into the body of the cell (cytoplasm) to help our immune system fight infection. Like HCQ, these synthetic drugs need zinc and other micronutrient metals to work. [Dr. Zelenko](#) uses the analogy “the drug is the gun and zinc is the bullet” which is essential to stopping the viral reproduction and resulting infection.
8. Ivermectin is a proven drug for treating all three phases of the COVID-19 disease. Perhaps the best proof is found in India where one [province distributed Ivermectin](#) to most citizens and now they have very few cases and no deaths from the virus. Given such a useful therapeutic exists, it is illegal to authorize the use of vaccines, yet the psychopathic leaders do it anyway.
9. Because these “Vaccines” are unproven experimental substances, we won’t know what side effects may occur for months or years to come, but it may result in a long-term unnatural human manipulation of our DNA building blocks. Do you really want to take that risk or risk your children’s lives? Especially since:
10. There is no pandemic. The number of deaths from COVID-19, [which is highly inflated](#), is no worse than a bad flu season. And your chances of dying from it, even if you do nothing to protect yourself as defined in #5 and #6 above, are [very small according to CDC data](#). For children 17 and under they are 154 times more likely to die from something else. As of April 17, 2021, only 266 children have died with COVID-19. Not a single healthy child has died from COVID-19 alone. If you are under 64 years old, your chance of surviving is 99.99%.
11. There is not a cold or flu season, there is a vitamin D deficiency season. Colds and flues occur when the sun is low in the sky and we don’t get enough of it. Or if you live in a big city, you don’t get enough sun all the time and big cities are where most of the COVID deaths have occurred. Take your Vitamin D supplements and your immune system will thank you.
12. Since both experimental vaccines are EUA, both Pfizer and Moderna are indemnified from all legal action resulting from patients experiencing side effects; including death. Since they assume no risk, you are the one who takes all of it! And according to [Dr. Sherri Tenpenny](#) that is not a good idea.
13. According to [Dr. Richard Fleming](#), Ph.D, MD, JD, a renowned cardiologist and researcher, there is a chance that the mRNA from the vaccine can be incorporated into your human DNA by action of the [reverse transcriptase enzyme present in the vaccine](#). This may affect your auto immune system and result in various auto immune diseases. However, for all you who are taking zinc supplements + ionophores and decide to get vaccinated, Dr Fleming stated that he believes Zinc does appear to interfere with the mRNA process of the vaccines to make the spike protein. This means it will probably reduce the symptoms you can get, so make sure you are taking them.
14. The vaccine nano particles of lipid/fat composition, in which the mRNA is transported into your cells, has never been used before in human trials and long-term health effects have not been determined. These lipid nano particles bind with the normal fats in cell

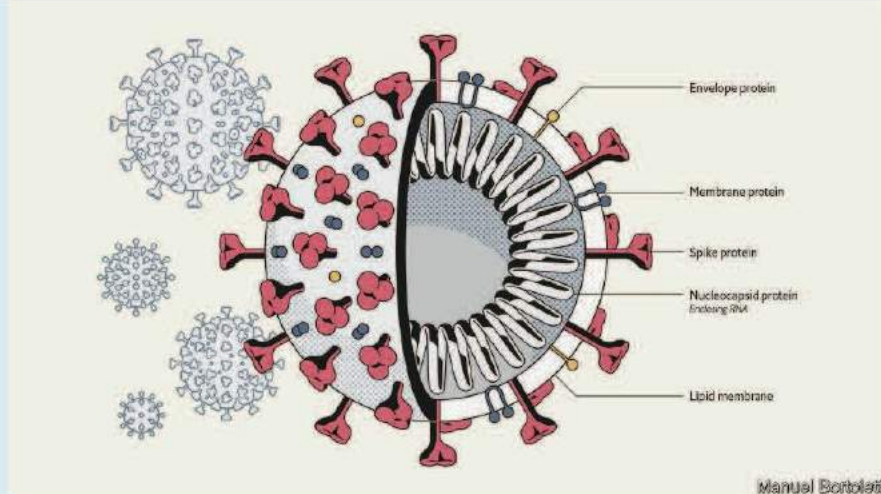
COVID-19 “ Experimental” Vaccines

membranes and allow [entry of thousands of the synthetic mRNA vaccine into your muscle cells](#). Unlike the virus RNA which has to enter through the ACE-2 receptors found on cells, the nano particles create new pathways into cells. Because the ACE-2 receptor sites are where the normal entry of the virus occurs, bypassing this path means a greater amount of mRNA can enter the cell producing increased amounts of the spike protein exacerbating the immune response to the virus. This increased immune reaction can produce the very InflammoThrombotic Response (ITR) responsible for so many deaths. Again, long-term health effects are not known since long-term studies in lab animals have not been conducted. We humans have become the lab rats, and many doctors are reporting large increases in the number of cancer cases since the vaccines started.

15. The CDC [VAERS database](#) only captures about 1% of all the adverse reactions to vaccines, and so far the Pfizer vaccine has 1,218 blood clot reports, Moderna has 1,034, and J & J has 1,000. Therefore, blood clot disorders reported totals 3,272, so if the 1% is accurate, this would mean 327,200 people have had this problem from the vaccines.
16. Like real lab animals you cannot sue these pharmaceutical companies for suffering from any side effects after taking these experimental vaccines. However, companies requiring CoV19 vaccinations as a requirement for employment may be subject to legal action since it violates our civil rights. For an example of a law suit against the government go here: <https://factcheckedorg.files.wordpress.com/2021/09/joseph-jensen-lawsuit.pdf>
17. It's against the [Nuremberg code](#) to force vaccinations on a person, and [informed consent](#) overrides public policy. Federal law prohibits employers and others from using vaccines under EUA as a [condition](#) of employment.
18. For 35 more facts on the potential dangers of these vaccines, go to [No Jab For Me](#).
19. Or, for 18 more reasons not to get these Experimental Vaccines see: [18 Reasons I Won't Be Getting a Vaccine](#) by Christian Elliot.
20. The choice to take an experimental EUA COVID-19 vaccine is yours to make. Hopefully we have given you the facts to make a better-informed decision.

Good luck and good health to you all.

Dean Gano and EJ Ledet; February 19, 2021; Updated August, 2021; Updated September 22, 2021.



Depiction of Novel Corona Virus Infectious Disease 2019 (CoVid 19 aka SARS CoV 2)

Problem: CV19 Inhibits Human Body's Immune Regulatory Response/Defense System.

Where: Primary Lungs and Secondary other major organs and nervous system.

When: 2-14 days after Initial infection date.

Significance : The human body's immune defense is compromised leading to prolonged illness and high mortality in populations with previous underlying inflammatory, immunosuppressive diseases/conditions: Elderly, Afro/Native Americans ; Obesity, Smokers, Alcoholics, Addicts, HBP, Diabetes, Arthritis, Heart Disease, Arteriosclerosis, Stroke/Ischemia, Blood vessel inflammation, Cycle Cell Anemia, Cancer, Lupus, MS, AIDs, Nephritis, Kawasaki disease, etc.

Zinc is vital to promoting healthy hair, skin, and nails and is required for a proper sense of taste and smell. Zinc plays an integral role in immune function, protein synthesis, wound healing, DNA synthesis and cell division and is involved in over 300 regulatory processes. Zinc is also important for lipid, carbohydrate, and protein metabolism, as well as cell signal transduction, and reduction/oxidation (redox) regulation. In males, zinc has been shown to protect the prostate gland from infection and enlargement, which has been linked to being a risk for prostate cancer. In females, zinc can help treat menstrual problems and alleviate associated symptoms. Zinc may also protect from night blindness and prevent the development of cataracts. Children need zinc to grow, maintain a healthy body weight, fight off diseases such as pneumonia, diarrhea and diabetes, as well as shorten the length of the common cold.

Evidence: shown Zinc transported across SARS CoV 1 infected cell membranes using non protein, synthetic ionophore , carrier molecules has been to inhibit viral RNA reverse transcriptase (RT) enzyme and prevent virion reproduction in vitro.

Hypothesis: CV19 inhibits zinc transport across infected cell membranes leading to Zinc Immuno regulatory deficiencies causing initial acute exacerbation of chronic obstructive pulmonary disease and secondary acute exacerbation of heart, kidney, blood vessels, brain, large intestine, skin, joints, and nervous system exemplified by cytokine storm and inflammation.

Causes: Low blood serum zinc concentration/availability.

Inhibition of zinc zip protein carrier "ionophores" which transport zinc across cell membranes for human DNA/RNA synthesis, cellular control, and immune response.

Solutions : Increase blood serum zinc through proper diet, digestion, and gut flora; avoid phytate rich foods; eat zinc rich foods; supplement zinc.

Supplement/administer "non protein" Zinc ionophore carrier molecules:

A. Synthetic, Big Pharma Drugs like Pyrithione, Hydroxychloriquine, and/or other synthetic zinc ligand-ionophores.

B. Natural fruit and vegetable polyphenol flavenoid ionophores like Quercetin, Reseveratrol, Curcumin, ECGC.

Effective: Timely Solutions Implement Zinc plus non protein ionophores to transport zinc across infected cell membranes and inhibit viral RT, prevent virion reproduction, and restore human cell DNA and RNA synthesis, cellular control, and immune regulatory response/defense.

From: HaLee Walter
Sent: 1/4/2022 6:05:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Covid-19 Vaccine Requirement

External Email

To whom it may concern,

As a parent of four boys ranging in age from 8-15 and as a junior high and high school teacher I am adamantly against making the COVID-19 vaccine a requirement for public education.

If my family is required to obtain the COVID-19 vaccination in order to obtain public education/participate educational extra curricular activities or as a employment requirement then my children will be removed from public education and I will no longer be employed in public education.

Regards,
HaLee Walter

Sent from my iPhone

From: Erica Teodoro

Sent: 1/5/2022 5:21:48 PM

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

Cc:

Subject: Public Comment for January 12th SOH meeting on school vaccine mandate

External Email

Dear Members of the State Board of Health,

My name is Erica Teodoro and I am a resident of Fox Island, Washington. I am writing to you today that you might consider my comment when you are meeting later this month to decide whether or not to mandate the Covid-19 vaccine for school attendance in the fall.

I would ask please that you DO NOT mandate a covid-19 vaccine for school attendance next fall.

I do not have a problem with the vaccine per say and I am certainly not anti-vax. However, I do not believe that this vaccine qualifies as a vaccine and therefore cannot be treated as such when creating requirements for school attendance.

By definition, a vaccine is: any preparation used as a preventive inoculation to confer immunity against a specific disease, usually employing an innocuous form of the disease agent, as killed or weakened bacteria or viruses, to stimulate antibody production. As we have seen in the past month and ongoing, the covid-19 vaccine has failed to confer immunity to a majority of those who have received it. If this vaccine does not do what a vaccine is supposed to do, I do not see how you can mandate that students receive it before they are allowed to go to school.

Until this point, my three children have received all of the recommended vaccines so as to participate fully and safely in the school system. When the covid-19 vaccine provides them with the same immunity to covid that the other vaccines have provided them with against diseases such as chicken pox, measles, mumps, rubella, etc., then I will consider vaccinating my children against Covid. Until then, it seems unreasonable to demand parents inject their children with a vaccine that so far has failed to offer any measurable immunity.

Considering what we know today, groups of fully vaccinated people are contracting and passing on Covid-19, even if there is to be a completely vaccinated school, teachers, students and administration, that would not prevent Covid from making its rounds through that group of people and then home to their families and then on to society.

I again request based on this fact alone, that you DO NOT mandate a covid-19 vaccine for school attendance next fall.

I feel like my request is reasonable and I would appreciate if you would consider it when you gather to discuss this soon.

Thank you for your time and consideration,

Erica Teodoro

From: Kristeen Christy
Sent: 1/3/2022 6:26:17 PM
To: DOH WSBOH
Cc:
Subject: Public Comment re: Covid vaccine mandate



attachments\FA0ACE4A68E14704_smime.p7m

External Email

Message was attached to: Public Comment re: Covid vaccine mandate

From: Kristeen Christy
Sent: 1/3/2022 6:26:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comment re: Covid vaccine mandate


Please do NOT vote to require a Covid vaccine for school attendance. There is too much conflicting scientific data regarding the effects of the vaccine and the side effects of the vaccine.


It has been proven that the vaccine does NOT prevent infection. The vaccine does NOT eliminate the virus.


This is unprecedented that we would require a vaccine that does not prevent the spread and contagion of the disease.


Thank you.
KL Christy, parent
Mead 354 school district
Spokane, WA


From: Cindy Solvie
Sent: 1/3/2022 9:46:41 AM
To: DOH WSBOH
Cc:
Subject: Feedback regarding Covid vaccine mandates for children


 *attachments\1941A397673D4FDC_WHO_ No Evidence Boosting Entire_PRDTOOL_NAMETOOLONG.pdf*


 *attachments\F5012586887C4927_Covid-19 Researcher blows the whi_PRDTOOL_NAMETOOLONG.pdf*


 *attachments\BE53945E978748F0_Increases in COVID 19 are unrelat_PRDTOOL_NAMETOOLONG.pdf*


 *attachments\F515DD8E67874006_The-COVID-19-Inoculations-More-Ha_PRDTOOL_NAMETOOLONG.pdf*


 *attachments\DC29989038994405_Shedding of Infectious SARS-CoV-2.pdf*


 *attachments\6DE36E9EACCE4C39_Letter-exchange-with-Rochester-Hospital.pdf*


 *attachments\F96B9D61897242DC_South Korea vaccination deaths.PDF*


 *attachments\0F2FF47F43624F55_No Significant Difference in Vira_PRDTOOL_NAMETOOLONG.pdf*

 *attachments\180525B7D3C14738_Letter-to-Federal-Health-Agencies_PRDTOOL_NAMETOOLONG.pdf*

 *attachments\ACE9CB079B6C4C4B_Referenced Data for Parents Conce_PRDTOOL_NAMETOOLONG.pdf*

 *attachments\093C9F9471B743A9_Abstract 10712_ Mrna COVID Vaccin_PRDTOOL_NAMETOOLONG.pdf*

 *attachments\1822EC9BC32F4F1E_Transmissibility of fully vaccinated.pdf*

 *attachments\658C1A0152F2439B_Letter-Re-First-Hand-Account-of-C_PRDTOOL_NAMETOOLONG.pdf*

External Email

Thank you for the opportunity to be in on the Zoom meeting. I am encouraged that you will be open minded when making this decision and consider various sources of information. I am a concerned grandparent. I had covid (Delta) so I am aware of what it is like. Fortunately, I had early treatment information via some of the nation's top pulmonologists which made a big difference in how well I fared.

Determining whether to impose a covid vaccine mandate for children should not be a complex thing. It should be as simple (and accurate) as to simply say NO. This must be voluntary. The science, if it is followed properly, demonstrates there is no reason all

children need these vaccines. The risk benefit analysis does not warrant it and they are not spreaders. If my grandchildren are representative of how this virus typically manifests in their age group, and from what I have been able to glean from researching they are, then covid does not pose a serious threat to the average healthy child.

However, there is significant emerging evidence that these vaccines are potentially harmful to children, more harmful than their having a covid infection. Physicians who have never or rarely seen myocarditis in children are seeing significant occurrences of it in children who have received these vaccines. Many are afraid to speak out as some have lost their medical license for doing so. One of the children in the vaccine trial has significant neurological damage and that information is being covered up. The legal papers are attached.

To put a family in a position to force them to do something counter to what they might otherwise choose and chance maiming their child is unethical. The choice must remain with the parents and children should not be shut out of school for not having these vaccines. Children are not dying in significant numbers from covid, flooding the hospitals with covid infections, or contaminating others.

It is important to note that for about the first 14 days following covid vaccination a person is categorized as unvaccinated. That is the timeframe within which most adverse events following the vaccine occur. So, it follows that what is seen in FDA or CDC data is misleading and not representative of the real risk of these new vaccines. I have lost confidence in the truthfulness of their interpretation of data. In addition, that the CDC owns many vaccine patents, the NIH owns vaccine patents and often profits from products they are supposed to regulate, and the FDA receives about 45% of their budget from the pharmaceutical industry is highly suspect.

The following are links to websites, and documents are also attached, which are pertinent to this discussion. These are only a small representation of vast amounts of information available if you know where to look.

Best regards,

C. Solvie

Links here are regarding a healthy, lively 12-year-old who was severely injured by the vaccine while part of the Pfizer trial, something she wanted to do to serve her country. Her injury was not included in Pfizer's results of the trial and thus not published. The mother now knows of myriads of kids who have been injured by these vaccines whose voices are being silenced. Will you participate in mandating a potentially unsafe medical procedure and for a disease not likely life threatening to the average child?

<https://odysee.com/@EvidenceOfTruth:4/maddie:39>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fodysee.com%2F%40EvidenceOfTruth:4/maddie:39>

<https://odysee.com/@Covid-19-Coronavirus:9/92Qw-u80L4k:0>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fodysee.com%2F%40Covid-19-Coronavirus%3A9%2F92Qw-u80L4k%3A0&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C>

<https://trialsitenews.com/mother-of-maddie-de-garay-speaks-out-about-her-13-year-old-daughters-life-altering-injuries-from-pfizers-covid-vaccine/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fmother-of-maddie-de-garay-speaks-out-about-her-13-year-old-daughters-life-altering-injuries-from-pfizers-covid-vaccine%26d%3DDwMFaQ%26c%3DeuGZstcaTDIlvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM%26r%3DbM4qr1jBfdJXWs1O1TLcvHIAxomhS80DmEFpBTLAG4Q%26m%3DHbKa1XHMq2

Attorney: FDA Buries Data on Seriously Injured Child in Pfizer's Covid-19 Clinical Trial:

<https://aaronsiri.substack.com/p/fda-buries-data-on-seriously-injured>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp/fda-buries-data-on-seriously-injured&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

A top physician talking about concerning potential myocarditis (some not yet diagnosed) leading to some sudden death in kids especially related to their activity levels:

<https://vimeo.com/661851579>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvimeo.com%2F661851579&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

Red flags regarding vaccinating children:

<https://tobyrogers.substack.com/p/ten-red-flags-in-the-fdas-risk-benefit>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp/ten-red-flags-in-the-fdas-risk-benefit&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

Don't vaccinate kids warning from doctors' summit:

<https://trialsitenews.com/dont-vaccinate-kids-urgent-message-from-doctors-summit/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fdont-vaccinate-kids-urgent-message-from-doctors-summit%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

Expert scientist, virologist, and vaccine developer with approximately 100 scientific publications and over 12,000 citations of his work:

<https://malone.substack.com/p/before-you-inject-your-child>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmalone.substack.com%2Fp%2Fbefore-you-inject-your-child&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e21>

Physicians declaration from Global Covid Summit regarding vaccinating children:

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

The Dangerous Push to Give Boosters to Teens:

<https://www.wsj.com/articles/dangerous-push-to-give-boosters-to-teens-vaccine-covid-19-omicron-vaxx-requirement-mandate-11640107759>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fdangerous-push-to-give-boosters-to-teens-vaccine-covid-19-omicron-vaxx-requirement-mandate-11640107759&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e21>

More VC Nurses Blow Whistle on 'Overwhelming' Numbers of Heart Attacks, Clotting, Strokes:

<https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefense.proofpoint.com%2Fv2%2F3A__conejoguardian.org_2021_12_14_more-2Dvc-2Dnurses-2Dblow-2Dwhistle-2Don-2Doverwhelming-2Dnumbers-2Dof-2Dheart-2Dattacks-2Dclotting-2Dstrokes_%26d%3DDwMFaQ%26c%3DeuGZstcaTDIvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM%26r%3DbM4qr1jBfdJXWs1O1TLcvHIAxomhS80DmEfPbTLAG4Q%26m%3DHbKa1XHMQ2

A great read on why certain information is not readily available:

<https://charleseisenstein.substack.com/p/elements-of-refusal>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcharleseisenstein.substack.com%2Fp%2Felements-of-refusal&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e21>

A 100% vaccinated population (US Navy ship) sidelined due to covid outbreak. Why would we subject children to the potential vaccine hazards considering these kinds of outbreaks in vaccinated only populations?

<https://nypost.com/2021/12/24/navy-combat-ship-uss-milwaukee-sidelined-over-covid-19/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnypost.com%2F2021%2F12%2F24%2Fnavy-combat-ship-uss-milwaukee-sidelined-over-covid-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

<https://www.ibtimes.com/2-dozen-fully-vaccinated-sailors-onboard-us-navy-warship-test-positive-covid-19-3364745>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ibtimes.com%2F2-dozen-fully-vaccinated-sailors-onboard-us-navy-warship-test-positive-covid-19-3364745&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

More highly vaccinated populations who became infected:

<https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnbc.com%2F2021%2F07%2F30%2Fcdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

<https://www.newsweek.com/28-guests-get-covid-outbreak-california-party-that-required-vaccinations-testing-1662220>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2F28-guests-get-covid-outbreak-california-party-that-required-vaccinations-testing-1662220&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

<https://www.theshockingtruth.tv/health/holland-america-cruise-ship-suffers-covid-outbreak-despite-being-fully-vaccinated/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theshockingtruth.tv%2Fhealth%2Fholland-america-cruise-ship-suffers-covid-outbreak-despite-being-fully-vaccinated%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

<https://www.westernjournal.com/fully-vaccinated-cruise-coming-end-covid-outbreak-begins-pulsing-passengers/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.westernjournal.com%2Ffully-vaccinated-cruise-coming-end-covid-outbreak-begins-pulsing-passengers%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>

Natural immunity is best. Many children already have natural immunity:

<https://www.israelnationalnews.com/news/312637>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2Fnews%2F312637&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b2557ad422d4fe2b9dd08d9cee082b6%7C11d0e>



A pharmacist prepares a COVID-19 vaccine booster shot in San Rafael, Calif, on Oct. 1, 2021. (Justin Sullivan/Getty Images)

PREMIUM **VACCINES & SAFETY**

WHO: ‘No Evidence’ Boosting Entire Population Offers Greater Protection to Healthy Individuals

By [Jack Phillips](#) | December 3, 2021 Updated: December 3, 2021

A Print

A top World Health Organization (WHO) official said there is “no evidence” to suggest that CCP virus booster doses would offer “greater protection” to healthy people.

Dr. Mike Ryan, the WHO’s emergency director, questioned the logic of some countries trying to produce more booster doses to vaccinate anyone aged 18 and older.

Grant full access to
another user for free

[Add User](#)



Earn up to \$11 for every friend who reads this article.

You can earn points by sharing articles to friends. With points, you can redeem for gift cards from 100+ top brands, or other benefits. [Learn more](#)

“Right now, there is no evidence that I’m aware of that would suggest that boosting the entire population is going to necessarily provide any greater protection for otherwise healthy individuals against hospitalization and death,” Ryan said.

“The real risk of severe disease, hospitalization, and death lies, in particularly, in at-risk and vulnerable individuals,” he said, “who do require protection against all variants of COVID-19,” the illness caused by the Chinese Communist Party (CCP) virus. Health agencies around the world generally consider older individuals, those with compromised immune systems, and people who work in high-risk settings to be vulnerable.

The United Kingdom recently announced that it secured 114 million vaccine doses for 2022 and 2023. Those doses will be provided to everyone aged 18 and older by the end of January 2022.

On Monday, President Joe Biden called on Americans aged 18 and older to get a booster shot due to the emergence of the Omicron COVID-19 variant in southern Africa that has been detected in at least five U.S. states for far.

South African health officials said in interviews this week that those who have contracted the Omicron variant, named by the WHO last week, are presenting “extremely mild” symptoms. There have been no deaths associated with the COVID-19 strain, which officials described as heavily mutated, and WHO officials cautioned is not enough data so far to determine whether it can cause more severe disease or breach the protection afforded by natural immunity or vaccination.

In some countries, it’s required to get a booster dose six months after the initial vaccination regimen in order to be considered “fully vaccinated.” Already, officials in the United States, including the governors of New Mexico and Connecticut, are claiming that one cannot be considered fully vaccinated unless they’ve obtained a

Grant full access to
another user for free

Add User



Earlier this year, Israel attached receiving the booster dose as a condition to using that country's "green pass" COVID-19 vaccine passport to enter certain businesses. Meanwhile, pharmaceutical giant Pfizer told BBC that vaccine boosters will be likely needed every year from now on.

Ryan's comments come as other WHO officials criticized the United States, European countries, Israel, and others for imposing travel bans on southern African nations due to the Omicron variant. Previously, WHO's leader, Tedros Adhanom Ghebreyesus, urged wealthier countries to provide initial vaccine doses to poorer nations, rather than focusing on giving booster doses to their own population.



Madrid, Spain
 Cite this as: *BMJ* 2021;375:n2635
<http://dx.doi.org/10.1136/bmj.n2635>
 Published: 2 November 2021

BMJ INVESTIGATION

Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial

Revelations of poor practices at a contract research company helping to carry out Pfizer's pivotal covid-19 vaccine trial raise questions about data integrity and regulatory oversight. **Paul D Thacker** reports

Paul D Thacker *investigative journalist*

In autumn 2020 Pfizer's chairman and chief executive, Albert Bourla, released an open letter to the billions of people around the world who were investing their hopes in a safe and effective covid-19 vaccine to end the pandemic. "As I've said before, we are operating at the speed of science," Bourla wrote, explaining to the public when they could expect a Pfizer vaccine to be authorised in the United States.¹

But, for researchers who were testing Pfizer's vaccine at several sites in Texas during that autumn, speed may have come at the cost of data integrity and patient safety. A regional director who was employed at the research organisation Ventavia Research Group has told *The BMJ* that the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial. Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding. After repeatedly notifying Ventavia of these problems, the regional director, Brook Jackson, emailed a complaint to the US Food and Drug Administration (FDA). Ventavia fired her later the same day. Jackson has provided *The BMJ* with dozens of internal company documents, photos, audio recordings, and emails.

Poor laboratory management

On its website Ventavia calls itself the largest privately owned clinical research company in Texas and lists many awards it has won for its contract work.² But Jackson has told *The BMJ* that, during the two weeks she was employed at Ventavia in September 2020, she repeatedly informed her superiors of poor laboratory management, patient safety concerns, and data integrity issues. Jackson was a trained clinical trial auditor who previously held a director of operations position and came to Ventavia with more than 15 years' experience in clinical research coordination and management. Exasperated that Ventavia was not dealing with the problems, Jackson documented several matters late one night, taking photos on her mobile phone. One photo, provided to *The BMJ*, showed needles discarded in a plastic biohazard bag instead of a sharps container box. Another showed vaccine packaging materials with trial participants' identification numbers written on them left out in the open, potentially unblinding participants. Ventavia

executives later questioned Jackson for taking the photos.

Early and inadvertent unblinding may have occurred on a far wider scale. According to the trial's design, unblinded staff were responsible for preparing and administering the study drug (Pfizer's vaccine or a placebo). This was to be done to preserve the blinding of trial participants and all other site staff, including the principal investigator. However, at Ventavia, Jackson told *The BMJ* that drug assignment confirmation printouts were being left in participants' charts, accessible to blinded personnel. As a corrective action taken in September, two months into trial recruitment and with around 1000 participants already enrolled, quality assurance checklists were updated with instructions for staff to remove drug assignments from charts.

In a recording of a meeting in late September 2020 between Jackson and two directors a Ventavia executive can be heard explaining that the company wasn't able to quantify the types and number of errors they were finding when examining the trial paperwork for quality control. "In my mind, it's something new every day," a Ventavia executive says. "We know that it's significant."

Ventavia was not keeping up with data entry queries, shows an email sent by ICON, the contract research organisation with which Pfizer partnered on the trial. ICON reminded Ventavia in a September 2020 email: "The expectation for this study is that all queries are addressed within 24hrs." ICON then highlighted over 100 outstanding queries older than three days in yellow. Examples included two individuals for which "Subject has reported with Severe symptoms/reactions ... Per protocol, subjects experiencing Grade 3 local reactions should be contacted. Please confirm if an UNPLANNED CONTACT was made and update the corresponding form as appropriate." According to the trial protocol a telephone contact should have occurred "to ascertain further details and determine whether a site visit is clinically indicated."

Worries over FDA inspection

Documents show that problems had been going on for weeks. In a list of "action items" circulated among Ventavia leaders in early August 2020, shortly after the trial began and before Jackson's hiring, a Ventavia executive identified three site staff members with

whom to “Go over e-diary issue/falsifying data, etc.” One of them was “verbally counseled for changing data and not noting late entry,” a note indicates.

At several points during the late September meeting Jackson and the Ventavia executives discussed the possibility of the FDA showing up for an inspection (box 1). “We’re going to get some kind of letter of information at least, when the FDA gets here . . . know it,” an executive stated.

Box 1: A history of lax oversight

When it comes to the FDA and clinical trials, Elizabeth Woeckner, president of Citizens for Responsible Care and Research Incorporated (CIRCARE),³ says the agency’s oversight capacity is severely under-resourced. If the FDA receives a complaint about a clinical trial, she says the agency rarely has the staff available to show up and inspect. And sometimes oversight occurs too late.

In one example CIRCARE and the US consumer advocacy organisation Public Citizen, along with dozens of public health experts, filed a detailed complaint in July 2018 with the FDA about a clinical trial that failed to comply with regulations for the protection of human participants.⁴ Nine months later, in April 2019, an FDA investigator inspected the clinical site. In May this year the FDA sent the triallist a warning letter that substantiated many of the claims in the complaints. It said, “[I]t appears that you did not adhere to the applicable statutory requirements and FDA regulations governing the conduct of clinical investigations and the protection of human subjects.”⁵

“There’s just a complete lack of oversight of contract research organisations and independent clinical research facilities,” says Jill Fisher, professor of social medicine at the University of North Carolina School of Medicine and author of *Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials*.

Ventavia and the FDA

A former Ventavia employee told *The BMJ* that the company was nervous and expecting a federal audit of its Pfizer vaccine trial.

“People working in clinical research are terrified of FDA audits,” Jill Fisher told *The BMJ*, but added that the agency rarely does anything other than inspect paperwork, usually months after a trial has ended. “I don’t know why they’re so afraid of them,” she said. But she said she was surprised that the agency failed to inspect Ventavia after an employee had filed a complaint. “You would think if there’s a specific and credible complaint that they would have to investigate that,” Fisher said.

In 2007 the Department of Health and Human Services’ Office of the Inspector General released a report on FDA’s oversight of clinical trials conducted between 2000 and 2005. The report found that the FDA inspected only 1% of clinical trial sites.⁶ Inspections carried out by the FDA’s vaccines and biologics branch have been decreasing in recent years, with just 50 conducted in the 2020 fiscal year.⁷

The next morning, 25 September 2020, Jackson called the FDA to warn about unsound practices in Pfizer’s clinical trial at Ventavia. She then reported her concerns in an email to the agency. In the afternoon Ventavia fired Jackson—deemed “not a good fit,” according to her separation letter.

Jackson told *The BMJ* it was the first time she had been fired in her 20 year career in research.

Concerns raised

In her 25 September email to the FDA Jackson wrote that Ventavia had enrolled more than 1000 participants at three sites. The full trial (registered under NCT04368728) enrolled around 44 000 participants across 153 sites that included numerous commercial companies and academic centres. She then listed a dozen concerns she had witnessed, including:

- Participants placed in a hallway after injection and not being monitored by clinical staff
- Lack of timely follow-up of patients who experienced adverse events
- Protocol deviations not being reported
- Vaccines not being stored at proper temperatures
- Mislabeled laboratory specimens, and
- Targeting of Ventavia staff for reporting these types of problems.

Within hours Jackson received an email from the FDA thanking her for her concerns and notifying her that the FDA could not comment on any investigation that might result. A few days later Jackson received a call from an FDA inspector to discuss her report but was told that no further information could be provided. She heard nothing further in relation to her report.

In Pfizer’s briefing document submitted to an FDA advisory committee meeting held on 10 December 2020 to discuss Pfizer’s application for emergency use authorisation of its covid-19 vaccine, the company made no mention of problems at the Ventavia site. The next day the FDA issued the authorisation of the vaccine.⁸

In August this year, after the full approval of Pfizer’s vaccine, the FDA published a summary of its inspections of the company’s pivotal trial. Nine of the trial’s 153 sites were inspected. Ventavia’s sites were not listed among the nine, and no inspections of sites where adults were recruited took place in the eight months after the December 2020 emergency authorisation. The FDA’s inspection officer noted: “The data integrity and verification portion of the BIMO [bioresearch monitoring] inspections were limited because the study was ongoing, and the data required for verification and comparison were not yet available to the IND [investigational new drug].”

Other employees’ accounts

In recent months Jackson has reconnected with several former Ventavia employees who all left or were fired from the company. One of them was one of the officials who had taken part in the late September meeting. In a text message sent in June the former official apologised, saying that “everything that you complained about was spot on.”

Two former Ventavia employees spoke to *The BMJ* anonymously for fear of reprisal and loss of job prospects in the tightly knit research community. Both confirmed broad aspects of Jackson’s complaint. One said that she had worked on over four dozen clinical trials in her career, including many large trials, but had never experienced such a “helter skelter” work environment as with Ventavia on Pfizer’s trial.

“I’ve never had to do what they were asking me to do, ever,” she told *The BMJ*. “It just seemed like something a little different from normal—the things that were allowed and expected.”

She added that during her time at Ventavia the company expected a federal audit but that this never came.

After Jackson left the company problems persisted at Ventavia, this employee said. In several cases Ventavia lacked enough employees to swab all trial participants who reported covid-like symptoms, to test for infection. Laboratory confirmed symptomatic covid-19 was the trial’s primary endpoint, the employee noted. (An FDA review memorandum released in August this year states that across the full trial swabs were not taken from 477 people with suspected cases of symptomatic covid-19.)

“I don’t think it was good clean data,” the employee said of the data Ventavia generated for the Pfizer trial. “It’s a crazy mess.”

A second employee also described an environment at Ventavia unlike any she had experienced in her 20 years doing research. She told *The BMJ* that, shortly after Ventavia fired Jackson, Pfizer was notified of problems at Ventavia with the vaccine trial and that an audit took place.

Since Jackson reported problems with Ventavia to the FDA in September 2020, Pfizer has hired Ventavia as a research subcontractor on four other vaccine clinical trials (covid-19 vaccine in children and young adults, pregnant women, and a booster dose, as well as an RSV vaccine trial; NCT04816643, NCT04754594, NCT04955626, NCT05035212). The advisory committee for the Centers for Disease Control and Prevention is set to discuss the covid-19 paediatric vaccine trial on 2 November.

Provenance and peer review: commissioned; externally peer reviewed.

Competing interests: PDT has been doubly vaccinated with Pfizer’s vaccine.

- 1 Bourla A. An open letter from Pfizer chairman and CEO Albert Bourla. Pfizer. https://www.pfizer.com/news/hot-topics/an_open_letter_from_pfizer_chairman_and_ceo_albert_bourla.
- 2 Ventavia. A leading force in clinical research trials. <https://www.ventaviaresearch.com/company>.
- 3 Citizens for Responsible Care and Research Incorporated (CIRCARE). <http://www.circare.org/corp.htm>.
- 4 Public Citizen. Letter to Scott Gottlieb and Jerry Menikoff. Jul 2018. <https://www.citizen.org/wp-content/uploads/2442.pdf>.
- 5 Food and Drug Administration. Letter to John B Cole MD. MARCS-CMS 611902. May 2021. <https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/jon-b-cole-md-611902-05052021>.
- 6 Department of Health and Human Services Office of Inspector General. The Food and Drug Administration’s oversight of clinical trials. Sep 2007. <https://www.oig.hhs.gov/oei/reports/oei-01-06-00160.pdf>.
- 7 Food and Drug Administration. Bioresearch monitoring. <https://www.fda.gov/media/145858/download>.
- 8 FDA takes key action in fight against covid-19 by issuing emergency use authorization for first covid-19 vaccine. Dec 2020. <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>.

This article is made freely available for use in accordance with BMJ’s website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.



Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States

S. V. Subramanian^{1,2} · Akhil Kumar³

Received: 17 August 2021 / Accepted: 9 September 2021
© Springer Nature B.V. 2021, corrected publication 2021

Vaccines currently are the primary mitigation strategy to combat COVID-19 around the world. For instance, the narrative related to the ongoing surge of new cases in the United States (US) is argued to be driven by areas with low vaccination rates [1]. A similar narrative also has been observed in countries, such as Germany and the United Kingdom [2]. At the same time, Israel that was hailed for its swift and high rates of vaccination has also seen a substantial resurgence in COVID-19 cases [3]. We investigate the relationship between the percentage of population fully vaccinated and new COVID-19 cases across 68 countries and across 2947 counties in the US.

Methods

We used COVID-19 data provided by the Our World in Data for cross-country analysis, available as of September 3, 2021 (Supplementary Table 1) [4]. We included 68 countries that met the following criteria: had second dose vaccine data available; had COVID-19 case data available; had population data available; and the last update of data was within 3 days prior to or on September 3, 2021. For the 7 days preceding September 3, 2021 we computed the COVID-19 cases per 1 million people for each country as well as the percentage of population that is fully vaccinated.

For the county-level analysis in the US, we utilized the White House COVID-19 Team data [5], available as of September 2, 2021 (Supplementary Table 2). We excluded counties that did not report fully vaccinated population

percentage data yielding 2947 counties for the analysis. We computed the number and percentages of counties that experienced an increase in COVID-19 cases by levels of the percentage of people fully vaccinated in each county. The percentage increase in COVID-19 cases was calculated based on the difference in cases from the last 7 days and the 7 days preceding them. For example, Los Angeles county in California had 18,171 cases in the last 7 days (August 26 to September 1) and 31,616 cases in the previous 7 days (August 19–25), so this county did not experience an increase of cases in our dataset. We provide a dashboard of the metrics used in this analysis that is updated automatically as new data is made available by the White House COVID-19 Team (<https://tiny.cc/USDashboard>).

Findings

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 (Fig. 1). 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. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days. The lack of a meaningful association between percentage population fully vaccinated and new COVID-19 cases is further exemplified, for instance, by comparison of Iceland and Portugal. Both countries have over 75% of their population fully vaccinated and have more COVID-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.

Across the US counties too, the median new COVID-19 cases per 100,000 people in the last 7 days is largely similar across the categories of percent population fully vaccinated (Fig. 2). Notably there is also substantial county variation in

✉ S. V. Subramanian
svsubram@hsph.harvard.edu

¹ Harvard Center for Population and Development Studies, Cambridge, MA, USA

² Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA, USA

³ Turner Fenton Secondary School, Brampton, ON, Canada

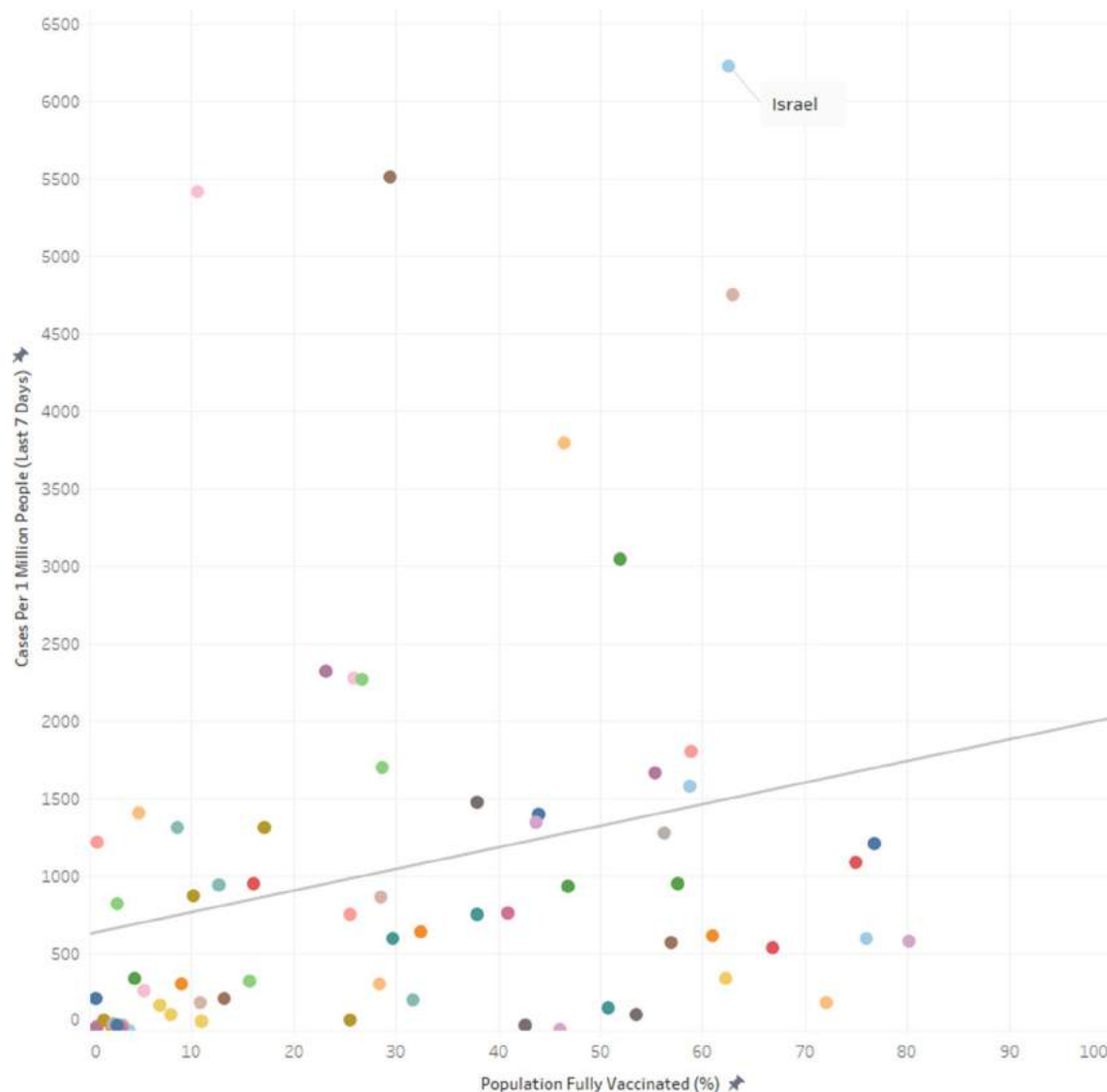


Fig. 1 Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)

new COVID-19 cases *within* categories of percentage population fully vaccinated. There also appears to be no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated (Fig. 3).

Of the top 5 countries that have the highest percentage of population fully vaccinated (99.9–84.3%), the US Centers for Disease Control and Prevention (CDC) identifies 4 of them as “High” Transmission counties. Chattahoochee (Georgia), McKinley (New Mexico), and Arecibo (Puerto Rico) counties have above 90% of their population fully vaccinated with all three being classified as “High” transmission. Conversely, of the 57 counties that have been classified

as “low” transmission counties by the CDC, 26.3% (15) have percentage of population fully vaccinated below 20%.

Since full immunity from the vaccine is believed to take about 2 weeks after the second dose, we conducted sensitivity analyses by using a 1-month lag on the percentage population fully vaccinated for countries and US counties. The above findings of no discernable association between COVID-19 cases and levels of fully vaccinated was also observed when we considered a 1-month lag on the levels of fully vaccinated (Supplementary Figure 1, Supplementary Figure 2).

We should note that the COVID-19 case data is of confirmed cases, which is a function of both supply (e.g., variation in testing capacities or reporting practices) and demand-side (e.g., variation in people’s decision on when to get tested) factors.

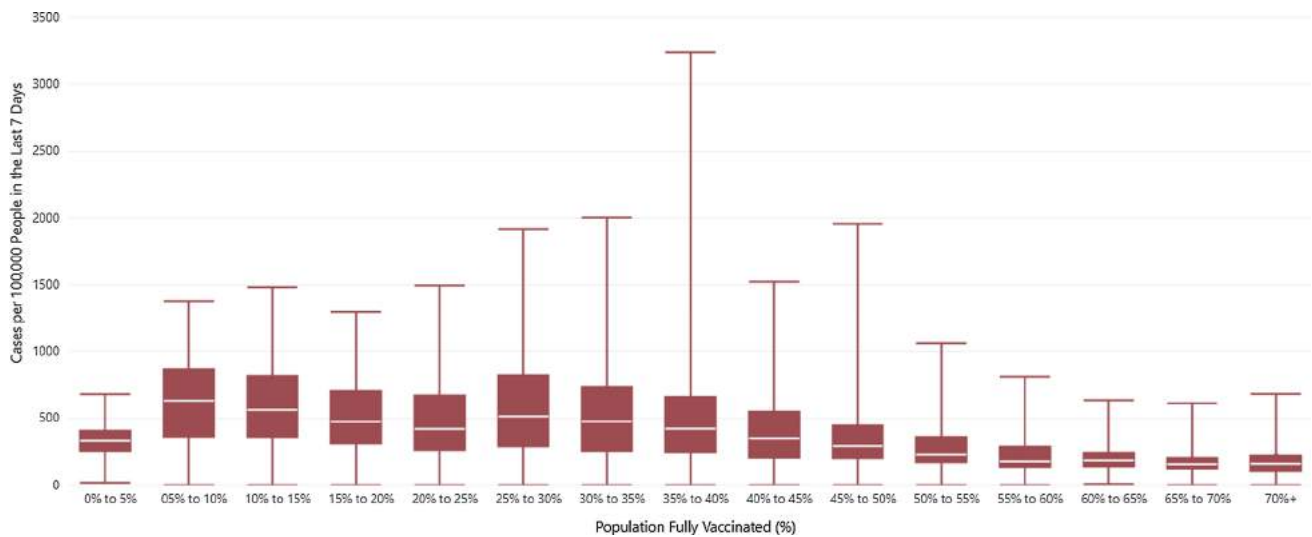


Fig. 2 Median, interquartile range and variation in cases per 100,000 people in the last 7 days across percentage of population fully vaccinated as of September 2, 2021

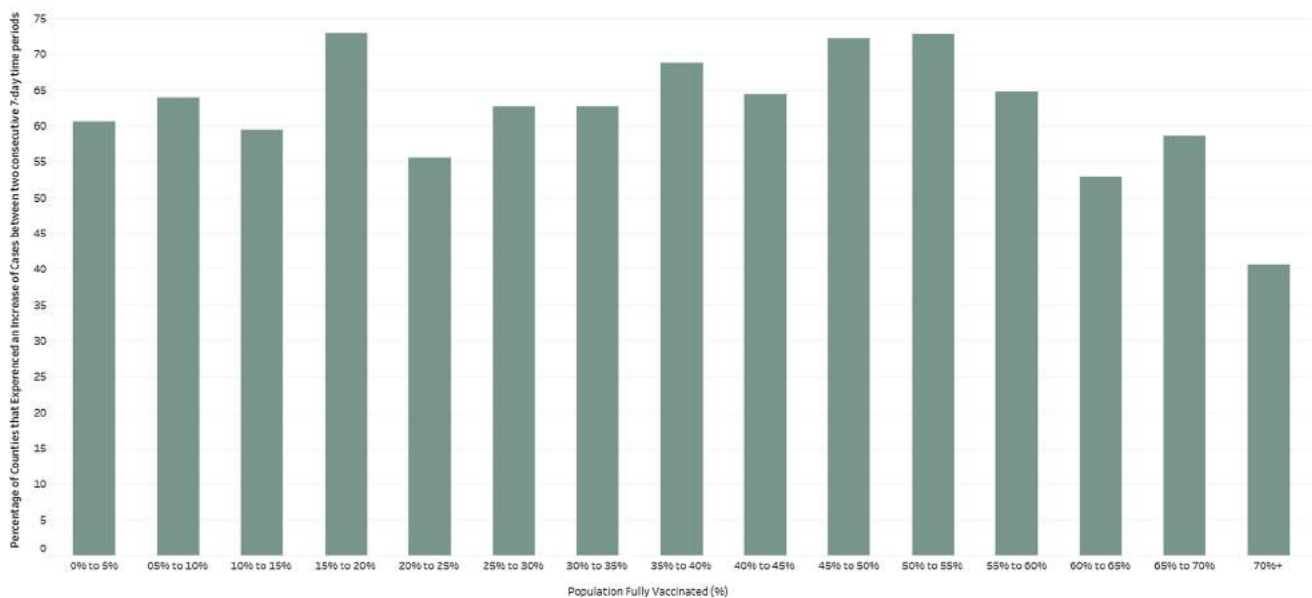


Fig. 3 Percentage of counties that experienced an increase of cases between two consecutive 7-day time periods by percentage of population fully vaccinated across 2947 counties as of September 2, 2021

Interpretation

The sole reliance on vaccination as a primary strategy to mitigate COVID-19 and its adverse consequences needs to be re-examined, especially considering the Delta (B.1.617.2) variant and the likelihood of future variants. Other pharmacological and non-pharmacological interventions may need to be put in place alongside increasing

vaccination rates. Such course correction, especially with regards to the policy narrative, becomes paramount with emerging scientific evidence on real world effectiveness of the vaccines.

For instance, in a report released from the Ministry of Health in Israel, the effectiveness of 2 doses of the BNT162b2 (Pfizer-BioNTech) vaccine against preventing COVID-19 infection was reported to be 39% [6],

substantially lower than the trial efficacy of 96% [7]. It is also emerging that immunity derived from the Pfizer-BioNTech vaccine may not be as strong as immunity acquired through recovery from the COVID-19 virus [8]. A substantial decline in immunity from mRNA vaccines 6-months post immunization has also been reported [9]. Even though vaccinations offers protection to individuals against severe hospitalization and death, the CDC reported an increase from 0.01 to 9% and 0 to 15.1% (between January to May 2021) in the rates of hospitalizations and deaths, respectively, amongst the fully vaccinated [10].

In summary, even as efforts should be made to encourage populations to get vaccinated it should be done so with humility and respect. Stigmatizing populations can do more harm than good. Importantly, other non-pharmacological prevention efforts (e.g., the importance of basic public health hygiene with regards to maintaining safe distance or handwashing, promoting better frequent and cheaper forms of testing) needs to be renewed in order to strike the balance of learning to live with COVID-19 in the same manner we continue to live a 100 years later with various seasonal alterations of the 1918 Influenza virus.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s10654-021-00808-7>.

References

1. Vaccinations CDC. CDC COVID data tracker. Centers for Disease Control and Prevention. 2021. <https://covid.cdc.gov/covid-data-tracker/#vaccinations>.
2. Nicolas E. Germany mulls restrictions for unvaccinated as cases soar. EUobserver; 2021. <https://euobserver.com/coronavirus/152534>.
3. Estrin D. Highly vaccinated Israel is seeing a dramatic surge in New COVID cases. Here's why. NPR; 2021. <https://www.npr.org/sections/goatsandsoda/2021/08/20/1029628471/highly-vaccinated-israel-is-seeing-a-dramatic-surge-in-new-covid-cases-heres-why>.
4. Ritchie H, Ortiz-Ospina E, Beltekian D, Mathieu E, Hasell J, Macdonald B, Giattino C, Appel C, Rod s-Guirao L, Roser M. Coronavirus pandemic (COVID-19). 2020. Published online at OurWorldInData.org. Retrieved from: <https://ourworldindata.org/coronavirus>.
5. White House COVID-19 Team. COVID-19 community profile report. 2020. HealthData.gov. <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>.
6. Ministry of Health Israel. Two-dose vaccination data. Government of Israel; 2021. https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files_publications_corona_two-dose-vaccination-data.pdf.
7. Thomas SJ, Moreira ED, Kitchin N, Absalon J, Gurtman A, Lockhart S, Perez JL, et al. Six Month safety and efficacy of the BNT162b2 Mrna Covid-19 vaccine. MedRxiv. 2021. <https://doi.org/10.1101/2021.07.28.21261159>.
8. Gazit S, Shlezinger R, Perez G, Lotan R, Peretz A, Ben-Tov A, Cohen D, Muhsen K, Chodick G, Patalon T. Comparing sars-cov-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. MedRxiv. 2021. <https://doi.org/10.1101/2021.08.24.21262415>.
9. Canaday DH, Oyeibanji OA, Keresztesy D, Payne M, Wilk D, Carias L, Aung H, Denis KS, Lam EC, Rowley CF, Berry SD, Cameron CM, Cameron MJ, Wilson B, Balazs AB, King CL, Gravenstein S. Significant reduction in humoral Immunity among healthcare workers and nursing home residents 6 months AFTER COVID-19 BNT162b2 mRNA vaccination. MedRxiv. 2021. <https://doi.org/10.1101/2021.08.15.21262067>.
10. McMorro M. (rep.). Improving communications around vaccine breakthrough and vaccine effectiveness. 2021. Retrieved from <https://context-cdn.washingtonpost.com/notes/prod/default/documents/8a726408-07bd-46bd-a945-3af0ae2f3c37/note/57c98604-3b54-44f0-8b44-b148d8f75165>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Shedding of Infectious SARS-CoV-2 Despite Vaccination

Kasen K. Riemersma, DVM, PhD¹; Brittany E. Grogan, MPH²; Amanda Kita-Yarbro, MPH²; Peter J. Halfmann, PhD¹; Hannah E. Segaloff, PhD³; Anna Kocharian, MS⁴; Kelsey R. Florek, MPH, PhD⁵; Ryan Westergaard, MD, PhD⁶; Allen Bateman, PhD⁵; Gunnar E. Jeppson, BS⁷; Yoshihiro Kawaoka, DVM, PhD¹; David H. O'Connor, PhD⁸; Thomas C. Friedrich, PhD¹; Katarina M. Grande, MPH²

¹ Department of Pathobiological Sciences, University of Wisconsin-Madison, Madison, WI, USA

² Public Health Madison & Dane County, Madison, WI, USA

³ Epidemic Intelligence Service, CDC, Atlanta, GA, USA

³ Wisconsin Department of Health Services, Madison, WI, USA

⁵ Wisconsin State Laboratory of Hygiene, Madison, WI, USA

⁶ Department of Medicine, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA

⁷ Exact Sciences, Madison, WI, USA

⁸ Department of Pathology and Laboratory Medicine, University of Wisconsin-Madison, Madison, WI, USA

[^]These authors contributed equally. Correspondence can be addressed to:

Katarina Grande KGrande@publichealthmdc.com

Abstract

The SARS-CoV-2 Delta variant might cause high viral loads, is highly transmissible, and contains mutations that confer partial immune escape ^{1,2}. Outbreak investigations suggest that vaccinated persons can spread Delta ^{3,4}. We compared RT-PCR cycle threshold (Ct) data from 699 swab specimens collected in Wisconsin 29 June through 31 July 2021 and tested with a qualitative assay by a single contract laboratory. Specimens came from residents of 36 counties, most in southern and southeastern Wisconsin, and 81% of cases were not associated with an outbreak. During this time, estimated prevalence of Delta variants in Wisconsin increased from 69% to over 95%. Vaccination status was determined via self-reporting and state immunization records ([Supplemental Figure 1](#)).

Main text

We observed low Ct values (<25) in 212 of 310 fully vaccinated (68%; [Figure 1A](#)) and 246 of 389 (63%) unvaccinated individuals. 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 ([Figure 1B](#)).

Low Ct values were detected in vaccinated people regardless of symptoms at the time of testing ([Figure 1C](#)). Ct values <25 were detected in 7 of 24 unvaccinated (29%; CI: 13-51%) and 9 of 11 fully vaccinated asymptomatic individuals (82%; CI: 48-97%), and 158 of 232 unvaccinated (68%, CI: 62-74%) and 156 of 225 fully vaccinated (69%; CI: 63-75%) symptomatic individuals. Time from symptom onset to testing did not vary by vaccination status ($p=0.40$; [Supplemental Figure 2](#)). Infectious virus was detected in the sole specimen tested from an asymptomatic fully vaccinated individual. Although few asymptomatic individuals were sampled, these results indicate that even asymptomatic, fully vaccinated people might shed infectious virus.

Combined with other studies ²⁻⁵, these data indicate that vaccinated and unvaccinated individuals infected with the Delta variant might transmit infection. Importantly, we show that infectious SARS-CoV-

2 is frequently found even in vaccinated persons when specimen Ct values are low. The inclusion of viruses from Pango lineages B.1.617.2, AY.2, and AY.3, and multiple counties without a linking outbreak, indicate that Delta-lineage SARS-CoV-2 can achieve low Ct values consistent with transmissibility in fully vaccinated individuals across a range of settings. Vaccinated and unvaccinated persons should get tested when symptomatic or after close contact with someone with suspected or confirmed COVID-19. Continued adherence to non-pharmaceutical interventions during periods of high community transmission to mitigate spread of COVID-19 remain important for both vaccinated and unvaccinated individuals.

Figure

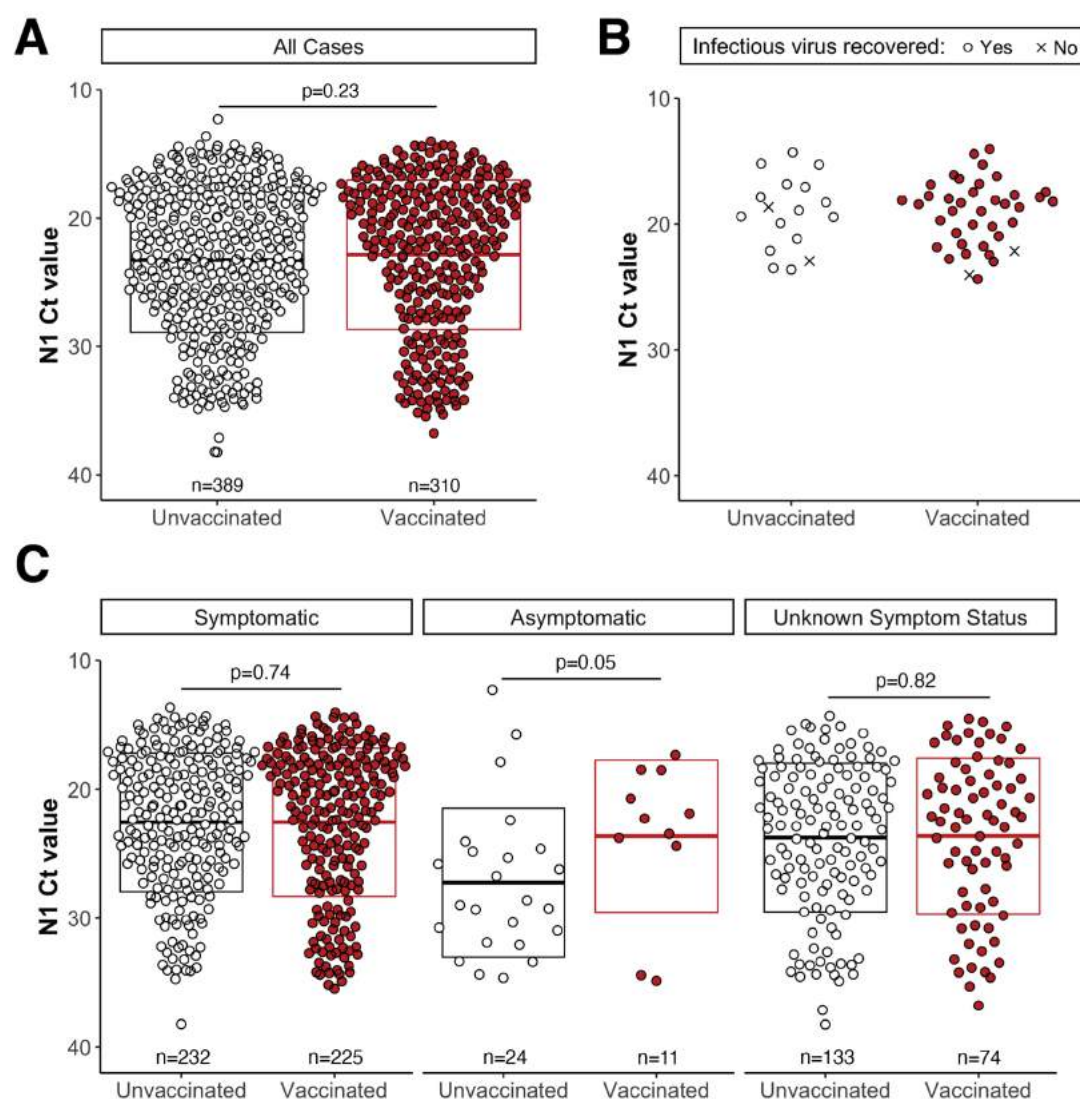
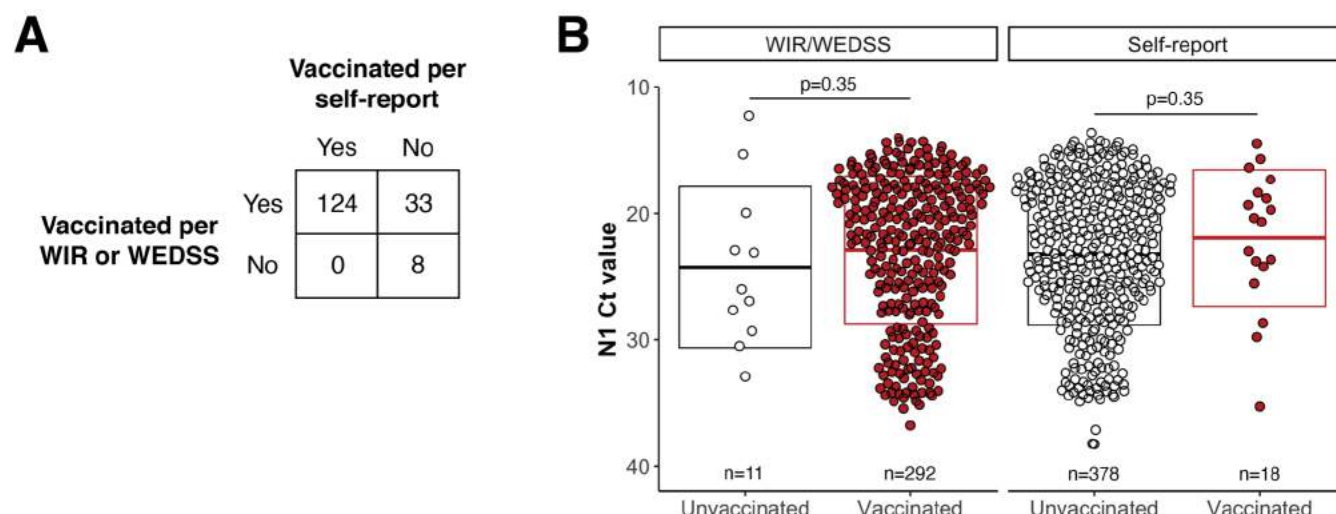


Figure 1. Individuals infected with SARS-CoV-2 despite full vaccination have low Ct values and shed infectious virus. A. Ct values for SARS-CoV-2-positive specimens grouped by vaccination status. RT-PCR was performed by Exact Sciences Corporation, responsible for over 10% of all PCR tests in Wisconsin during this period, using a qualitative diagnostic assay targeting the SARS-CoV-2 N gene (oligonucleotides identical to CDC's N1 primer and probe set) that has been authorized for emergency use by FDA (<https://www.fda.gov/media/138328/download>). **B.** Infectiousness was determined for a subset of N1 Ct-matched specimens with Ct <25 by inoculation onto Vero E6 TMPRSS2 cells and determining presence of cytopathic effects (CPE) after 5 days in culture. Specimens were selected by N1 Ct-matching between fully vaccinated and not fully vaccinated persons, then specimens from persons with unknown vaccination status were excluded from the analysis. Circles indicate presence of CPE; 'X' indicates no CPE detected. **C.** N1 Ct values for SARS-CoV-2-positive specimens grouped by vaccination status for individuals who were symptomatic or asymptomatic, or those whose symptom status was not determined, at the time of testing. In **A** and **C**,

boxplots represent mean N1 Ct values +/- one standard deviation. P-values were calculated by comparing mean Ct values by independent two-group Mann-Whitney U tests.

Supplemental materials

Supplemental figure 1



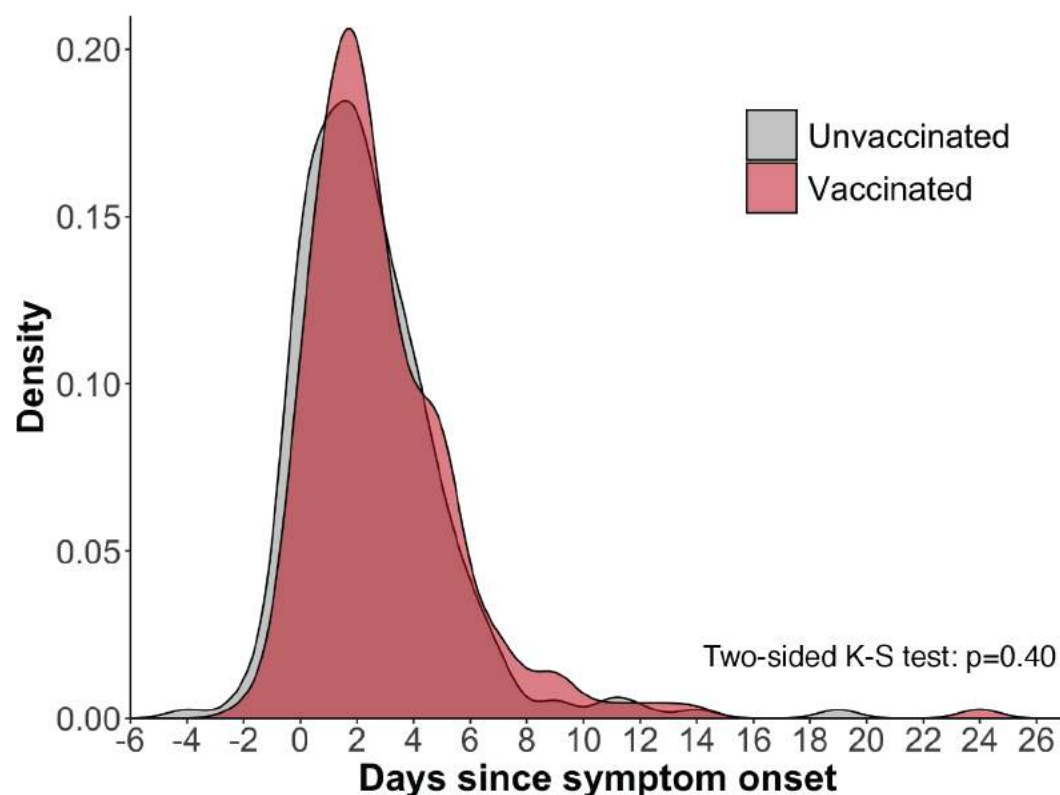
Supplemental figure 1. Concordance between self-reported vaccination status and the Wisconsin Immunization Registry (WIR) or Wisconsin Electronic Disease Surveillance System (WEDSS). For all individuals, vaccination status was determined using WIR/WEDSS electronic registries when data were available. Individuals were identified as unvaccinated at the time of testing if WIR/WEDSS data indicated receipt of a first SARS-CoV-2 vaccine dose after the test date.

Individuals were considered fully vaccinated based on WIR/WEDSS data if the registries indicated receipt of a final vaccine dose at least 14 days prior to testing. For individuals whose vaccination status could not be verified in WIR/WEDSS, self-reported data collected at the time of testing were used. Individuals were considered unvaccinated based on self-report only if there was an explicit declaration of unvaccinated status in the self-reported data. Individuals were considered fully vaccinated based on self-report if they fulfilled all of the following criteria: (1) indicated that they had received a COVID vaccine prior to testing; (2) indicated that they did not require another vaccine dose; and (3) reported a date of last vaccine dose that was at least 14 days prior to testing.

Specimens lacking data on vaccination status were excluded from the study. Specimens from partially vaccinated individuals (incomplete vaccine series, or <14 days post-final dose) were also excluded. Fully vaccinated status was determined by WIR/WEDSS for 292 specimens and by self-reported data for 18. Unvaccinated status was determined by WIR/WEDSS for 11 and by self-reported data by 378. **A.** Of the 699 specimens with vaccination status available from at least one source, 165 specimens had data available from both sources. For self-reporting, under-reporting of full vaccination status (33/157) was more common than over-reporting (0/124). **B.** N1 Ct values for SARS-CoV-2-positive specimens grouped by vaccination status for individuals whose vaccination status was determined by WIR/WEDSS or by self-reported data. Boxplots represent mean N1 Ct values +/- one standard

deviation. P-values were calculated by comparing mean Ct values by independent two-group Mann-Whitney U tests.

Supplemental figure 2



Supplemental figure 2. Density distributions of unvaccinated and vaccinated specimen collection dates by day since symptom onset. Day 0 on the x-axis denotes self-reported day of symptom onset. Negative values for days indicate specimen collection prior to symptom onset. Symptom onset data were available for n=263 unvaccinated cases and n=232 vaccinated cases.

Conflict of interest

The authors declare no conflicting interests.

Ethics statement

Per the University of Wisconsin-Madison IRB, this project qualifies as public health surveillance activities as defined in the Common Rule, 45 CFR 46.102(l)(2). As such, the project is not deemed to be research regulated under the Common Rule and therefore, does not require University of Wisconsin-Madison IRB review and oversight.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the Centers for Disease Control and Prevention or the institutions with which the authors are affiliated.

Data availability

Data and processing workflows are available at <https://go.wisc.edu/p22116>. To protect potentially personally identifiable information, the publicly available dataset contains only PCR Ct values, vaccine status, symptom status, culture status, and days from symptom onset to testing for each specimen.

References

1. Planas D, Veyer D, Baidaliuk A, et al. Reduced sensitivity of SARS-CoV-2 variant Delta to antibody neutralization. Nature [Internet] 2021 [cited 2021 Jul 28];1–7. Available from: <https://www.nature.com/articles/s41586-021-03777-9>
2. Mlcochova P, Kemp S, Dhar MS, et al. SARS-CoV-2 B.1.617.2 Delta variant replication, sensitivity to neutralising antibodies and vaccine breakthrough [Internet]. bioRxiv. 2021 [cited 2021 Aug 15];2021.05.08.443253. Available from: <https://www.biorxiv.org/content/10.1101/2021.05.08.443253v5>
3. Brown CM, Vostok J, Johnson H, et al. 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 [Internet] 2021;70(31):1059–62. Available from: https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?utm_source=mp-fotoscapes
4. Hetemäki I, Kääriäinen S, Alho P, et al. An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021. Euro Surveill [Internet] 2021;26(30). Available from: <http://dx.doi.org/10.2807/1560-7917.ES.2021.26.30.2100636>
5. Chia PY, Xiang Ong SW, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study [Internet]. bioRxiv. 2021;Available from: <http://medrxiv.org/lookup/doi/10.1101/2021.07.28.21261295>



On a long enough timeline the survival rate for everyone drops to zero.

Protests Erupt In South Korea Over Vaccination Deaths



BY TYLER DURDEN

MONDAY, DEC 27, 2021 - 06:40 PM

Americans and Europeans aren't the only people to express skepticism of the COVID jabs produced by a handful of pharmaceutical giants, most notably Pfizer and Moderna. As reports of deaths and other 'adverse health events' suspected of being triggered by vaccines mount, South Koreans **are reportedly taking to the streets to protest their governments' refusal to acknowledge thousands of deaths** that many believe were caused by vaccines.



As we said above, **more than 10K people have died under murky circumstances shortly after being vaccinated in South Korea.** The government has only reported a connection in a handful of serious cases. But it has also moved to recognize and compensate victims: for example, a nursing assistant was recognized in August as a victim of an industrial accident and awarded government benefits after suffering paralysis in the wake of receiving AstraZeneca's COVID shot.

Back in August, the government investigated after a teenager with no underlying health conditions died following inoculation with the Pfizer-BioNTech COVID jab.

But in the absence of more concrete answers, thousands of South Koreans are taking to the streets to protest the vaccine mandate in one of the world's most heavily vaccinated countries.

According to RT, **an association called the COVID Vaccine Victims and Families Council has held rallies in several South Korean cities.** Demonstrators on Sunday marched from Busan City Hall to Busan National University of Education in a large demonstration held in the country's second city.



On a long enough timeline the survival rate for everyone drops to zero.

administration of being indifferent to damages caused by vaccines.

"I think the people have reached a point where they can't trust the government," Kim said.

The government promised to compensate victims of vaccine side effects before the first jabs arrived. But it's also responsible for determining which cases merit compensation, a fact that has rankled some purported victims, who feel they have been shafted.

Roughly 83% of South Koreans have been vaccinated against Covid-19, easily the highest rate among G20 nations.

155,989 492

DISCRIMINATION NOTICE

PRIVACY POLICY

DISCLAIMER

ADVERTISE WITH ZEROHEDGE

COPYRIGHT ©2009-2021 ZEROHEDGE.COM/ABC MEDIA, LTD

No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups When Infected with SARS-CoV-2 Delta Variant

Charlotte B. Acharya¹, John Schrom², Anthea M. Mitchell³, David A. Coil¹, Carina Marquez^{2, 4}, Susana Rojas², Chung Yu Wang³, Jamin Liu⁵, Genay Pilarowski^{2, 6}, Leslie Solis¹, Elizabeth Georgian¹, Maya Petersen^{2, 7}, Joseph DeRisi³, Richard Michelmore¹, Diane Havlir^{2, 4}

¹Genome Center, University of California, Davis, USA

²Unidos en Salud, San Francisco, CA, USA

³Chan Zuckerberg Biohub, and Dept of Biochemistry & Biophysics, University of California, San Francisco, USA

⁴Department of Medicine, Division of HIV, Infectious Disease and Global Medicine, University of California, San Francisco, USA

⁵Joint UCB/UCSF Bioengineering Program, University of California, Berkeley and University of California, San Francisco, USA

⁶The Public Health Company, Oakland, California, USA

⁷School of Public Health, University of California, Berkeley, USA

Keywords: asymptomatic testing; COVID-19; Ct-value; SARS-CoV-2; Delta variant

Running Title: Cts of COVID Delta vaccine breakthroughs

Authors for Correspondence: Diane Havlir, Richard Michelmore

Alternate Corresponding Authors: Joe DeRisi, Maya Peterson

Abstract: We found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta. Given the substantial proportion of asymptomatic vaccine breakthrough cases with high viral levels, interventions, including masking and testing, should be considered for all in settings with elevated COVID-19 transmission.

Background

Vaccines reduce infection, severe disease, and death from SARS-CoV-2 (COVID-19) [1], yet breakthrough cases occur [2]. Several reports show no difference in cycle threshold values (Ct-values) between vaccinated and unvaccinated individuals [2, 3, 4]; however, others have suggested that breakthrough infections, particularly among asymptomatic individuals, have a lower viral load and therefore may be less likely to result in transmission [5, 6].

Effective epidemic control requires contemporary data to guide public health mitigation measures. Here, we report on Ct-values among fully vaccinated and unvaccinated individuals, asymptomatic and symptomatic at time of testing, during a period of high transmission of the Delta variant in two distinct populations: a Unidos en Salud (UeS) community-based site in the Mission District of San Francisco and Healthy Yolo Together (HYT) asymptomatic testing through the University of California (UC), Davis.

Materials and Methods

Study Populations

Data was collected on individuals who voluntarily sought testing for SARS-CoV-2 from two demographically distinct populations in California during a two-month period from June 17 to August 31, 2021, during which Delta was the predominant variant.

HYT: As part of the response to the COVID-19 pandemic, UC Davis deployed an extensive free asymptomatic testing program that included the City of Davis and Yolo County ([Healthy Yolo Together](#)). Asymptomatic individuals over the age of 2 were eligible for testing. Asymptomatic cases were classified as individuals not reporting symptoms at the time of testing. Samples were collected through a supervised method in which individuals transferred their saliva into a barcoded tube ([COVID-19 Testing | Campus Ready](#)). Smaller numbers of symptomatic

individuals were processed using a different workflow and an antigen test; therefore, they were not included in this study.

UeS: The study population included individuals who sought SARS-CoV-2 testing at the UeS walk-up site, an ongoing academic (UC San Francisco, CZ Biohub, and UC Berkeley), community organization (Latino Task Force), and government (SFDPH) partnership. The outdoor, free BinaxNOW™ testing site was located at a public transport and commercial hub in the Mission District, a setting of ongoing transmission in San Francisco [7]. Individuals one year of age and older, with or without symptoms, were eligible for testing.

Measurements

Infections were classified as breakthrough infections if the individual was fully vaccinated (two weeks following receipt of all vaccine doses). Individuals that had had only one dose or were tested within two weeks of the second dose, in the case of Pfizer and Moderna vaccines, were not included in the analysis.

HYT: Demographic information was collected from individuals at the time of registration. Vaccination status information was obtained at the time of contact tracing and confirmed in the California Vaccine Registry. Only confirmed, fully vaccinated individuals were used in the analysis; discordant samples, self-reported as vaccinated but unconfirmed, were treated as status unknown. Saliva samples from asymptomatic individuals were tested for the presence of the N1 and N2 regions of the viral nucleocapsid (N) gene using primers and probes described in the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, using IntelliQube high-throughput quantitative PCR instruments (LGC Biosearch Technologies). Ct-values were calculated with FastFinder software ([UgenTec](#) | [FastFinder](#)).

Genotypes of all N1/N2 positive samples were determined using RT-PCR SNP analysis at 11 loci diagnostic for variants of concern ([SARS-CoV-2 Variant ValuPanel assays | LGC Biosearch Technologies](#)). A subset of samples (39%) were also sequenced using the Illumina MiSeq sequencing platform. Consensus genomes were generated with Viralrecon2 and variants called in Pangolin version 3.1.11 and PLEARN-v1.2.66. Sequencing confirmed the variants called by genotyping.

UeS: Individuals provided demographic data and information on symptoms immediately prior to testing using BinaxNOW™ kits. COVID-19 vaccine status, including date of final shot, was obtained through the California Vaccine Registry. Anterior-nasal swab samples (iClean, Chenyang Global) collected by certified lab assistants from BinaxNOW positive individuals were placed in DNA/RNA Shield (Zymo, Inc.) and processed for qRT-PCR, genome recovery, and variant/lineage determination as previously described [8, 9]. Ct-values for the detection of N and E genes [8] were determined via the single threshold Cq-determination mode using Bio-Rad CFX Maestro v4.1 (Bio-Rad Inc). SARS-CoV-2 genomes were sequenced using the Illumina NovaSeq platform. Consensus genomes were generated via the COVID module of the IDseq pipeline (<https://idseq.net>) as described [9].

Analysis

Ct-values were plotted, stratified by site; fully vs. not vaccinated; and symptom status. Partially vaccinated samples and stratification by age and vaccine type are reported in supplementary materials. Ct-values between strata were compared using a two sided t-test.

Ethics Statement

HYT: The Genome Center laboratory that conducted COVID-19 testing was CLIA approved as an extension to the Student Health Center's laboratory. The UC Davis IRB

Administration determined that the study met criteria for public health reporting and was exempt from IRB review and approval.

UeS: The UC San Francisco Committee on Human Research determined the study met criteria for public health surveillance. All participants provided informed consent for testing.

Results

A total of 869 samples, 500 from HYT and 369 from UeS, were included in the analysis. All analyzed samples from HYT were asymptomatic at the time of collection and 75% of the positive samples were from unvaccinated individuals (N=375). Positive samples from UeS were from both symptomatic (N=237) and asymptomatic individuals (N=132). The frequency of vaccine breakthroughs among the UeS samples (171 fully vaccinated, 198 unvaccinated) was greater than among the HYT samples, reflecting the different types of populations sampled. The Delta variant was the predominant variant detected in both populations (Supplementary Table 1).

There were no statistically significant differences in mean Ct-values of vaccinated (UeS: 23.1; HYT: 25.5) vs. unvaccinated (UeS: 23.4; HYT: 25.4) samples. In both vaccinated and unvaccinated, there was great variation among individuals, with Ct-values of <15 to >30 in both UeS and HYT data (Fig. 1A, 1B). Similarly, no statistically significant differences were found in the mean Ct-values of asymptomatic (UeS: 24.3; HYT: 25.4) vs. symptomatic (UeS: 22.7) samples, overall or stratified by vaccine status (Fig. 1B). Similar Ct-values were also found among different age groups, between genders, and vaccine types (Supplemental Figure 1).

In all groups, there were individuals with low Ct-values indicative of high viral loads. A total of 69 fully vaccinated individuals had Ct-values <20. Of these, 24 were asymptomatic at the time of testing.

Discussion

In our study, mean viral loads as measured by Ct-value were similar for large numbers of asymptomatic and symptomatic individuals infected with SARS-Cov-2 during the Delta surge, regardless of vaccine status, age, or gender. This contrasts with a large ongoing UK community cohort in which the median Ct-value was higher for vaccinated individuals (27.6) than for unvaccinated individuals (23.1) [5]. Also, a study from San Francisco reported that 10 fully vaccinated asymptomatic individuals had significantly lower viral loads than 28 symptomatic, vaccinated individuals [6]. Our study is consistent with other recent reports showing similar viral loads among vaccinated and unvaccinated individuals in settings with transmission of the Delta variant. In a Wisconsin study, Ct-values were similar and culture positivity was not different in a subset of analyses between 11 vaccinated and 24 unvaccinated cases [4]. In both Massachusetts and Singapore, individuals with vaccination breakthroughs caused by the Delta variant had similar Ct-values as unvaccinated individuals [3, 10]. Our findings are supported by consistency across large sample sets using different assays from two distinct locations.

A substantial proportion of asymptomatic, fully vaccinated individuals in our study had low Ct-values, indicative of high viral loads. Given that low Ct-values are indicative of high levels of virus, culture positivity, and increased transmission [11], our detection of low Ct-values in asymptomatic, fully vaccinated individuals is consistent with the potential for transmission from breakthrough infections prior to any emergence of symptoms. Interestingly, the viral loads decreased more rapidly in vaccinated than unvaccinated individuals in Singapore [3], suggesting that vaccinated individuals may remain infectious for shorter periods of time. Also, a retrospective observational cohort study of contacts of SARS-CoV-2-infected index cases in England documented reduced transmission from vaccinated individuals [12]. In our study, over 20% of positive, vaccinated individuals had low Ct-values (<20), a third of which were

asymptomatic when tested. This highlights the need for additional studies of the immunological status of such vaccine escapes and how infectious they are. If such individuals carry high loads of active virus, asymptomatic vaccinated individuals may increasingly contribute to the ongoing pandemic as the proportion of vaccinated individuals grows.

Ct-values in some children under 12 who are not yet eligible for vaccination were also low. Twenty out of 109 (18.3%) children under 12 years of age had Ct-values <20 , of which 14 were asymptomatic at the time of testing. Low Ct indicates that the children had high viral loads and were likely infectious. This emphasizes the value of regular, rapid testing for school children to detect infection early and block chains of transmission in settings where the Delta variant is circulating.

While vaccination remains the best protection against becoming infected and severe disease [12], the data gathered in this study during the surge of the Delta variant strongly support the notion that neither vaccine status nor the presence or absence of symptoms should influence the recommendation and implementation of good public health practices, including mask wearing, testing, social distancing, and other measures, designed to mitigate the spread of SARS-CoV-2.

Author Contribution Statement:

JD, RWM, DH, and MP conceived the project. DC, CM, SR, DH, and GP helped collect the data. CA, AM, CYW, and JL helped perform the tests, genotyping, and sequencing. CA, JH, LS, JD, AM, CYW, JS, and JL prepared the data for publication. RM, EG, DH, MP, DC, JS, and JD contributed to the writing of the manuscript. All authors read and approved the final manuscript.

Funding: This work was supported by the Chan Zuckerberg Biohub, Healthy Yolo Together, the University of California, San Francisco, the Chan Zuckerberg Initiative and The University of California, Davis.

Acknowledgements: Many people were responsible for collecting the samples, running the tests, performing the genotyping and sequencing, and processing the data as listed in Supplementary Table 2.

Conflict of Interest: Dr. DeRisi reports being a scientific advisor to the Public Health Co. and a scientific advisor to Allen & Co. Dr. Havlir reports non-financial support from Abbott outside of the submitted work. The other authors declare no competing interests.

References

1. Abu-Raddad LJ, Chemaitelly H, Butt AA, National Study Group for C-V. Effectiveness of the BNT162b2 Covid-19 Vaccine against the B.1.1.7 and B.1.351 Variants. *N Engl J Med* 2021; 385: 187-9. DOI: 10.1056/NEJMc2104974.
2. Pouwels KB, Pritchard E, Matthews PC, et al. Impact of Delta on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK. Pre-print 2021
<https://www.medrxiv.org/content/10.1101/2021.08.18.21262237v1>
3. Chia PY, Ong SWX, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study. Pre-print 2021. <https://www.medrxiv.org/content/10.1101/2021.07.28.21261295v1>
4. Riemersma KK, Grogan BE, Kita-Yarbro A, et al. Shedding of Infectious SARS-CoV-2 Despite Vaccination. Pre-Print 2021.
<https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>
5. Elliott P, Haw D, Wang H, et al. REACT-1 round 13 final report: exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with Delta variant in England during May to July 2021. Pre-print 2021.
https://spiral.imperial.ac.uk/bitstream/10044/1/90800/2/react1_r13_final_preprint_final.pdf
6. Servellita V, Morris MK, Sotomayor-Gonzalez A, et al. Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California. Pre-print 2021.
<https://www.medrxiv.org/content/10.1101/2021.08.19.21262139v1>

7. Pilarowski G, Lebel P, Sunshine S, et al. Performance Characteristics of a Rapid Severe Acute Respiratory Syndrome Coronavirus 2 Antigen Detection Assay at a Public Plaza Testing Site in San Francisco. *J Infect Dis* 2021; 223(7): 1139-1144. DOI: 10.1093/infdis/jiaa802.
8. Crawford E, Acosta I, Ahyong V, et al. Rapid deployment of SARS-CoV-2 testing: The CLIAHUB. *PLoS Pathog* 2020 16(10):e1008966. doi: 10.1371/journal.ppat.1008966.
9. Peng J, Liu J, Mann SA, et al. Estimation of secondary household attack rates for emergent spike L452R SARS-CoV-2 variants detected by genomic surveillance at a community-based testing site in San Francisco. *Clin Infect Dis* 2021; ciab283. DOI: 10.1093/cid/ciab283.
10. Brown CM, Vostok J, Johnson H, et al. 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; 70: 1059-1062. DOI: <http://dx.doi.org/10.15585/mmwr.mm7031e2>
11. Jefferson T, Spencer EA, Brassey J, Heneghan C. Viral cultures for COVID-19 infectious potential assessment – a systematic review. *Clin Infect Dis* 2020; ciaa1764. DOI: 10.1093/cid/ciaa1764
12. Eyre D, Taylor D, Purver M, et al. The impact of SARS-CoV-2 vaccination on Alpha & Delta variant transmission. Pre-print 2021. <https://doi.org/10.1101/2021.09.28.21264260>

Figures

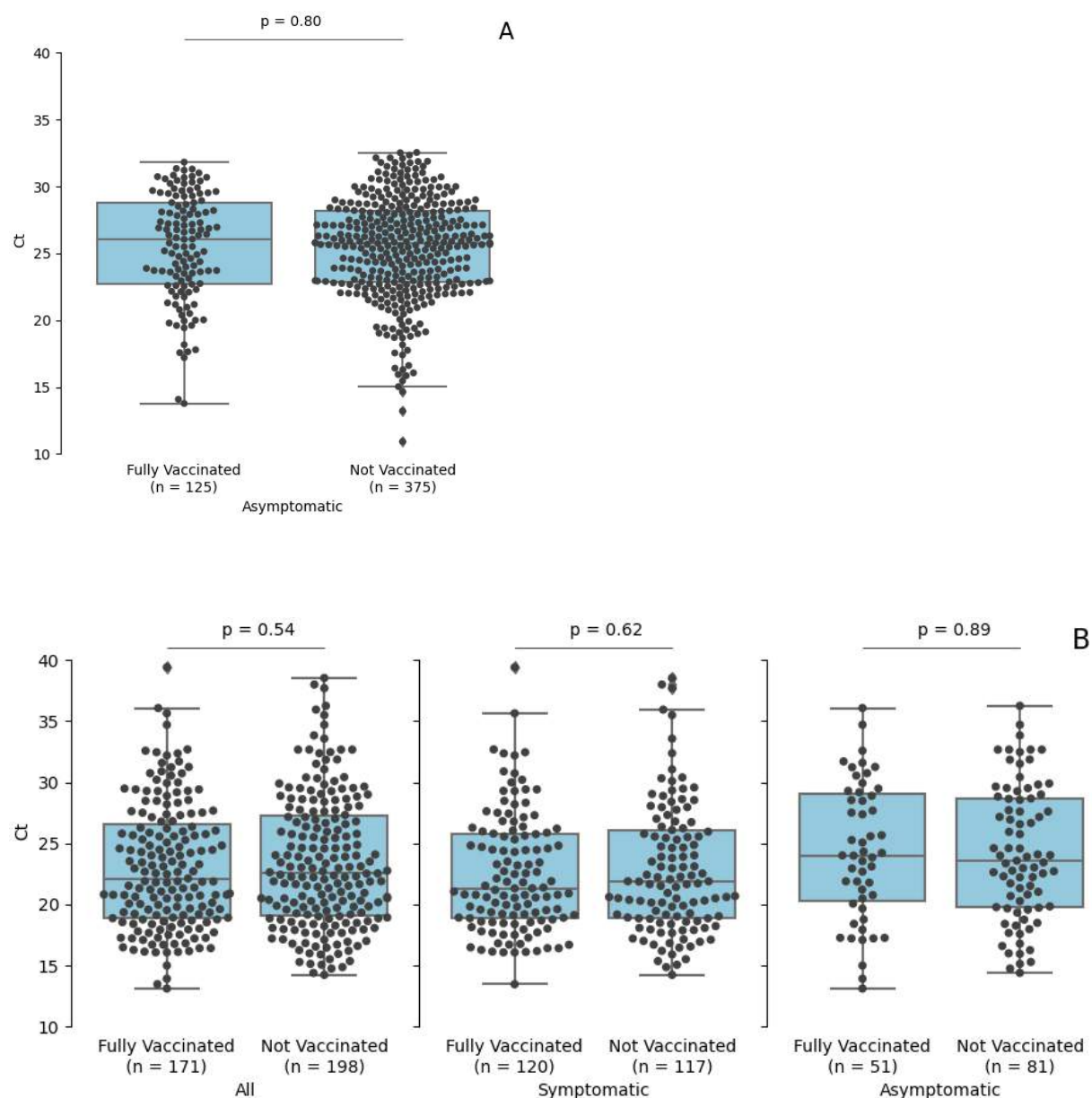


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase chain reaction cycle threshold values for specimens from patients by vaccine status from Healthy Yolo Together (City of Davis and Yolo County, California) (Panel A) and from specimens by

vaccine and symptom status from Unidos en Salud (Mission District, San Francisco, California) (Panel B). Box plots show first quartile, median, and third quartiles in shaded region; diamonds indicate outliers beyond 1.5 times the interquartile range; p-values were calculated with two-sided t-tests.

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

October 22, 2021

VIA EMAIL

Xavier Becerra
HHS Office of the Secretary
Secretary, Health & Human
Services
200 Independence Ave., S.W.
Washington, D.C. 20201
c/o Sean McCluskie
sean.mccluskie@hhs.gov

Dr. Rochelle P. Walensky
Director, Centers for Disease
Control and Prevention
1600 Clifton Road
Atlanta, GA 30329
Aux7@cdc.gov

Dr. Janet Woodcock
Interim Commissioner,
Food & Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993
janet.woodcock@fda.hhs.gov

Dr. Peter Marks
Director, Center for Biologics
Evaluation and Research
U.S. Food and Drug
Administration
10903 N.H. Ave. W071-3128
Silver Spring, MD 20993-0002
peter.marks@fda.hhs.gov

Dr. Tom Shimabukuro
CDC COVID-19 Vaccine
Task Force
1600 Clifton Road, NE
Corporate Square, Bldg 12
Atlanta, GA 30329
ayv6@cdc.gov

Re: *COVID-19 vaccination in pediatric populations*

Dear Mr. Becerra, Dr. Walensky, Dr. Woodcock, Dr. Marks, and Dr. Shimabukuro:

We write on behalf of Mr. Patrick de Garay, Mrs. Stephanie de Garay, and Maddie de Garay (“**the de Garay family**”) regarding one of the most important issues in this country right now: COVID-19 vaccination in pediatric populations. To date, Pfizer’s Comirnaty is approved for children ages 16 and 17 and authorized for emergency use in children 12 through 15, with authorization expected shortly for children 5 through 11. Before any additional authorizations or approvals for children are granted, it is imperative that you properly account for what occurred to Mr. and Mrs. de Garay’s 12-year-old daughter, Maddie, in Pfizer’s clinical trial.

The only rigorous way to ensure safety and efficacy is via appropriate clinical trials which do not ignore serious adverse events occurring in those trials. Pfizer’s clinical trial for children aged 12-15 included 2,260 participants, half of who received the vaccine and half who received a placebo. Meaning, only 1,131 children were vaccinated and at least one of those children, Maddie de Garay, suffered a devastating, life-altering injury which, despite incontrovertible proof and the

cries of both the victim and her parents, has not been acknowledged by the sponsor (“Pfizer”) or the Food and Drug Administration (“FDA”).

For a virus for which children have a 99.998% chance of surviving, the FDA must ensure there is an even more remote chance of a serious adverse event from any vaccine intended to prevent harm from the virus.¹ Therefore, we implore you to carefully consider the following information.

A. COVID-19 in Children

A research team at Johns Hopkins analyzed approximately 48,000 children under 18 years old diagnosed with COVID-19 and found a **mortality rate of zero** among children who did not have a pre-existing medical condition such as leukemia.² Neither the FDA nor the CDC have put forth data to dispute this.³

Despite what appears to be a continued effort to inflate COVID-19 numbers and induce fear among parents,⁴ according to one study, the infection fatality rate for those aged 5 to 9 is less

¹ See <https://pubmed.ncbi.nlm.nih.gov/33137809/>.

Age Group	Male Median% (95%CrI) [Individual serostudy range]	Female Median% (95%CrI) [Individual serostudy range]	Mean Median% (95%CrI) [Individual serostudy range]
0-4	0.003 (0.002-0.004) [0.001-0.006]	0.003 (0.002-0.003) [0.001-0.005]	0.003 (0.002-0.003) [0.001-0.006]
5-9	0.001 (0.000-0.001) [0.000-0.001]	0.001 (0.000-0.001) [0.000-0.001]	0.001 (0.000-0.001) [0.000-0.001]
10-14	0.001 (0.001-0.002) [0.000-0.002]	0.001 (0.000-0.001) [0.000-0.001]	0.001 (0.001-0.001) [0.000-0.002]
15-19	0.003 (0.002-0.003) [0.001-0.005]	0.002 (0.002-0.003) [0.001-0.005]	0.003 (0.002-0.003) [0.001-0.005]

Table S3. Ensemble model age- and sex-specific infection fatality ratio estimates and the respective ranges suggested by individual national-level seroprevalence surveys.

² <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

³ According to the Centers for Disease Control and Prevention (“CDC”), 605 children (under 19 years old) have died with a COVID-19 diagnosis (186 ages 0 through 4 years old, 419 ages 5 through 18 years old) in a 21.5-month period. See <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>. There has been no data released by the CDC showing whether these children died *from* COVID-19 or *with* COVID-19 or if these children had any pre-existing conditions. The data are for “deaths involving COVID-19.” There is also no further age stratification and no understanding of how many of the children that died were 18 years old vs how many were 5 years old.

⁴ CDC Director Walensky made the claim that vaccinating one million adolescents for COVID-19 would prevent 200 hospitalizations and 1 death over a four-month period. However, the hospitalization report relied upon for this analysis, just like the death count, does not distinguish whether the child hospitalizations are *for* COVID-19 or *with*

than 0.001 percent.⁵ A large new study from the U.K. examining the fatality rate among all those under 18 found it to be similarly incredibly rare — 0.005 percent.⁶ Based on data following the Delta variant, “[i]n states where data was available, less than 2% of all child COVID-19 cases required hospitalization and 0.00% to 0.03% were fatal.”⁷ This is not a severe or deadly pandemic for children as the data has clearly and consistently shown.

B. Potential Risks in Vaccinating Children for COVID-19

Since it is exceedingly rare for a child to have a permanent injury from being infected with SARS-CoV-2, it must be determined that the vaccine presents even less risk.

1. Maddie de Garay

Maddie de Garay was a typical 12-year-old little girl: full of energy, spunk, gymnastic moves, and TikTok dances. Maddie, along with her two brothers, took part in Pfizer’s pediatric clinical trial for the COVID-19 vaccine. Since the day she received the second dose of the vaccine, the vibrant girl Maddie’s parents once knew has disappeared, replaced with a girl who lives her life in agony.

Within 24 hours of arriving at the trial site with her dad and receiving her second shot, Maddie developed crippling, scream-inducing pain that landed her in the emergency room. She was experiencing abdominal, muscle, and nerve pain, described as the feeling of someone “ripping [her] heart out through [her] neck.”

Over the next three months, Maddie was admitted to the hospital three times, visited doctors and emergency rooms more than that, and developed additional life-changing symptoms including: gastroparesis, erratic blood pressure, erratic heart rate, memory loss, brain fog, dizziness, fainting, seizures, verbal tics, motor tics, loss of feeling from her waist through her toes, muscle weakness, drastic and adverse changes in her vision, urinary retention, loss of bladder control, and the start of and severely irregular menstrual cycles. Maddie currently has an NG tube and uses a wheelchair for assistance.

The list of “post-vaccination symptoms” that her mother has detailed and tracked in an effort to help her daughter is over 23 pages long (through only August 2021) and is heartbreaking

COVID-19. In other words, if a child gets hurt in an accident and brought to the hospital and is tested as part of hospital protocol and tests positive, that child may be counted as a child COVID-19 hospitalization even though the hospitalization could not be prevented regardless of how many people are vaccinated. Evidencing this issue with Walensky’s claims is the June 11, 2021 Morbidity and Mortality Weekly Report of that analysis which revealed that 45.7% of the admissions had to be analyzed separately “because their primary reason for admission might not have been directly COVID-19-related. See https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e1.htm?s_cid=mm7023e1_w.

⁵ See <https://www.nature.com/articles/s41586-020-2918-0>.

⁶ See <https://www.wsj.com/articles/in-children-risk-of-covid-19-death-or-serious-illness-remain-extremely-low-new-studies-find-11625785260>.

⁷ <https://www.npr.org/sections/coronavirus-live-updates/2021/08/10/1026375608/nearly-94-000-kids-got-covid-19-last-week-they-were-15-of-all-new-infections>; see also <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>.

to read. It tells the story of a 12-year-old girl's life being drastically altered by worsening symptoms that, at times, had her saying she "couldn't do this anymore" and that she "wanted to give up."

Pfizer, on the other hand, reported this in its trial documents to the FDA as follows:

"One participant experienced an SAE reported as generalized neuralgia, and also reported 3 concurrent non-serious AEs (abdominal pain, abscess, gastritis) and 1 concurrent SAE (constipation) within the same week. The participant was eventually diagnosed with functional abdominal pain. The event was reported as ongoing at the time of the cutoff date."⁸

The juxtaposition of Ms. de Garay's careful and tragic recording of her child's experience post-vaccination and Pfizer's description of same is shocking to the conscience. To equate Maddie's life-altering ailments that leave her unable to eat by mouth or to walk herself to the kitchen as "functional abdominal pain" is at best dishonest. To regulators, it should be criminal.

In fact, at least one doctor at the National Institutes of Health, Dr. Avindra Nath, is aware of Maddie's experience. When learning of her post-vaccination adverse events, he replied to Mrs. de Garay, **"We have certainly heard of a lot of cases of neurological complications form [sic] the vaccine** and will be glad to share our experience with them."⁹

Despite a May 24, 2021 letter sent to Dr. Marks, Dr. Woodcock, and Dr. Walensky (and others) from COVID-19 vaccine injured individuals pleading for acknowledgement and help,¹⁰ and Dr. Nash's knowledge, *we will assume that, until this point, you have not been aware of Maddie's story and of Pfizer's "reporting" of same.* We make this assumption, despite evidence to the contrary, because it appears unthinkable that you would not have taken action or contacted the family had you actually been aware of her devastating injury. Either way, you are now on notice. Maddie's journey has been documented and is ongoing. All relevant medical records are being provided by email through a secure link. If Pfizer has not disclosed the truth, it is your responsibility as regulators to ensure that this is remedied forthwith.

Clinical trials are meant to identify and report incidents just like Maddie's in order to help determine the safety and efficacy of vaccines. It is troubling, to say the least, that this has happened and that this vaccine has been authorized without a reliable clinical trial – a trial that reported a life-altering injury as "functional abdominal pain" is plainly an unreliable trial. If Pfizer hid this serious adverse event, it calls into question all of the safety reporting from this trial.

⁸ <https://www.fda.gov/media/148542/download> at 30.

⁹ See appended May 2021 email exchange with Mrs. de Garay and Dr. Nash.

¹⁰ https://www.c19vaxreactions.com/uploads/1/3/7/7/137732232/letter_initials_2.pdf. Communications with Dr. Woodcock following this letter included discussions about Maddie. In addition, Mrs. de Garay exchanged emails with the NIH about Maddie and other individuals communicated with the FDA and with VRBPAC about Maddie's story.

Every parent offered the Pfizer Covid-19 vaccine should be informed of Maddie's experience prior to giving or withholding consent on behalf of their child. Indeed, without a true picture of the benefits and risks of this product, no parent's consent can be truly informed. On a larger scale, regulators and their advisors should be informed of Maddie's experience prior to being asked to provide any further approval or recommendation of this product. They indeed should be asked to reconsider current authorizations and approvals of this product for children.

We are not naïve to the reality that after the FDA has fanatically promoted Pfizer's Covid-19 vaccine to the American people – which began before the FDA even approved the product – asking it to now admit it made a mistake as to this product and children is akin to asking the FDA's leadership to cut their own throats. It would take an incredible amount of selflessness to admit such a mistake. Hence, at the least, before even considering authorizing or licensing this product for any further age span of children, a thorough investigation of the clinical trial conduct and data for children is demanded, as well as an expanded trial in order to gather sufficient data to confirm safety.

Given that the actual severe harm to Maddie was not disclosed by Pfizer to the FDA, it must ask what other serious adverse events have been hidden from your view and ignored by regulators?

2. Identified Risks from Clinical Trials and Post-Authorization Use

Unfortunately, even putting aside the misrepresentations related to Maddie's serious harm, the Phase II/III clinical trial for Pfizer's vaccine in 12-15-year-olds¹¹ which led to the FDA's emergency use authorization of this product on May 10, 2021 was underpowered and inadequate to properly test efficacy or safety for the following reasons:

- The trial was not intended to make findings regarding the vaccine's ability to prevent disease or hospitalization. Instead, it was limited to assessing antibody levels and comparing those levels to adult levels.¹²
- The trial was underpowered. It included only 2,260 participants, half of who received the vaccine and half who received a placebo. Meaning, only 1,131 children were vaccinated. This is inadequate to identify any potential adverse events that may occur, nor the statistical significance of same. Without a clinical trial of sufficient size that reviews all potential serious adverse events, such as that experienced by Maddie, for a sufficient duration, this potentially catastrophic result will not be identified prior to licensure.

¹¹ See https://www.nejm.org/doi/10.1056/NEJMoa2107456?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%20pubmed.

¹² As Dr. Woodcock and Dr. Marks have explained: "It's important that the public recognize that, because young children are still growing and developing, it's critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety and the immune response to a COVID-19 vaccine in this population. Children are not small adults." <https://www.fda.gov/news-events/press-announcements/fda-will-follow-science-covid-19-vaccines-young-children>.

- The trial was not representative of most American children. It only included “healthy participants” and excluded those who previously were infected with SARS-CoV-2.¹³ This results in excluding a large proportion of American children since at least 37% of children are estimated by the CDC to have been infected with SARS-CoV-2 as of May 2021¹⁴ and 43% are estimated to have chronic health condition.¹⁵ Moreover, the 12-15-year-olds in the trial were approximately 86% White and 12% Hispanic or Latinx, and only 567 boys were vaccinated in the trial.
- The trial did “not determine whether [the Pfizer] vaccination prevents asymptomatic infection or transmission of SARS-CoV-2.”
- Safety data has only been collected for a few months and “data on longer-term safety and the duration of efficacy and antibody responses in children are not yet available.”¹⁶ From the limited data available, 6% of the participants reported adverse events within the trial, aside from reactogenicity. One participant discontinued vaccination because of a vaccine-related adverse event. Pfizer reported that “few participants in any cohort had serious adverse events, and none were considered by the [Pfizer] investigators to have been vaccine-related.” That the trial was inadequate to detect adverse events was evidenced on June 23, 2021, when the CDC reported the alarming numbers of reported myocarditis and pericarditis cases occurring after COVID-19 vaccination.¹⁷ This adverse event was not picked up in the clinical trial.

As Dr. Woodcock and Dr. Marks have stated:

because young children are still growing and developing, **it’s critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety** and the immune response to a COVID-19 vaccine in this population. **Children are not small adults** – and issues that may be addressed in pediatric vaccine trials can include whether there is a need for different doses or different strength formulations of vaccines already used for adults.¹⁸

Moreover, taking into account the FDA’s guidance that clinical trials should “reflect the product and target condition,”¹⁹ and a 2019 review, authored by researchers at the FDA and Duke University, which found that short-term pediatric studies may not provide complete safety data

¹³ Also excluded were those with “other medical conditions that may make the participant inappropriate for the study,” and those who have had a severe adverse reaction to any other vaccine.

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>.

¹⁵ <https://pubmed.ncbi.nlm.nih.gov/21570014/>.

¹⁶ <https://www.nejm.org/doi/10.1056/NEJMoa2107456>.

¹⁷ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf> at p. 27.

¹⁸ <https://www.fda.gov/news-events/press-announcements/fda-will-follow-science-covid-19-vaccines-young-children>.

¹⁹ <https://www.fda.gov/media/102332/download>.

across all critical periods of growth and development,²⁰ the time frame for the safety review should be longer for minors. The FDA and Duke authors explained that, compared to licensing a drug for adults, “data on drug efficacy and safety in children may require an additional 6 years.”²¹ Since children have not been seriously affected by this virus, the risk of any vaccine must be fully understood in order to weigh it against any potential benefit.

Evidencing the need for longer trials, public health agencies have, over time, identified certain serious, and sometimes fatal, adverse events that are likely caused by COVID-19 vaccines that have not been identified in the trials. To date, these adverse events include anaphylaxis, TTS, and myocarditis. Myocarditis has been seen most frequently in younger people, more frequently in males, and following the second dose. The long-term effects of myocarditis are not fully understood but can be very serious.

And, while not yet acknowledged by the agencies, numerous additional serious side effects are being reported in alarming numbers in the Vaccine Adverse Events Reporting System (“VAERS”) and by healthcare workers across the country with firsthand observations of same, including:

deep vein thrombosis, pulmonary embolisms, new stroke, bleed, autoimmune hepatitis, sudden bilateral pneumonia or COVID-19 infection, syncope with head injury, STEMI, new arrhythmias, new seizure disorders, new chorea movement disorder, return of and new cancers, acute myeloid leukemia, appendicitis, tinnitus, death, and more.

Even if the risks from the COVID-19 vaccines are truly small, there is no reason to expose someone to any risk when their risk of the disease itself is negligible. These known and potential adverse events further demonstrate the inadequacy of the clinical trials.

Perhaps most alarming is Maddie’s “adverse event” that, to date, does not appear at all in Pfizer’s reported trial data. In this small cohort of just over 1,000 children vaccinated, and despite a complete lack of acknowledgement of same in the data, there was at least one severe adverse event to the vaccine. **If this has happened even once in such a small cohort, it is imperative that the manufacturer and the health agencies determine whether there are other similar cases and whether and how often this may happen again to other children.**

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6526087/>.

²¹ *Id.*

C. Conclusion

Since children are at extremely low risk of harm from SARS-CoV-2, and getting the infection actually provides sterilizing immunity, while the vaccine does not,²² children in our country do not need a COVID-19 vaccine. Vaccinating them will not contribute to herd immunity since the vaccine, as you know, does not prevent infection and transmission of the virus.

To the extent a vaccine *is* authorized or approved for children, it must be properly tested and evaluated in a clinical trial that is adequate to determine safety and efficacy. It must further be mandated that those clinical trials accurately report, with full transparency and disclosure, any adverse events observed following vaccination. Vaccine manufacturers must not be allowed to get away with disguising serious adverse events like Maddie's.

The de Garay family ask that you properly respond forthwith to the data and concerns addressed above. In your response, please confirm whether you and your agencies acknowledge Maddie's vaccine injuries and whether you will properly address them both with the de Garay family and with Pfizer. If you deny that Maddie's ailments are injuries from Pfizer's COVID-19 vaccine, please provide your justification. If you admit that Maddie's ailments are vaccine injuries, then we implore you to neither authorize nor approve this vaccine for children until you can properly address all issues and concerns raised by this letter.

If you do not provide a fulsome response that address all concerns raised above by close of business on Monday, October 25, 2021, we have been authorized to file a petition on behalf of the de Garay family regarding any contemplated authorization or licensure of the Pfizer vaccine and to withdraw any existing authorization or licensure of this vaccine for children.

Sincerely Yours,



Aaron Siri, Esq.

Elizabeth A. Brehm, Esq.

CC: Patrick and Stephanie de Garay

²² The clinical trial's primary endpoint for the Covid-19 vaccines is measuring effectiveness against disease – not against infection. <https://pubmed.ncbi.nlm.nih.gov/33332292/>. Once used in the real world, as Dr. Walensky has acknowledged, they do not “prevent transmission.” <https://twitter.com/CNNSitRoom/status/1423422301882748929> This is also confirmed by various studies, including, *inter alia*: <https://pubmed.ncbi.nlm.nih.gov/34351882/>; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733; <https://pubmed.ncbi.nlm.nih.gov/34176436/>; <https://pubmed.ncbi.nlm.nih.gov/34596015/>; <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4.full.pdf>; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012240/Weekly_Flu_and_COVID-19_report_w33.pdf at 17-18; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014926/Technical_Briefing_22_21_09_02.pdf at 21.



Circulation

This site uses cookies. By continuing to browse this site you are agreeing to our use of cookies.

[Click here for more information.](#)



 **FREE ACCESS** | **ABSTRACT**

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY

SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

This article has an expression of concern 

Expression of Concern: Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF) which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score. The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients. This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the

previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35 \pm 20 above the norm to 82 \pm 75 above the norm post-vac; sFas increased from 22 \pm 15 above the norm to 46 \pm 24 above the norm post-vac; HGF increased from 42 \pm 12 above the norm to 86 \pm 31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

Footnotes

Author Disclosures: For author disclosure information, please visit the AHA Scientific Sessions 2021 [Online Program Planner](#) and search for the abstract title.



[^ Back to top](#)



Circulation

AHA Journals

Arteriosclerosis, Thrombosis, and Vascular Biology (ATVB)

Circulation

Circ: Arrhythmia and Electrophysiology

Circ: Genomic and Precision Medicine

Circ: Cardiovascular Imaging

Circ: Cardiovascular Interventions

Circ: Cardiovascular Quality & Outcomes

Circ: Heart Failure

Circulation Research

Hypertension

Stroke



Journal Information



About
Editorial Board
Reprints
Customer Service and Ordering Information
AHA Journals RSS Feeds
For International Users
Institutions/Librarians FAQ
For Subscribers
Subscriber Help
Wolters Kluwer Privacy Policy

Subjects



All Subjects
Arrhythmia and Electrophysiology
Basic, Translational, and Clinical Research
Critical Care and Resuscitation
Epidemiology, Lifestyle, and Prevention
Genetics
Heart Failure and Cardiac Disease
Hypertension
Imaging and Diagnostic Testing
Intervention, Surgery, Transplantation
Quality and Outcomes
Stroke
Vascular Disease

Features



Bridging Disciplines
Circulation at Major Meetings
Special Themed Issues
Global Impact of the 2017 ACC/AHA Hypertension Guidelines
Circulation Supplements
Cardiovascular Case Series
ECG Challenge
Hospitals of History
On My Mind
Podcast Archive

- Circulation on the Run
 - Subscribe to Circulation on the Run
 - #FITFAVES
- Circulation Doodle

Resources & Education



[AHA Guidelines and Statements](#)

[Circulation CME](#)

[Information for Advertisers](#)

For Authors & Reviewers



[Instructions for Authors](#)

[Submission Site](#)

[Author Reprints](#)



American Heart Association®

National Center

7272 Greenville Ave.
Dallas, TX 75231

Customer Service

1-800-AHA-USA-1
1-800-242-8721

[Local Info](#)

[Contact Us](#)

ABOUT US

About the AHA/ASA	>
2016-17 Annual Report	>
AHA Financial Information	>
Careers	>
SHOP	>
Latest Heart and Stroke News	>
AHA/ASA Media Newsroom	>
Global Programs	>

OUR SITES

American Heart Association	>
American Stroke Association	>
Professional Heart Daily	>
More Sites	>

TAKE ACTION

Advocate	>
Donate	>
Planned Giving	>
Volunteer	>

ONLINE COMMUNITIES

AFib Support	>
Garden Community	>
Patient Support Network	>

[Privacy Policy](#) | [Copyright](#) | [Ethics Policy](#) | [Conflict of Interest Policy](#) | [Linking Policy](#) | [Diversity](#) | [Careers](#) | [Suppliers & Providers](#) | [Accessibility Statement](#) | [State Fundraising Notices](#)

© American Heart Association, Inc. All rights reserved. Unauthorized use prohibited. The American Heart Association is qualified 501(c)(3) tax-exempt organization.

*Red Dress [™] DHHS, Go Red [™]; AHA; National Wear Red Day [®] is registered trademark.



Transmissibility of SARS-CoV-2 among fully vaccinated individuals

Vaccine effectiveness studies have conclusively demonstrated the benefit of COVID-19 vaccines in reducing individual symptomatic and severe disease, resulting in reduced hospitalisations and intensive care unit admissions.¹ However, the impact of vaccination on transmissibility of SARS-CoV-2 needs to be elucidated. A prospective cohort study in the UK by Anika Singanayagam and colleagues² regarding community transmission of SARS-CoV-2 among unvaccinated and vaccinated individuals provides important information that needs to be considered in reassessing vaccination policies. This study showed that the impact of vaccination on community transmission of circulating variants of SARS-CoV-2 appeared to be not significantly different from the impact among unvaccinated people.^{2,3} The scientific rationale for mandatory vaccination in the USA relies on the premise that vaccination prevents transmission to others, resulting in a “pandemic of the unvaccinated”.⁴ Yet, the demonstration of COVID-19 breakthrough infections among fully vaccinated health-care workers (HCW) in Israel, who in turn may transmit this infection to their patients,⁵ requires a reassessment of compulsory vaccination policies leading to the job dismissal of unvaccinated HCW in the USA. Indeed, there is growing evidence that peak viral titres in the upper airways of the lungs and culturable virus are similar in vaccinated and unvaccinated individuals.^{2,3,5-7} A recent investigation by the US Centers for Disease Control and Prevention of an outbreak of COVID-19 in a prison in Texas showed the equal presence of infectious virus in the nasopharynx of vaccinated and unvaccinated individuals.⁶ Similarly, researchers in California observed no major differences between vaccinated and unvaccinated individuals in

terms of SARS-CoV-2 viral loads in the nasopharynx, even in those with proven asymptomatic infection.⁷ Thus, the current evidence suggests that current mandatory vaccination policies might need to be reconsidered, and that vaccination status should not replace mitigation practices such as mask wearing, physical distancing, and contact-tracing investigations, even within highly vaccinated populations.

I declare no competing interests.

Carlos Franco-Paredes
carlos.franco-paredes@cuanschutz.edu

Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora, CO 80045, USA; Hospital Infantil de México, Federico Gómez, Mexico City, Mexico

- 1 Thompson MG, Stenehjem E, Grannis S, et al. Effectiveness of COVID-19 vaccines in ambulatory and inpatient care settings. *N Engl J Med* 2021; **385**: 1355–71.
- 2 Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4).
- 3 Wilder-Smith A. What is the vaccine effect on reducing transmission in the context of the SARS-CoV-2 delta variant? *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00690-3](https://doi.org/10.1016/S1473-3099(21)00690-3).
- 4 Tayag Y. Stop calling it a pandemic of the unvaccinated. *The Atlantic*. Sept 21, 2021. <https://www.theatlantic.com/ideas/archive/2021/09/persuade-unvaccinated-protect-unvaccinated/620091/> (accessed Sept 30, 2021).
- 5 Bergwerk M, Gonen T, Lustig Y, et al. COVID-19 breakthrough infections in vaccinated health care workers. *N Engl J Med* 2021; **385**: 1474–84.
- 6 Hagan LM, McCormick DW, Lee C, et al. Outbreak of SARS-CoV-2 B.1.617.2 (delta) variant infections among incarcerated persons in a federal prison—Texas, July–August 2021. *MMWR Morb Mortal Wkly Rep* 2021; **70**: 1349–54.
- 7 Acharya CB, Schrom J, Mitchell AM, et al. No significant difference in viral load between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 delta variant. *medRxiv* 2021; published online Sept 29. <https://doi.org/10.1101/2021.09.28.21264262> (preprint).

With interest we read the paper by Anika Singanayagam and colleagues¹ assessing the secondary attack rate (SAR) of SARS-CoV-2 in 204 vaccinated and unvaccinated household contacts exposed to

138 vaccinated and unvaccinated index cases. Here, we want to point out the importance of adjusting for age when comparing vaccinated and unvaccinated individuals.

The authors report a similar SAR among household contacts exposed to fully vaccinated and unvaccinated index cases (25% and 23%). Although not explicitly stated by the authors, this finding hints towards no effect of vaccination on transmission and was reported as such by the media in the UK and the Netherlands—and possibly other countries.^{2,3} However, age is a confounding factor in this observation if age is associated with both vaccination status and the risk of transmitting SARS-CoV-2. Indeed, the study indicates a higher peak viral load with increasing age, consistent with lower infectiousness in children. In addition, although the age distribution of all included index cases and contacts is not presented, table S2 in the appendix to the Article provides data for a subset of participants testing positive for SARS-CoV-2, showing that a large proportion (78%) of unvaccinated participants were younger than 18 years, whereas none of the vaccinated participants were. These findings together suggest that the infectiousness of the included unvaccinated index cases was lower than that of the included vaccinated participants because of younger age. Therefore, the presumed lack of vaccine effect on transmission might be largely due to confounding by age, which the authors did not address. In our analysis of vaccine effectiveness against transmission in the Netherlands, adjustment for age of index cases and contacts indeed had a large effect on vaccine effectiveness estimates.⁴ Therefore, vaccine effectiveness against transmission reported by Singanayagam and colleagues is probably an underestimate.

Also, the reported vaccine effectiveness against SARS-CoV-2 infection (34%) is likely confounded

by age, as vaccination status is associated with age, and younger age is associated with reduced susceptibility to acquiring SARS-CoV-2 infection.⁵

In these times, when evidence-based confidence in vaccines is crucial to reduce the impact of the COVID-19 pandemic on mortality and morbidity, data on effects of vaccination should be adequately and unambiguously reported by the scientific community in order to avoid misinterpretation of the data by the public and the media.

We declare no competing interests.

Mirjam J Knol, Jantien A Backer,
Hester E de Melker, Susan van den Hof,
*Brechtje de Gier
brechtje.de.gier@rivm.nl

Center for Infectious Disease Control, National
Institute for Public Health and the Environment,
Bilthoven 3720BA, Netherlands

- 1 Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4).
- 2 Roberts M. Covid: double vaccinated can still spread virus at home. Oct 29, 2021. <https://www.bbc.com/news/health-59077036> (accessed Oct 30, 2021).
- 3 @RTLnieuws. Oct 28, 2021. <https://twitter.com/RTLnieuws/status/1453806095693225984> (accessed Oct 30, 2021).
- 4 de Gier B, Andeweg S, Backer JA, et al. Vaccine effectiveness against SARS-CoV-2 transmission to household contacts during dominance of delta variant (B.1.617.2), August–September 2021, the Netherlands. *Euro Surveill* 2021; **26**: 2100977.
- 5 Viner RM, Mytton OT, Bonell C, et al. Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults: a systematic review and meta-analysis. *JAMA Pediatr* 2021; **175**: 143–56.

The important analysis by Anika Singanayagam and colleagues¹ demonstrated that individuals fully vaccinated against SARS-CoV-2 with breakthrough infections have similar peak viral loads to unvaccinated people and might infect other fully vaccinated individuals within the same household. Of particular concern, vaccines that permit transmission do not confer sterilising

immunity, thus potentially resulting in accumulation of large viral loads and increased risk of immune escape.² By mainly targeting the SARS-CoV-2 spike protein, vaccines can favour propagation of variants with immune-escape mutations.³ Single point mutations in the receptor-binding domain of the viral spike protein are sufficient to facilitate the immune escape and transmission of resistant viruses.² By further examining the unpublished whole-genome sequencing data of vaccinated and unvaccinated participants in the study by Singanayagam and colleagues,¹ invaluable information could be gleaned about whether the current first-generation COVID-19 vaccines potentially exerted selective pressure for resistant SARS-CoV-2 variants.

Tracing the whole-genome sequencing data of all unvaccinated participants chronologically from the pre-alpha-variant (B.1.1.7) phase (September–November, 2020), to the alpha-variant phase (December, 2020, to March, 2021), and to the delta-variant (B.1.617.2) period (May 25–Sept 15, 2021) would likely reveal a trend of increasing number of mutations that converge towards the resultant whole-genome sequence aligned with delta lineage-defining mutations presented in figure 2 of the Article.¹ To determine if vaccines possibly contributed to this genetic drift, the whole-genome sequencing data from patients who tested PCR positive (vaccinated and unvaccinated) can be compared with data from their respective contacts over time from the pre-alpha to the delta phases.

Identical whole-genome sequences between PCR-positive participants and their respective contacts demonstrates direct viral transmission without mutation. Clearly distinct whole-genome sequences between both groups indicate cross-infection of contacts by a different viral lineage. Slight variations in whole-genome sequences between both groups

show mutation has occurred, in which case the vaccination status of the contact should be examined. If mutation occurred predominantly among vaccinated contacts but not within unvaccinated contacts, it suggests vaccine-induced mutation has developed. Because the sample size in the research by Singanayagam and colleagues¹ is relatively small, it will be worrisome if a fair number of vaccinated contacts of PCR-positive participants are identified with mutations, especially with the amino acid mutations summarised in the appendix.

The earliest detection of the delta variant was in India on Oct 14, 2020,⁴ before India's vaccination commencement on Jan 16, 2021.⁵ However, with fastidious propagation of these variants over time by non-sterilising vaccines targeting the spike protein, it is still reasonably plausible that selective pressure could have contributed to the current dominance of the delta variant.

It would be much appreciated if Singanayagam and colleagues would consider analysing their unpublished whole-genome sequencing data as suggested above. If theoretical risk of evolutionary escape from the existing COVID-19 vaccines² translates into real-life evidence, which could be verified via whole-genome sequencing data from this study,¹ then it will be prudent to expedite resources towards second-generation COVID-19 vaccines that exert sterilising immunity, in addition to non-pharmacological interventions.

I declare no competing interests.

Humphrey HT Ko
humphrey.ko@health.wa.gov.au

Department of Pharmacy, Rockingham
General Hospital, Rockingham, WA 6168,
Australia

- 1 Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4).

See Online for appendix



200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

July 19, 2021

SENT VIA EMAIL

Mr. Xavier Becerra
HHS Office of the Secretary
Secretary, Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
c/o Sean McCluskie
Email: sean.mccluskie@hhs.gov

Dr. Rochelle P. Walensky
Director, Centers for
Disease Control and
Prevention
1600 Clifton Road
Atlanta, GA 30329
Email: Aux7@cdc.gov

Dr. Janet Woodcock
Interim Commissioner,
Food & Drug Administration
10903 New Hampshire
Avenue Silver Spring, MD
20993
janet.woodcock@fda.hhs.gov

Dr. Peter Marks
Director, Center for Biologics
Evaluation and Research
Food & Drug Administration
10903 New Hampshire Avenue
W071-3128
Silver Spring, MD 20993-0002
Email: Peter.Marks@fda.hhs.gov

Dr. Tom Shimabukuro
CDC COVID-19 Vaccine
Task Force
1600 Clifton Road, NE
Corporate Square, Bldg 12
Atlanta, GA 30329
Email: ayv6@cdc.gov

Re: Underreporting to VAERS & Violation of COVID-19 Vaccine EUAs

Dear Mr. Becerra, Dr. Walensky, Dr. Woodcock, Dr. Marks, and Dr. Shimabukuro:

We write with urgency to provide a first-hand report from Ms. Deborah Conrad, a Physician Assistant at a regional New York hospital, of serious injuries from COVID-19 vaccines and her hospital system's failure to report to VAERS.

Ms. Conrad's hospital serves a community in which less than 50% of individuals have received the COVID-19 vaccine yet approximately 90% of individuals admitted to her hospital are documented to have received the COVID-19 vaccine. Even more troubling is the fact that many individuals being admitted are presenting with complication months after vaccination and the hospital has more admitted patients now on average than it had last year during the pandemic. Even worse is that Ms. Conrad attests that even injuries occurring directly after COVID-19 vaccination are *not* being reported to the CDC and FDA's Vaccine Adverse Events Reporting System ("VAERS").

In fact, after she began assisting doctors and nurses in her hospital with submission of VAERS reports, she was prohibited by the hospital from doing so for a majority of the reports. Ms. Conrad's first-hand experience reinforces the serious concerns previously raised that there is

an incredible level of underreporting to VAERS of adverse events following the COVID-19 vaccine. Please advise forthwith what steps you intend to take to (1) inform all health care providers that all serious adverse events they observe after COVID-19 vaccination should be reported to VAERS and (2) punish hospitals and health care professionals that fail to file VAERS reports.

I. Underreporting to VAERS

As you are aware, an AHRQ-funded study by Harvard Medical School of 715,000 patients tracked reporting to VAERS over a three-year period at Harvard Pilgrim Health Care. It concluded that “fewer than 1% of vaccine adverse events are reported.”¹

This disturbingly low rate is confirmed by the rate at which anaphylaxis after COVID-19 vaccine is reported to VAERS. The CDC Director claims that “Anaphylaxis after COVID-19 vaccination is **rare** and occurred in approximately **2 to 5 people per million** vaccinated in the United States based on events reported to VAERS.”² That claim is contradicted by a recent study at Mass General Brigham that assessed anaphylaxis in a clinical setting after the administration of COVID-19 vaccines and found “severe reactions consistent with anaphylaxis occurred at a rate of **2.47 per 10,000 vaccinations**.”³ This is equivalent to 50 to 120 times more cases than what VAERS and the CDC are reporting.

The underreporting of anaphylaxis by the CDC and VAERS is particularly troubling because it is mandatory for medical providers to report anaphylaxis after any COVID-19 vaccine to VAERS,⁴ most of these reactions occur within 30 minutes of vaccination,⁵ and there has been an intense campaign by health authorities to inform medical providers that they need to report anaphylaxis after COVID-19 vaccination to VAERS. Nonetheless, the rate of reporting still appears to be only around 0.8 to 2 percent of all cases of anaphylaxis.

This raises serious concerns regarding the underreporting of adverse events following COVID-19 vaccination to VAERS, especially for adverse events that do not occur immediately after vaccination and where health care providers have not been specifically directed to report such adverse events to VAERS.

II. Confirmation from the Front Line

The first-hand observation of Deborah Conrad, a Physician Assistant from a New York regional hospital (“**Hospital**”), confirms this concerning and dangerous underreporting to VAERS. Her direct daily observation over the last two years of hospital admissions and vaccination status

¹ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>. See also a U.S. House Report similarly stated: “Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent only a fraction of the serious adverse events.” <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf>.

² <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

³ <https://jamanetwork.com/journals/jama/fullarticle/2777417>

⁴ See, e.g., <https://www.fda.gov/media/144413/download>.

⁵ See <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>; see also <https://jamanetwork.com/journals/jama/fullarticle/2777417> (mean time to reaction is 17 minutes post-vaccination).

also confirm that the COVID-19 vaccine has caused a surge of admissions to her hospital exceeding even that which occurred at the height of the pandemic.

Ms. Conrad raised these concerns to her superiors at the Hospital. After they failed to act, she reached out Dr. Shimabukuro on March 26, 2021 and to the Food and Drug Administration (“FDA”) via email on April 15, 2021, April 30, 2021, and May 24, 2021 explaining that she was seeing concerning adverse events that were not being reported to VAERS, including pericarditis. These messages were never acknowledged. Ms. Conrad also raised the issue with the New York State Department of Health (“NYSDOH”) and with the Office of Professional Medical Conduct. She has, to date, not received satisfactory answers nor has she seen any steps taken by the Hospital to remediate the issues.

i. Ms. Conrad Assists Hospital Staff to File VAERS Reports

Ms. Conrad is in constant communication with patients, patients’ families, and other hospital staff and has knowledge of numerous serious post-COVID-19 vaccine adverse events, including breakthrough cases and deaths, as well as other adverse events on the CDC’s “adverse events of special interest” list⁶ that have not been reported to either VAERS or the NYSDOH. Among other serious conditions following COVID-19 vaccination, Ms. Conrad has observed: clotting events, myocarditis cases, type one diabetes new onset, Acute myelogenous leukemia, breakthrough COVID-19 cases, death, and more.

For the past few months, on her own time, Ms. Conrad has been assisting doctors and other medical professionals at the hospital to report such events to VAERS. Instead of praising her efforts, numerous individuals at the Hospital ordered Ms. Conrad to stop reporting to VAERS altogether unless she was submitting a report for her direct patient. Since being given this order, Ms. Conrad has knowledge of dozens of patients whose conditions necessitate a VAERS report and whose treating nurses and doctors have not filed a VAERS report. This was entirely predictable as Ms. Conrad was, to her knowledge, the only health care provider at the Hospital submitting reports.

ii. Requirement to Submit VAERS Reports

Health care workers are mandated by federal law to report certain medical events arising after vaccination to VAERS. Pursuant to 42 U.S.C. § 300aa-25:

Each health care provider and vaccine manufacturer **shall report** to the Secretary—

- (A) the occurrence of any event set forth in the Vaccine Injury Table, including the events set forth in section 300aa-14(b) of this title which occur within 7 days of the administration of any vaccine set forth in the Table or within such longer period as is specified in the Table or section,

⁶ See <https://www.bestinitiative.org/wp-content/uploads/2021/02/C19-Vaccine-Safety-AESI-Background-Rate-Protocol-FINAL-2020.pdf> at 12-13.

- (B) the occurrence of any contraindicating reaction to a vaccine which is specified in the manufacturer's package insert, and
- (C) such other matters as the Secretary may by regulation require.⁷

Additionally, pursuant to the FDA and its emergency use authorizations (“EUA”), all vaccine and health care providers “must report the following information associated with the administration of ... COVID-19 Vaccine of which they become aware to VAERS in accordance with the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers⁸):

- Vaccine administration errors whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to vaccination)
- Cases of Multisystem Inflammatory Syndrome in children and adults
- Cases of COVID-19 that result in hospitalization or death.”⁹

“Serious adverse events” are defined by the FDA to include:

- Death;
- A life-threatening adverse event;
- Inpatient hospitalization or prolongation of existing hospitalization;
- A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
- A congenital anomaly/birth defect;
- An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.¹⁰

Health care providers are also strongly encouraged to report to VAERS “*any adverse event that occurs after the administration of a vaccine* licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event.”¹¹ The importance of filing VAERS reports is acute with regard to COVID-19 vaccines which were developed based on novel technology and which have only been granted emergency use authorization.

⁷ <https://www.law.cornell.edu/uscode/text/42/300aa-25> (emphasis added).

⁸ Ms. Conrad's Hospital is a vaccine provider.

⁹ <https://www.fda.gov/media/144412/download> (Pfizer); <https://www.fda.gov/media/144636/download> (Moderna), <https://www.fda.gov/media/146303/download> (Johnson & Johnson); <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html>.

¹⁰ <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html>.

¹¹ <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html> (emphasis added).

iii. Hospital Prevents Ms. Conrad From Filing VAERS Reports

When Ms. Conrad observed that serious adverse events occurring directly after COVID-19 vaccination were not being reported to VAERS, she volunteered to submit the necessary reports to VAERS on her and her colleagues' behalf. Ms. Conrad was doing so after her paid shifts ended because she understands the critical importance of the task. In response, the Hospital told Ms. Conrad they were going to audit the VAERS reports that Ms. Conrad submitted because, "in [her] clinical role and as a leader in the organization," she was to "support [the Hospital's] approach to the vaccine," and submitting reports to VAERS apparently is contrary to its "approach to the vaccine."

It is alarming that the Hospital's "approach to the vaccines" does not and has not included educating health care providers about VAERS and encouraging them to efficiently and consistently file reports. Instead, its apparent approach is to actively deter them from doing so.

As Ms. Conrad told the Hospital, she has personally treated at least five patients that presented with new, unprovoked deep vein thrombosis or pulmonary embolisms within 6 weeks of COVID-19 vaccination. She has also seen patients who, after receipt of COVID-19 vaccination, presented with a new stroke, bleed, autoimmune hepatitis, sudden bilateral pneumonia or COVID-19 infection, as well as syncope with head injury, STEMI, new arrhythmias, new seizure disorders, new chorea movement disorder, and more. In one day alone, Ms. Conrad had four patients with sudden bilateral pneumonia within a week of their COVID-19 vaccination. Ms. Conrad understands that it is not her responsibility to determine any causation but that it is her duty to report these instances to VAERS so that the FDA and CDC have adequate data by which to detect potential safety signals. The Hospital has prohibited Ms. Conrad from filing a VAERS reports for any of these serious events after COVID-19 vaccination unless she directly treats the patient.

In auditing the VAERS reports submitted by Ms. Conrad for a four-week period – totaling 50 adverse event reports, which includes 4 deaths – the Hospital's Chief Quality Officer stated that she has "not heard this level of reporting from anywhere else and didn't hear similar reports from [another hospital in the system]." This is Ms. Conrad's precise concern: if she is not submitting the VAERS reports, they are not being submitted. The Hospital did not take issue with the reports themselves, which were all valid, but rather that unlike other hospitals, Ms. Conrad is actually causing the Hospital to submit reports to VAERS. The Hospital told Ms. Conrad: "we need to make sure we are providing a consistent message to our team and we need to make sure that that is also in alignment with what our health system is asking us to do."

The Hospital's conclusion was therefore, quizzically, that Ms. Conrad only be permitted to report to VAERS for her own patients:

From what our risk team is telling us, really you can only be reporting on the patients that you are providing direct care for and so you cannot, and I know you've been volunteering and trying to be helpful, but we need you to try to kind of dial it back and focus on the patients that you are directly responsible for ...

Ms. Conrad reiterated that the reason she took this task on is because no one else wants to do it nor are they doing it. However, the Hospital dismissed that with the statement that:

The approach has been that this is the responsibility of the individual provider who believes they have identified a potential adverse event and that has been our approach... You can't control, and I know this is frustrating, but you can't control whether someone else is putting the report in... and we do need to follow how the system is approaching this currently.

When Ms. Conrad again explained why she has the concerns she has about underreporting, she was called an anti-vaxxer by the Hospital:

I don't want us to go down any kind of rabbit hole here but the thing I think we need to be clear about and I am just going to be frank with you ...in reading the few emails you sent me and reading the email that went out to the provider, it does come across a bit...uh very vaccine...ugh I won't say very but it comes out quite, it comes out quite almost anti-vaxxy, right, and you know, clearly as an organization, as a health system, right and as ... an organization that is working on following CDC guidelines and following the guidance of the department of health, we are very much advocating for patients to receive the vaccine. And we are very much working on the ... effort to work to try and reduce vaccine hesitancy... We want people to understand that on the whole this is a very safe vaccine and that the science supports that.

Of course, the assessment of "safe" is based on reports of adverse reactions and if such reports are not being made, this conclusion could be false.

Ms. Conrad voiced additional concerns of adverse events following the emergency use vaccines and was told:

Yes, just like other vaccines, there are folks that are going to be negatively impacted but, on the whole, we have seen a tremendous benefit to the vaccine ... you and I are not individual providers, we're employee providers and we do on some level need to kind of .. for lack of a better way of saying it, we tow the company line. That is part of our responsibility is to be supporting the mission of the organization.

"Towing the company line" does not relieve the Hospital of its obligations.

Ms. Conrad's voiced concern that the Hospital was not even bothering to inform its personnel about VAERS and filing reports was, incredible, to state that "the providers should

educate *themselves* when they are dealing with patients related to COVID vaccination. That information is out there, it is available.”

We reached out to the Hospital and asked it to please forthwith confirm that the Hospital’s mission is consistent with taking all necessary steps to fulfill its legal and ethical obligations to report the mandated medical events following COVID-19 vaccination to VAERS pursuant to federal law, including: (i) educating the staff about their responsibility to report to VAERS, (ii) creating internal policies and procedures ensuring that VAERS reports will be made and establishing the process for doing so, and (iii) allowing Ms. Conrad and any other health care professional employees to submit VAERS reports without repercussions or hostility. We have received no response.

iv. Hospital Admissions Increase Dramatically & Approximately 90% of All Admitted Patients Have Received the COVID-19 Vaccine Even Though Less than 50% of the Community the Hospital Serves is Vaccinated

Ms. Conrad notes that hospital admissions are higher now than they were during the pandemic and are increasing every day. Despite the fact that the county served by the Hospital has less than a 50% vaccination rate, approximately 90% of the patients in the hospital have received the COVID-19 vaccine. What makes this particularly troubling is that many of these patients are considerably young, often in their 30s, 40s, and 50s and hence are from an age group where the vaccination rate is far lower than 50 percent in the community served by the Hospital.

The only reason that the Hospital even has this data is because Ms. Conrad insisted repeatedly that the Hospital note the COVID-19 vaccination status of each new patient. This provided the Hospital and Ms. Conrad a unique insight into the reason that hospital admissions were surging beyond the level seen during the pandemic.

The purpose of deploying the COVID-19 vaccine is to improve overall public health. The first-hand daily observation of Ms. Conrad over the last two years, including the last six months that the COVID-19 vaccine has been deployed, does not support that these products are improving the overall health of those in her community, at least with regard to hospital admissions for serious health issues.

III. Conclusion

If nothing else, the first-hand account of Ms. Conrad reflects that the reporting requirements of the EUAs for the COVID-19 vaccines are not being adhered to. Without robust post-authorization and post-licensure safety monitoring, many Americans may end up being harmed by improperly tested products. To avoid this potentially calamitous outcome, and to address any issues that arise as quickly as possible, health care facilities must be educated and held responsible to track and report all adverse events following vaccination, including breakthrough

cases. The above also contradicts Dr. Fauci and Dr. Walensky's repeated, but still unsupported, claim that "over 97 percent of people who are entering the hospital right now are unvaccinated."¹²

This should seriously concern HHS, CDC, and FDA but, given the response to our previous letters addressing this topic, it does not appear there is any concern. There are serious safety signals that are likely being missed and for the ones that are identified, such as anaphylaxis, CVST in conjunction with thrombocytopenia, myocarditis, and Guillain-Barre Syndrome, the actual rate seen in VAERS may be only the tip of the iceberg. Ignoring and casting aside these issues in the drive to vaccinate and promote vaccine confidence may eventually be the undoing of the very confidence you seek to instill.

As explained before, unless and until underreporting to VAERS is addressed, underreporting to a passive signal detection system will continue to blind health agencies, medical professionals, and patients from what is really occurring in the clinic and will render true informed consent impossible. With the drive to vaccinate every single American with COVID-19 vaccines, the safety of all Americans, literally, depends on this broken system. Fix it.

The first step to fix it is, at the least, to automate hospital and clinical medical records to automatically send VAERS reports for all clinically significant events occurring within a window of time after vaccination. This already exists for other purposes. It can be done for vaccines as well, which is clear from the CDC's own publications on this topic and pages 31 to 34 of a letter exchange with HHS on this issue available here: <https://icandecide.org/hhs/vaccines-safety-12-31-18.pdf>. Additionally, the FDA should be enforcing its EUAs to the fullest extent of the law.

Please confirm that you will fulfill your duties as public servants and implement these simple but critical corrections needed to convert VAERS from a passive, broken system to an active, useful system that generates data that can quickly and confidentially identify and address safety issues. In the end, the more robust the system, the more it will increase vaccine confidence.

Very truly yours,
/s/ Aaron Siri
Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.
Caroline Tucker, Esq.

¹² <https://www.whitehouse.gov/briefing-room/press-briefings/2021/07/16/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-45/>; <https://www.nbcnews.com/meet-the-press/meet-press-july-4-2021-n1273065>

From: JENNIFER THOMAS
Sent: 1/5/2022 9:31:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - Jan 12th meeting

External Email

In regards to considering the COVID-19 vaccine for inclusion in chapter 246-105 WAC in the meeting on Jan 12th, I am in full agreeance with Michael Cannon, Mead School Board Director, and have copied his statement below as well as made my own comments throughout and at the end of this email.

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

In addition to the bullet above from Michael Cannon, I would like to point out that the shot (vaccine) does not prevent the □disease just as it does not prevent the spreading of the disease in item number 6 below. Those who have gotten the shot and the available boosters are still getting sick with COVID-19. Studies are showing that those with the shot (vaccine) are less likely to be hospitalized but the disease is not fully preventable with the shot (vaccine).

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%3kKppLbXuO5k_ZuKCPGy1RLaW9vKbiPojoxmTZiagXnOnKVcF3Nlt5Zfrkz2DPLwnavPCSuz7A9Ebrd2pAxaT0f8VUK-R%26c%5B0%5D%3DAT28w2BMNiLaFrziM1f2Na0yK85-HR-ULVOiQ-cvwWOREQsYZiuu_2V4HlyR4yO3-xtD-pGXBf8JqJWuN1Kz5z04UqoPd8n-Kb5LEpfPpckqogD2QNZeqlTOIPoUF8HJsD0BVXfQEE-rQYRpCyFDefDURv4BbNF5N5j4Kb_k1csNgA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93dd8747eb9>)

- Less than 40% of kids 12-17 are vaccinated. (srdc.org

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%3sYLNgm6_zxgO_A5Yf3tZANImJRBmbWJ0kYMJNxxk%26h%3DAT23N5KTBHxPILUQSImpz8jgTMIUC-kKppLbXuO5k_ZuKCPGy1RLaW9vKbiPojoxmTZiagXnOnKVcF3Nlt5Zfrkz2DPLwnavPCSuz7A9Ebrd2pAxaT0f8VUK-R%26c%5B0%5D%3DAT28w2BMNiLaFrziM1f2Na0yK85-HR-ULVOiQ->

cvwWOREqsYZiuu_2V4HlyR4yO3-xtd-pGXBf8JqJWuN1Kz5z04UqoPd8n-Kb5LEpfPpckqogD2QNZeqlTOIPoUF8HJsD0BVXfQEE-rQYRpCyFDefDURv4BbNF5N5j4Kb_k1csNgA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93dd8747eb9)

- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%3kKppLbXuO5k_ZuKCPGy1RLaW9vKbiPOjoxmTZiagXnOnKVcF3Nlt5Zfrkz2DPLwnavPCSuz7A9Ebrd2pAxaT0f8VUK-R%26c%5B0%5D%3DAT28w2BMNiLaFrziM1f2Na0yK85-HR-ULVOiQ-cvwWOREqsYZiuu_2V4HlyR4yO3-xtd-pGXBf8JqJWuN1Kz5z04UqoPd8n-Kb5LEpfPpckqogD2QNZeqlTOIPoUF8HJsD0BVXfQEE-rQYRpCyFDefDURv4BbNF5N5j4Kb_k1csNgA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93dd8747eb9>)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

□

For my own comments, I would like to add that while I am not a medical professional, I have done my own research on the subject and feel that regardless of what the government and medical community are calling this shot, it is not a vaccine. It is more similar to the Flu Shot in that it actually does not prevent a person from getting the disease, nor does it prevent a person from spreading the disease - hence all the mask mandates. Also, regardless of the FDA approval, this shot has not been researched and tested long enough to know what side effects could still come from obtaining it that might be worse than contracting the disease itself, especially in an age group that has been proven to have a low risk of morbidity and mortality as school age children have.

I do not support making mandatory the COVID-19 shot for children or adults for that matter.

Regards,
Jennifer Thomas

From: Enoch J Ledet
Sent: 1/4/2022 8:02:21 AM
To: DOH WSBOH
Subject: Covid-19 Vaccines for Children



attachments\18928C40D3094223_utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf



attachments\1E125FF7B4E64F44_covid19-problem-analysis.pdf



attachments\C71F1D56CA06458F_covid-vaccines.r10.pdf

External Email

As a citizen, father, and grandfather residing in this state I want to voice my objection to mandatory vaccinations of children.

I'm a retired biochemist/chemist and have done a great deal of independent research on these EAU , mRNA vaccines and booster shots which indicate they are reactive, short-term , temporary solutions which do not prevent viral infection nor prevent viral mutation.

They are a perpetual money making machine and investment for Big Pharma and its investors.

Attached is a brief summary of my research along with several colleagues individual research with references, which we present as evidence against vaccinating children.

Respectfully,
EJ Ledet

Attachments/references/evidence

<https://fact-checked.org/2022/01/03/covid-19-vaccines-for-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2022%2F01%2F03%2F%2Fcovid-19-vaccines-for-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e2>

<https://fact-checked.org/2022/01/03/how-likely-is-reinfection-following-covid-recovery/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2022%2F01%2F03%2F%2Fhow-likely-is-reinfection-following-covid-recovery%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e2>

<https://fact-checked.org/2021/12/24/pfizer-and-mercks-new-antiviral-cv19-pills/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F12%2F24%2F%2Fpfizer-and-mercks-new-antiviral-cv19-pills%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e2>

<https://fact-checked.org/2021/11/17/pfizers-covid-19-pill/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F11%2F17%2F%2Fpfizers-covid-19-pill%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e2>

<https://fact-checked.org/2021/10/22/covid-19-booster-shots-for-all/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffact-checked.org%2F2021%2F10%2F22%2F%2Fcovid-19-booster-shots-for-all%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e217>

<https://factcheckedorg.files.wordpress.com/2021/09/covid-vaccines.r10.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com%2F2021%2F09%2F%2Fcovid-vaccines.r10.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e217>

<https://factcheckedorg.files.wordpress.com/2021/01/utilizing-repurposed-drugs-to-treat-covid.r2-1.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com%2F2021%2F01%2F%2Futilizing-repurposed-drugs-to-treat-covid.r2-1.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e217>

<https://factcheckedorg.files.wordpress.com/2020/12/covid19-problem-analysis.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffactcheckedorg.files.wordpress.com%2F2020%2F12%2F%2Fcovid19-problem-analysis.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0c63f2d08adf439dbd2f08d9cf9ac8da%7C11d0e217>

Sent from my iPhone

Utilizing Repurposed Drugs to Treat COVID-19 Virus

By E.J. Ledet and Dean L. Gano

January 1, 2021

In the latest edition of The World Health Organization's [*Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews*](#),¹ they say there are more than 200 therapeutic options or combinations thereof that are being investigated in more than 1,700 clinical trials treating COVID-19 infection. In this November 30, 2020 review they examined 58 of these therapeutic options. Among the therapeutics being studied are Vitamins C & D, and manmade drugs like Hydroxychloroquine, Remdesivir, and Ivermectin.

So typical of everything our trusted health care institutions do, their analysis is anything but objective or scientific. At the core of their failures is the total lack of evidenced based causal analysis, but it is much more than that. They provide declaratory statements like: "the body of evidence on hydroxychloroquine (HCQ), showed no benefit in terms of mortality reduction." But, when we look more closely at their evidence for this statement, we find they only looked at 30 studies and of those, only 6 showed that HCQ worked to prevent infection. So, given their "body of evidence," this is a valid statement.

However, had they looked at the entire body of scientific evidence, and performed a simple search for "hydroxychloroquine effective treatment for coronavirus," at the National Institute of Health (NIH) website, PubMed they would find over [800 scientific papers](#)² have been written on this subject and most of them show it works. When you find a review that says it doesn't work, you nearly always find the study patients are in the late stages of COVID-19 infection, where no antiviral drug can be expected to have much effect, and/or no Zinc was administered. As [Dr. Zelenko](#)³ has said, Hydroxychloroquine is the gun and Zinc is the bullet, yet these people don't seem to know anything about these causes.

So, given this clear observation that they cherry-picked their evidence, what's going on and where can we find the real science on this subject?

The Real Science

First and foremost, the problem here is the total failure of all the government-controlled health organizations to provide the simple causal relationships surrounding these viruses so you, the normal citizen, can make up your own mind. This is how life works! From the time we start learning about the world as small children, we observe, test, and determine the many causal relationships that guide us down the path to success. Like learning that fire is hot and will burn you if you don't avoid it. Or, that if people lie to you, you can't trust them in future interactions.

So, what are the causal relationships of a coronavirus so we can act accordingly and prevent infection? Just like we learned to avoid fire to prevent getting burned. It can't be that complicated, can it?

Indeed, it is not that complicated, but you have to be curious and look for all the causes, not just the ones that support preconceived ideas or support political propaganda. When a coronavirus enters the body, it tries to get inside a cell somewhere on the surface of the respiratory tract so it can reproduce, and we know that nose cells are likely the [key infection source for COVID-19](#).⁴ If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself. As the immune system responds with too many killer T-Cells, your lungs fill with fluid and you suffocate. But this doesn't happen to healthy young people, so what's going on?

Our natural immune system defense against all viruses occurs when compounds in the foods we eat (called ionophores), from Vitamins like C, D, and E, flavonoids like Quercetin, or hormones like Melatonin create a slightly basic/alkaline environment in and around the cell. This alkaline environment disassembles the virus proteins rendering them harmless. Also, the body is made up of many [epithelial cells](#)⁵ found on the surfaces of our bodies that act like gatekeepers; keeping out environmental problems like dirt and pathogens but allowing healthy cell biology to function. One of the mechanisms these special cells use is to allow zinc to attach to a specific receptor site on the cell's surface, like a little door entrance, called an ACE-2 receptor site. (ACE stands for Angiotensin-converting enzyme which acts as a biological catalyst in normal cell biology.)

This site is used as a primary defense to prevent a virus from entering a cell, by keeping it in the alkaline environment long enough to disassemble the virus. The Zinc transporters, called ionophores, that create this alkaline environment also help Zinc get inside the cells through this "door." Once inside, the zinc acts as a backup defense mechanism to disassemble the virus if they get inside.

But this is only one way Zinc is used to protect us. As defined in this NIH study, [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#),⁶ July 2020, Zinc works in nine different ways to prevent a viral infection and maintain a healthy immune system. Making sure we have enough blood serum zinc is most important in the elderly and patients with various inflammatory and autoimmune diseases. And obesity, which is present in 40% of Americans, causes Zinc deficiency and may account for why deaths are so high in the US.

So, because Zinc is so important to a healthy immune system we can see why older and unhealthy people, who are zinc deficient, are so much more likely to die. All of the COVID-19 [co-morbidity causes identified by the CDC involve Zinc-deficiencies](#).⁷ They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc supplements. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, in summary, the cause of death is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung cells. This failure

is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

When 97.5% of the COVID-19 deaths are people over 45 years old and 94% of those who die have an average of 2.6 comorbidity causes linked to zinc deficiency you know there has to be a causal connection and now you know what it is, so take action to protect yourself from this horrible disease.

Prevention

Now that we know how the immune system works to prevent infection, we know that the first line of defense is Zinc and zinc ionophores on the outside of our cells. Please note, you do not “kill” a virus, because it is not a living organism; it is just a protein molecule made of Ribonucleic acid (RNA), a basic building block of life, and by subjecting it to a low-acid environment called a “base compound” it disassembles and falls apart. This occurs when enough zinc ionophores like Vitamins C, D, and E and/or Zinc are present in the blood stream.

But there are other kinds of Zinc ionophores. In fact, there are over two billion of them and they have been identified in the [ZINC20 database](#)⁸ provided by the American Chemical Society funded by a subsidiary of NIH (National Institute of Health). When you look at this database you will find that nearly all of the proposed synthetic drug treatments for the COVID-19 virus, like Hydroxychloroquine, Chloroquine, Remdesivir, and Ivermectin and other natural substances are all listed as zinc ligand (metal transporter) ionophores. And they work by first disassembling the virus via pH modifications on the outside of the cell or if that fails, they take zinc inside the cell to stop the replication process. In effect, you have two compounds, zinc and zinc ionophores fighting both outside and inside our cells. When you are young, this all happens naturally and is why to date, [only 147 children under the age of 18](#)⁹ have died from COVID-19 in the US.

While we have heard a lot about drugs like Hydroxychloroquine and Remdesivir, we haven't heard much about Ivermectin, which is a repurposed drug normally used as a medical preparation that effectively copes with many kinds of parasites. It is a prescription drug used to treat lice, scabies, as well as onchocerciasis (river blindness) and other nematodes in humans and animals. It is applied externally in a cream and internally as a pill, depending on the disease.

Appearing as a witness on Dec. 8, 2020, before the Senate Committee on Homeland Security and Governmental Affairs—which held a hearing on “Early Outpatient Treatment: An Essential Part of a COVID-19 Solution”—Dr. Pierre Kory, President of the [Frontline COVID-19 Critical Care Alliance \(FLCCC\)](#),¹⁰ called for the government to swiftly review the already expansive and still rapidly emerging medical evidence on Ivermectin.

The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those patients with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover. [Dr. Kory testified](#)¹¹ that Ivermectin is effectively a “miracle drug” against COVID-19 and called upon the government’s medical authorities—the NIH, CDC, and FDA—to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19.

In the process of learning about Ivermectin, the Frontline COVID-19 Critical Care Alliance created, based on feedback from doctors from around the world who were treating COVID-19 patients, a protocol for treatment called MATH+ and published a paper in the Journal of Intensive Care Medicine titled: [Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19](#).¹²

MATH+” stands for Methylprednisolone, which is a corticosteroid and zinc ionophore; Ascorbic acid (Vitamin C), which is a zinc ionophore; Thiamine (Vitamin B1) also a zinc ionophore; Heparin, which is a blood thinner and zinc ligand/ionophore; and the “+” stands for hospital care and co-interventions including Ivermectin, which is a strong zinc ionophore; Vitamin D and Melatonin, which are also zinc ionophores; Zinc, and Famotidine which is an antacid and zinc ligand/ionophore.

Notice how all of these therapeutics provide the exact causal defense our natural immune system uses (Zinc and Zinc Ionophores) to effectively fight the virus when you are young and healthy! It should be no surprise then, that they are highly effective at treating and preventing COVID-19 infection in the rest of the population. However, Big Pharma does not disclose that all of these synthetic drugs are zinc ligand ionophores because they can’t make big money selling zinc or these repurposed existing drugs that have been around for decades.

Given this causal evidence that supports the use of the MATH+ protocol, it begs the question of why our trusted scientific institutions have failed to follow the science and instead provide obfuscation and non-causal narratives focused on personalities and politics. Remember how the corporate media attacked the use of Hydroxychloroquine simply because President Trump said it works after hearing the real science? Instead of following the evidenced-based science, they proceeded to sell fear and hate and killed hundreds of thousands of people in the process.

Incompetence or Planned?

In every negative analysis of these repurposed drugs, the authors totally fail to acknowledge the causal relationships between the virus and immune system like we just laid out for you. Instead, they focus on presenting a narrative about outcomes of specific studies that have nothing to do with the causes of the problem. So, the question becomes: how can you possibly provide a solution to any problem if you don’t understand and state the causal relationships of the event? You can’t, and that means they are grossly incompetent or deliberately deceiving us. This is not rocket science.

We all know, as a basic human strategy, that to solve a problem you first have to know what the causes are; and they never do this in these phony studies.

Also, given that effective problem-solving is not taught by our education system, it is possible that these people are just ill-trained incompetents, but there is another possibility and we need to explore it.

Just ask yourself, if the anti-HCQ or anti-Ivermectin papers were actually peer reviewed why didn't the peer scientists ask the same simple questions we have? Like, why did they ignore the causal relationships we have presented; that are common knowledge, supported by hundreds of studies? Why didn't they check the blood-serum Zinc level of the patients in their study? Because if they had, they would have probably found that most of those who responded well to HCQ or Ivermectin, had high blood serum Zinc levels and those who did not respond well, had low levels of Zinc.

And why didn't they question the supposed adverse effects of HCQ, when we know that not only is HCQ not dangerous, it is safer than Aspirin. A [study at Oxford University](#)¹³ of 956,000 people from all over the world showed no deleterious effects when recommended doses are used.

And why are our trusted medical journals printing false information? For example, the Journal of the American Medical Association (JAMA) [published an article](#)¹⁴ claiming HCQ didn't work and also could cause heart rate problems and should not be used without medical supervision. Problem is, they used 400mg twice a day and **did not use Zinc** in their treatment. Toxic doses that are 14 times what is recommended equals toxic results.

And once again, on May 22, 2020, *The Lancet*, a highly respected online medical journal also published a paper saying HCQ was ineffective and dangerous. Because both *The Lancet* and JAMA studies reported that HCQ is dangerous, the FDA rescinded its emergency order allowing HCQ to be prescribed for COVID-19. This also caused several state governors to issue orders to local pharmacies not to fill HCQ prescriptions ordered by many board-certified Doctors for their COVID-19 patients. Something that has never happened before and certainly resulted in more unnecessary deaths.

Also, *The Lancet* finally asked for a detailed peer review regarding the article they published on May 22, 2020 and as reported in [WebMD](#)¹⁵ they retracted the article because the authors would not provide data that could be adequately peer reviewed, and it was eventually found to be completely false; so at least someone is following scientific protocol. But it speaks volumes to how corrupt the scientific peer review process is. Let's look a little closer.

Whistle Blowers

Several Family Doctors, who have successfully treated many COVID-19 patients, came out in public to question the path our government officials have led us down. One of

them is Dr. Simone Gold, who [exposes the truth about Coronavirus and Hydroxychloroquine](#).¹⁶ These doctors fully understand the causal relationships and hence know the truth.

Also, there are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the [Great Barrington Declaration](#)¹⁷ asking our government officials to wake up and focus on preventing death. Among other things they state:

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Also, in an article by the [Alliance For Human Research Protection](#)¹⁸ on June 5, 2020, they report that Dr. Philippe Dousty-Blazy, the former French Health Minister, publicly stated that *The Lancet* and the *New England Journal of Medicine* editors admitted to being pressured by pharmaceutical companies to publish certain results.

When *The Lancet* editor Dr. Richard Horton was asked why it initially published the discredited article discussed above, he said: “*If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful; they are able to pressure us to accept papers that are apparently methodologically perfect, but their conclusion is what pharmaceutical companies want.*”

Also, Marcia Angell, former Editor-In-Chief of the NEJM writes in her 2004 book "The Truth About the Drug Companies": “*The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.*”

In a recent [open letter](#)¹⁹ to Sir. Anthony Fauci, three board certified doctors made it very clear that he has grossly mishandled the pandemic response by asking him 122 very pointed questions highlighting his inconsistencies, and concluded the following:

“Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus. We are confident that thousands of lives would be saved with early treatment of high-risk

individuals with a cocktail of hydroxychloroquine, Zinc, and azithromycin. Americans must not live in fear. As Dr. Harvey Risch's [Newsweek article](#)²⁰ declares, "The key to defeating COVID-19 already exists. We need to start using it."

More evidence to support what these leading Physicians said can be found in what the Big Pharma Company "Gilead Sciences" has done. Their magic medicine, which the very reverend Dr. Anthony Fauci wholeheartedly endorses, is Remdesivir and they have put a lot of money pressure on MDs, Medical Journals, Press, Academia, NIH, WHO, and the CDC to discredit HCQ - even though it has 65 years of safe use as a malaria drug and 40 years of safe use to treat lupus and some forms of arthritis.

[Gilead contributes big money](#)²¹ to the [income of 20% of the National Institute of Health](#)²² (NIH) Board Members and since Dr. Fauci heads the NIAID, one of 27 institutes that make up the NIH it might be hard for him to contradict them. And, oh-by-the-way, he is [not required to disclose any ties to Big Pharma](#).²³ Gilead also funds Academic Medical Research and as we learned above, cleverly influences Medical Journal Publishers.

Gilead, being focused on money not saving lives, has spent hundreds of millions of dollars in research, marketing, and propaganda, to sell its 5-day injection treatment for \$2,340 versus \$25 or less for HCQ pills that can be bought over-the-counter in most of the world.

Bottom Line

Given what we know about how simple it is to treat and prevent COVID-19 infections using off label medicines and easily available compounds that mimic how a healthy immune system works, why are our trusted leaders not telling us this? Who created and spread this virus and why? And while we don't have evidenced based causes to answer these questions, we do know one thing. We still live in a free country, for now, but if "we the people" continue to act like sheep, all of our freedoms will be taken away, so we must act now. Please do everything you can to get this simple solid science out to everyone you know and let your leaders at every level of government know we are not going to accept their phony narratives and lying anymore!

To Learn More, Go To: <https://fact-checked.org>

¹ Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews; https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19200029_eng.pdf?sequence=14&isAllowed=y

² National Library of Medicine Search for Effective Treatment of COVID-19; <https://pubmed.ncbi.nlm.nih.gov/?term=hydroxychloroquine%20effective%20treatment%20for%20coronavirus>

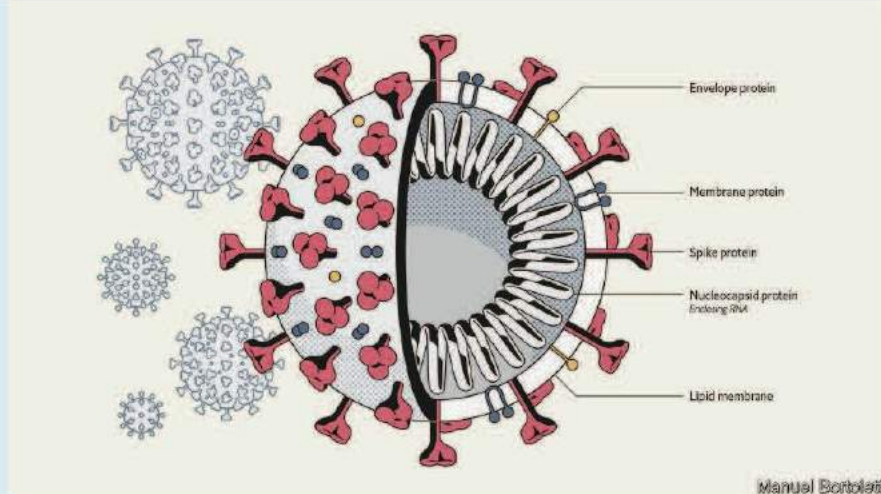
³ Dr. Zelenko's Website: <https://www.vladimirzelenkomd.com>

⁴ Key nose cells identified as likely COVID-19 virus entry points; Science Daily, April 23, 2020; <https://www.sciencedaily.com/releases/2020/04/200423130420.htm>

⁵ Epithelial Cells: Sciencing; <https://sciencing.com/epithelial-cells-definition-function-types-examples-13718055.html>

⁶ The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis; PubMed, November 2020; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>

-
- ⁷ COVID-19 and Real Science; https://factcheckedorg.files.wordpress.com/2020/12/covid19-and-real-science.m3_2.pdf
- ⁸ ZINC20—A Free Ultra large-Scale Chemical Database for Ligand Discovery, American Chemical Society; <https://pubs.acs.org/doi/10.1021/acs.jcim.0c00675>
- ⁹ Provisional COVID-19 Death Counts by Sex, Age, and State, CDC: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>
- ¹⁰ Frontline COVID-19 Critical Care Alliance; <https://covid19criticalcare.com>
- ¹¹ Senate Testimony Of Dr. Pierre Kory - Ivermectin - Miracle Drug To Treat Covid-19?; Why Doesn't Anyone But Us Gives A Darn... WTF?, The Auto Channel; <https://www.theautochannel.com/news/2020/12/10/922677-senate-testimony-dr-pierre-kory-ivermectin-miracle-drug-to-treat.html>
- ¹² Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19, Pierre Kory, December 2020; <https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf>
- ¹³ Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study; Jennifer C. E. Lane, et.al. May 31, 2020. <https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v2>
- ¹⁴ Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19); Nicholas J. Mercuro, et.al., May 1, 2020. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631>
- ¹⁵ The Lancet Retracts Hydroxychloroquine Study; Ralph Ellis, June 4, 2020. <https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>
- ¹⁶ Dr. Simone Gold Exposes the Truth About Coronavirus and Hydroxychloroquine; <https://www.youtube.com/watch?v=poOGJ-wH-Fw>
- ¹⁷ The Great Barrington Declaration; <https://gbdeclaration.org>
- ¹⁸ Lancet Editor Spills the Beans and Britain’s PM Surrenders to the Gates Vaccine Cartel; John Stone, June 5, 2020. <https://ahrp.org/lancet-editor-spills-the-beans-and-britains-pm-surrenders-to-the-gates-vaccine-cartel/>
- ¹⁹ Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19; George C. Fareed, MD, Michael M. Jacobs, MD, Donald C. Pompan, MD, August 12, 2020. https://www.thedesertreview.com/opinion/columnists/open-letter-to-dr-anthony-fauci-regarding-the-use-of-hydroxychloroquine-for-treating-covid-19/article_31d37842-dd8f-11ea-80b5-bf80983bc072.html
- ²⁰ The Key to Defeating COVID-19 Already Exists. We Need to Start Using It | Opinion; Harvey A. Risch, MD, PhD, July 23, 2020. <https://www.newsweek.com/key-defeating-covid-19-already-exists-we-need-start-using-it-opinion-1519535>
- ²¹ Experts on NIH COVID Panel Have Financial Ties to Gilead; By ADAM, August 12, 2020. <https://americanannouncement.com/2020/08/experts-on-nih-covid-panel-have-financial-ties-to-gilead/>
- ²² Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics; <https://www.covid19treatmentguidelines.nih.gov/panel-financial-disclosure/>
- ²³ 10 Experts Setting NIH COVID Treatment Guidelines Financially Tied to Firms Selling Cures Touted by Fauci – Fauci Not Subject to Disclosure Requirement; Michael Thau, August 11, 2020. https://www.redstate.com/michael_thau/2020/08/11/10-on-nih-covid-treatment-advisory-panel-have-financial-ties-to-firms-selling-cures-touted-by-fauci—his-name-curiously-absent-from-disclosure-list/



Depiction of Novel Corona Virus Infectious Disease 2019 (CoVid 19 aka SARS CoV 2)

Problem: CV19 Inhibits Human Body's Immune Regulatory Response/Defense System.

Where: Primary Lungs and Secondary other major organs and nervous system.

When: 2-14 days after Initial infection date.

Significance : The human body's immune defense is compromised leading to prolonged illness and high mortality in populations with previous underlying inflammatory, immunosuppressive diseases/conditions: Elderly, Afro/Native Americans ; Obesity, Smokers, Alcoholics, Addicts, HBP, Diabetes, Arthritis, Heart Disease, Arteriosclerosis, Stroke/Ischemia, Blood vessel inflammation, Cycle Cell Anemia, Cancer, Lupus, MS, AIDs, Nephritis, Kawasaki disease, etc.

Zinc is vital to promoting healthy hair, skin, and nails and is required for a proper sense of taste and smell. Zinc plays an integral role in immune function, protein synthesis, wound healing, DNA synthesis and cell division and is involved in over 300 regulatory processes. Zinc is also important for lipid, carbohydrate, and protein metabolism, as well as cell signal transduction, and reduction/oxidation (redox) regulation. In males, zinc has been shown to protect the prostate gland from infection and enlargement, which has been linked to being a risk for prostate cancer. In females, zinc can help treat menstrual problems and alleviate associated symptoms. Zinc may also protect from night blindness and prevent the development of cataracts. Children need zinc to grow, maintain a healthy body weight, fight off diseases such as pneumonia, diarrhea and diabetes, as well as shorten the length of the common cold.

Evidence: shown Zinc transported across SARS CoV 1 infected cell membranes using non protein, synthetic ionophore , carrier molecules has been to inhibit viral RNA reverse transcriptase (RT) enzyme and prevent virion reproduction in vitro.

Hypothesis: CV19 inhibits zinc transport across infected cell membranes leading to Zinc Immuno regulatory deficiencies causing initial acute exacerbation of chronic obstructive pulmonary disease and secondary acute exacerbation of heart, kidney, blood vessels, brain, large intestine, skin, joints, and nervous system exemplified by cytokine storm and inflammation.

Causes: Low blood serum zinc concentration/availability.

Inhibition of zinc zip protein carrier "ionophores" which transport zinc across cell membranes for human DNA/RNA synthesis, cellular control, and immune response.

Solutions : Increase blood serum zinc through proper diet, digestion, and gut flora; avoid phytate rich foods; eat zinc rich foods; supplement zinc.

Supplement/administer "non protein" Zinc ionophore carrier molecules:

A. Synthetic, Big Pharma Drugs like Pyrithione, Hydroxychloriquine, and/or other synthetic zinc ligand-ionophores.

B. Natural fruit and vegetable polyphenol flavenoid ionophores like Quercetin, Reseveratrol, Curcumin, ECGC.

Effective: Timely Solutions Implement Zinc plus non protein ionophores to transport zinc across infected cell membranes and inhibit viral RT, prevent virion reproduction, and restore human cell DNA and RNA synthesis, cellular control, and immune regulatory response/defense.

COVID-19 “ Experimental” Vaccines

You have the right to make an informed decision about your health and your future and you may be asking: Should I take this experimental vaccine? Here are a few facts you should consider to help you make an informed decision.

Facts:

1. According to the Pharmaceutical Companies themselves, these vaccines may not prevent the SARS-CoV-2 virus: Evidence:
 - a. From the [Moderna](#) and [Pfizer](#) Vaccine Fact Sheets: *The (Moderna/Pfizer) COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There are no FDA approved vaccines to prevent COVID-19.*
 - b. However, the [handout](#) you get when they give you the shot, says it “...has been authorized to prevent COVID-19”, so they are lying about it. They are experimental and have been approved by FDA and CDC via an Emergency Use Authorization (EUA) but have not been fully tested, so are not proven safe.
2. These vaccines are experimental compounds that use “synthetic messenger RNA (mRNA)” housed in fat cells. In 2005 an [animal study](#) was done with SARS-CoV-1 mRNA vaccines on ferrets. Because of major issues, the SARS-CoV-1 vaccine was not further developed.
3. In many previous [clinical trials since the 1960's](#) attempts to [vaccinate against Respiratory Syncytial Virus](#) (RSV) (a pneumonia type virus), [Dengue](#), SARS and MERS, the studies each failed during the animal phase. [Cats, ferrets, monkeys, and rabbits each and every time experienced Antibody Dependent Enhancement](#) (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system creates an uncontrolled and overwhelming inflammatory response upon being confronted with the pathogen in the real world, and the outcome, tragically, is death. The same immune system overreaction took place in a number of infants in [clinical trials who received an attempted RSV shot](#), as well as some six hundred Filipino children who died following early vaccination against Dengue Fever, so [this outcome remains a viable concern today](#).
4. Big Pharma has asked for the normally required animal studies for the CoV19 vaccine to be waived. It was waived for EUA purposes, so there have been no long-term animal studies to see if this could happen with these new mRNA vaccines. WHY?
5. Because these vaccines may or may not prevent infection, and as [some reports show](#), only reduce symptoms, why take something that does not **prevent** the infection in the first place. It is a proven fact, with [hundreds of scientific studies to prove it](#), that Zinc and Zinc ionophores can prevent or mitigate infection in the first place; take them as supplements and you are protected. [The CDC recently said that 80%](#) of all people who were infected with COVID-19 were deficient in Vitamin D, another Zinc ligand (metal binding) ionophore (transporter). And this helps explain why Sub-Saharan Africa and other countries where most people are in the sun a lot [only have marginal deaths from this virus](#).
6. Hydroxychloroquine (HCQ) is a 65-year-old drug that has been shown [to stop an infection](#) if taken within the first 2 – 7 days of getting symptoms from COVID-19. So, if you are taking your preventative Vitamins like C, D, E and Quercetin, and/or other supplements like Melatonin plus Zinc, and for some reason this doesn't prevent infection, you can stop it with Ivermectin + zinc; which is [readily available online](#).

COVID-19 “ Experimental” Vaccines

7. Other synthetic drugs like Budesonide, Dexamethasone, Ivermectin as well as natural substances (i.e., vitamins, flavonoids, amino acids, and hormones) can be found in the Pharmaceutical Zinc20 database, a database funded by a subsidiary of NIH. This database is comprised of ligands, which carry metals like Zinc, Calcium and other micronutrients present in our blood serum and transport them across cell membranes into the body of the cell (cytoplasm) to help our immune system fight infection. Like HCQ, these synthetic drugs need zinc and other micronutrient metals to work. [Dr. Zelenko](#) uses the analogy “the drug is the gun and zinc is the bullet” which is essential to stopping the viral reproduction and resulting infection.
8. Ivermectin is a proven drug for treating all three phases of the COVID-19 disease. Perhaps the best proof is found in India where one [province distributed Ivermectin](#) to most citizens and now they have very few cases and no deaths from the virus. Given such a useful therapeutic exists, it is illegal to authorize the use of vaccines, yet the psychopathic leaders do it anyway.
9. Because these “Vaccines” are unproven experimental substances, we won’t know what side effects may occur for months or years to come, but it may result in a long-term unnatural human manipulation of our DNA building blocks. Do you really want to take that risk or risk your children’s lives? Especially since:
10. There is no pandemic. The number of deaths from COVID-19, [which is highly inflated](#), is no worse than a bad flu season. And your chances of dying from it, even if you do nothing to protect yourself as defined in #5 and #6 above, are [very small according to CDC data](#). For children 17 and under they are 154 times more likely to die from something else. As of April 17, 2021, only 266 children have died with COVID-19. Not a single healthy child has died from COVID-19 alone. If you are under 64 years old, your chance of surviving is 99.99%.
11. There is not a cold or flu season, there is a vitamin D deficiency season. Colds and flues occur when the sun is low in the sky and we don’t get enough of it. Or if you live in a big city, you don’t get enough sun all the time and big cities are where most of the COVID deaths have occurred. Take your Vitamin D supplements and your immune system will thank you.
12. Since both experimental vaccines are EUA, both Pfizer and Moderna are indemnified from all legal action resulting from patients experiencing side effects; including death. Since they assume no risk, you are the one who takes all of it! And according to [Dr. Sherri Tenpenny](#) that is not a good idea.
13. According to [Dr. Richard Fleming](#), Ph.D, MD, JD, a renowned cardiologist and researcher, there is a chance that the mRNA from the vaccine can be incorporated into your human DNA by action of the [reverse transcriptase enzyme present in the vaccine](#). This may affect your auto immune system and result in various auto immune diseases. However, for all you who are taking zinc supplements + ionophores and decide to get vaccinated, Dr Fleming stated that he believes Zinc does appear to interfere with the mRNA process of the vaccines to make the spike protein. This means it will probably reduce the symptoms you can get, so make sure you are taking them.
14. The vaccine nano particles of lipid/fat composition, in which the mRNA is transported into your cells, has never been used before in human trials and long-term health effects have not been determined. These lipid nano particles bind with the normal fats in cell

COVID-19 “ Experimental” Vaccines

membranes and allow [entry of thousands of the synthetic mRNA vaccine into your muscle cells](#). Unlike the virus RNA which has to enter through the ACE-2 receptors found on cells, the nano particles create new pathways into cells. Because the ACE-2 receptor sites are where the normal entry of the virus occurs, bypassing this path means a greater amount of mRNA can enter the cell producing increased amounts of the spike protein exacerbating the immune response to the virus. This increased immune reaction can produce the very InflammoThrombotic Response (ITR) responsible for so many deaths. Again, long-term health effects are not known since long-term studies in lab animals have not been conducted. We humans have become the lab rats, and many doctors are reporting large increases in the number of cancer cases since the vaccines started.

15. The CDC [VAERS database](#) only captures about 1% of all the adverse reactions to vaccines, and so far the Pfizer vaccine has 1,218 blood clot reports, Moderna has 1,034, and J & J has 1,000. Therefore, blood clot disorders reported totals 3,272, so if the 1% is accurate, this would mean 327,200 people have had this problem from the vaccines.
16. Like real lab animals you cannot sue these pharmaceutical companies for suffering from any side effects after taking these experimental vaccines. However, companies requiring CoV19 vaccinations as a requirement for employment may be subject to legal action since it violates our civil rights. For an example of a law suit against the government go here: <https://factcheckedorg.files.wordpress.com/2021/09/joseph-jensen-lawsuit.pdf>
17. It's against the [Nuremberg code](#) to force vaccinations on a person, and [informed consent](#) overrides public policy. Federal law prohibits employers and others from using vaccines under EUA as a [condition](#) of employment.
18. For 35 more facts on the potential dangers of these vaccines, go to [No Jab For Me](#).
19. Or, for 18 more reasons not to get these Experimental Vaccines see: [18 Reasons I Won't Be Getting a Vaccine](#) by Christian Elliot.
20. The choice to take an experimental EUA COVID-19 vaccine is yours to make. Hopefully we have given you the facts to make a better-informed decision.

Good luck and good health to you all.

Dean Gano and EJ Ledet; February 19, 2021; Updated August, 2021; Updated September 22, 2021.

From: tmason@riverviewbiblecamp.com
Sent: 1/4/2022 11:45:30 AM
To: DOH WSBOH
Cc:
Subject: Public Comment on covid vaccine mandates

External Email

* Latest study out of Germany makes it very clear our kids are extremely safe from covid. 15 month study 10 million youth ZERO deaths.

* Yale school of medicine found that almost 1/3 of the drugs approved between 2001-2010 had major safety issues after they were made available. It took 4.2 years after approval before the safety concerns surfaced with issues more common in drugs that were granted "accelerated approval".

* History is replete with the times our government and medical authorities were wrong. Here is a few examples:

1. Lead paint
2. Asbestos
3. Heroin
4. Cigarettes. The US govt was the worlds biggest buyer of cigarettes. How did that work out for us?

* According to the CDC the vaccine can cause serious heart issues among 12-15 year old's especially males. I have two that fall into that range.

Based on the actual science and data if this state attempts to force this vaccine onto my children we will move out of the state. We care to much about the health of our sons.

Tim Mason

Executive Director

Riverview Bible Camp/Ponderosa Lodge

From: Paul Stenson
Sent: 1/4/2022 7:19:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Mandated COVID-19 shot for school children

External Email

I am a parent, I'm vaccinated as are my children. My strongly held position on state mandated COVID-19 shots for school children is that parent who no more of their children's personal health are best suited to know if a vaccination shot is appropriate for their child. I strongly disagree with a state mandate To vaccinate school age children. Almost all recent studies show that school age children are not at serious risk of long-term or short-term harm due to catching Covid. I particularly dislike the us and them underpinnings of this ideology. Please take action to prevent the state from mandating vaccinations of school age children. Paul Stenson, Lynnwood Washington

From: Jamie Nickel
Sent: 1/4/2022 4:44:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - Immunization Criteria



attachments\D821CA598526458A_image001.jpg

External Email

Hello

I am writing to comment on the agenda for the January 12 meeting regarding implementation of COVID vaccine for school and daycare admission

For several reasons, my child will not be getting this vaccine and you will be forcing us and numerous other families to leave

We own a large business here in Tumwater that currently employees 95 people; we will be moving out of this state if this happens

Thanks,

Jamie Nickel

360.956.7769 direct | 360.561.9637 cell

360.584.9605 office | 360.584.9683 fax

jamie@mission-glass.com <mailto:jamie@mission-glass.com>

<https://mission-glass.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmission-glass.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C57470522f62a476b0f6508d9cfe46653%7C>>

WA No. MISSIGL937DT

OR CCB No. 215634

From: Beth Neibert
Sent: 12/30/2021 8:50:19 AM
To: DOH WSBOH
Cc:
Subject: Constructive Notice & Warning



attachments\C7B3AC8106C945D0_constructive-notice.pdf

External Email

Members of TAG,

Perhaps you heard in the news that Boeing received significant pushback from employees after imposing its vaccine mandate and was caught in a difficult spot trying to comply with Biden's mandate. Here's the article that speaks to those details:

<https://www.foxbusiness.com/politics/boeing-suspends-vaccine-requirement-for-employees>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.foxbusiness.com%2Fpolitics%2Fboeing-suspends-vaccine-requirement-for-employees&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5e334b714d4500ea4608d9cbb432e8%7C11>>

What this article is not telling you is that over a thousand Boeing employees submitted the Constructive Notice and Warning (attached below) to Boeing HR, and the law cited in that notice was so strong that they brought in an outside consulting firm to address their concerns. That firm told Boeing that they were at risk of a class-action lawsuit from their employees if they followed-through with the mandate. This advice should be strongly considered by every employer, service provider, and yourselves

I want to also mention that the same legal team that created the Constructive Notice and Warning reviewed the letter that State Superintendent Chris Reykdal sent to Washington State school superintendents and board members in August 2021, telling them that state funds would be withheld if they didn't comply with mandates. They indicated that the OSPI has used his authority to coerce compliance through bribery - extortion - and he will be held accountable to the full extent of the law.

As you review the Constructive Notice & Warning (attached below) which clearly outlines the RCWs, you will discover that you are also subject to the same charges being brought against other employers, the governor, and Chief Medical Officer. I urge you to follow Boeing's example and other local businesses who are choosing not to comply to the mandates any longer and heed the cautionary content of this notice.

It's time to stop following the political agenda of these "leaders" and return to the rule of law that allows each person to freely choose their own medical treatment (mask or vax), if at all with the aide of their own medical professionals. The law is clear: you are under no legal obligation, nor do you have the authority to require employees or students to wear a mask, be vaccinated, or tested for C-19 or future variants. Any employees that have been released from their position(s) may file suit for damages and may likely win. Any child negatively affected as a result of your overreach will have cause to file damages and may likely win. I strongly encourage you to consider remaining neutral on the topic of additional medical treatment requirements, especially those that are under "Emergency Use Authorization" status only and stop any further action on this topic.

I am hopeful that you will receive this information and take action based on its merit alone. Our community deserves to have their medical freedom restored; that is within your power.

I look forward to hearing from you about what you decide to do with this new information. Thank you for your time and kind consideration.

God Bless America,
Beth

--

Make a difference in your community; ask me how.

Beth Neibert
Precinct Committee Officer, Monroe 4
Legislative District #39, Snohomish County, Washington
Republican Party
Beth.LD39.PCO.Monroe4@gmail.com <mailto:Beth.LD39.PCO.Monroe4@gmail.com>

**CONSTRUCTIVE NOTICE AND WARNING TO ALL WASHINGTON STATE
EMPLOYERS, NOTICE TO PRINCIPAL IS NOTICE TO ALL AGENT(S), AND
NOTICE TO AGENT IS NOTICE TO ALL PRINCIPAL(S)**

To all Employers, and all Business Owners, and/or to whom it may concern, this legal informational flyer is meant to provide you advance constructive and actual “legal notice” that I am under no legal obligation to wear a mask or be Vaccinated for the Covid-19 Virus or PCR-Tested in your place of business which is a place of “Public Accommodation” under both Federal Laws (28 CFR § 36.202) and Washington State Law as codified at RCW 49.60.030 and RCW 49.60.215. It is undisputed that there is no statute or law in existence that requires me to be vaccinated, tested or masked or that allows any Employer in the State of Washington to grant or deny the continued employment or new employment of any person based upon whether or NOT they have received a Covid-19 Vaccination or PCR Test. I have a “vested” Constitutional Right to my continued employment under the common law pursuant to RCW 4.04.010; RCW 9A.04.060; CrR 1.1; 1 Sutherland Statutory Construction (3d ed.), p 525, § 2043.

Washington State Governor Jay Inslee, and the Chief Medical Officer Dr. Kathy Lofy only have the power granted by statute. Hoppe v. King County, 95 Wn.2d 332, 337, 622 P.2d 845 (1980); 63 Am. Jur. 2d, Public Officers and Employees, section 263 (1972); Neither officer can make laws on their own motion without violating “The Separation of Powers Doctrine.” State v. Osloond, 60 Wash. App. 584, at 587, 805 P(2d) 263 (1991); Myers v. United States, 272 U.S. 52, 47 S.Ct. 21, 71 L.Ed. 160 (1926). Only the legislature can make laws. “A flat prohibition against regulation of a matter in one direction does not give Congress power to regulate the matter in another direction.” Powe vs United States, 109 F.2d 140 (1940). **Neither officer can re-delegate any authority or power to Employers to hire or fire any employee for refusal to be vaccinated or masked in their work place without violating “The Non-Delegation Doctrine.”** Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 515 P.2d 977 (1973); Ledgering v. State, 63 Wn.2d 94, 385 P.2d 522 (1963). What the Legislature is forbidden to do directly, certainly [the Governor and Chief Medical Officer] cannot [illegally solicit or recruit Employers] to do indirectly.” The City of Seattle v. Filson, 98 Wn.2d 66 (Nov. 1982).

Any Employer who gives False Legal advice is subject to being charged with and prosecuted for “unauthorized practice of law” pursuant to RCW 2.48.180 et seq, or “practicing medicine without a license” in violation of RCW 18.130.190. This notice is also to inform you that “forced vaccinations or forced masking” violates my Constitutional Rights under both Constitutions, State and Federal, the laws of the State, the laws of the United States, and the 1964 Civil Rights Act, which are

enforceable via Title 42, Section 1983.

It is undisputed pursuant to CR 8(d), that the Social Security Act as codified in Federal law at Title 42, Chapter 7, Subchapter XIX, Section 1396 (f), cited hereafter as “42 U.S.C. § 1396f”, which provides a **“religious exemption”** from all unwanted vaccinations and provides that no one is required by law to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose if such person objects (or, in case such person is a child, his parent or guardian objects) thereto on religious grounds.

Washington law at RCW 7.70.050; RCW 7.70.030; RCW 7.70.040, and W. PROSSER, LAW OF TORTS 165 (4th ed. 1971), indicates that the Chief Medical Officer of this State Dr. Kathy Lofy has a duty to disclose that 21 U.S.C. § 360bbb-3, requires that all Doctors and Employers are to provide the appropriate conditions designed to ensure that individuals to whom the Covid-19 Vaccine or PCR Test is administered are informed . . . **“of the option to accept or refuse administration of the [medical] product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefit and risks”** as clearly stated in subsection (e)(1)(A)(ii)(III) of 21 U.S.C. § 360bbb-3, and as required by the **“Doctrine of Informed Consent”** whose main purpose is to protect the patient from being given “Unauthorized Treatments or PCR Tests” without the patients knowledgeable permission. If any physician performs any treatments or tests on any patient without fully informing the patient of his or her “option to accept or refuse administration” of any “Emergency Use Authorization” of any PCR Test and/or any Covid-19 Vaccination under 21 U.S.C. § 360bbb-3 (e)(1)(A)(ii)(III), he has committed an **assault and battery** against that patient for failure to obtain the patients knowledgeable permission. All vaccine-mandating employers could be sued. Holt v. Nelson, 11 Wn.App. 230 (1974); Miller v. Kennedy, 11 Wn.App. 272 (1974); Miller v. Kennedy, 85 Wn.2d 151 (1975); Gates v. Jenson, 92 Wn.2d 246 (1979); ZeBarth v. Swedish Hosp. Med. Center, 81 Wn.2d 12 (1972); Harris v. Groth, 99 Wn.2d 438 (1983); Smith v. Shannon, 100 Wn.2d 26 (1983); Watkins v. Parpala, 2 Wn.App. 484 (1970); Canterbury v. Spence, 464 F.2d 772 (D.C.Cir.), cert. denied, 409 U.S. 1064 (1972).

From: John n Ruth Perkins
Sent: 1/4/2022 11:35:02 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for 1/12/22 meeting

External Email

Dear Board of Health Members,

I am providing comment on agenda item #11 - Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry.

I am an educator in Central Kitsap School District and as an educator I am fully vaccinated and I have survived the actual COVID-19 virus, so please do not toss aside my remarks as those of an extremist. I work with an average of 25 students each day ranging from Kindergarten to 5th grade. The students in my school have been amazing at complying with the restrictions and mandates in order to attend in person school again. Some of these mandates (like mask wearing) interfere with teaching and learning by reducing voice transmissions and blocking facial expressions while others (like hand washing and sanitizing) reduce germs and increase personal cleanliness habits. As we have acted on each of the requirements we have had the opportunity to see which ones make a positive difference and which ones do not.

I recognize that the public concern over transmission of the COVID-19 virus, and its varieties, has caused public officials and law makers to create restrictions and mandates to show the public that their government leaders are working for the health and safety of the public. While I appreciate those efforts I do not appreciate having my choice removed when it pertains to my health and the health of my family.

Please do not create a mandate requiring a COVID-19 vaccine for school or childcare entry. Viruses change all the time, as we know from the annual flu virus. Requiring a vaccine for a virus will increase costs in many areas for example: new vaccines will have to be created and purchased annually to administer to the entire student and childcare populations to keep everyone updated. I believe that the COVID-19 vaccine should be made a yearly option, like the flu vaccine, to decrease a person's likelihood of catching the virus or suffering from extreme effects of it. As public officials you can continue to educate the population about good health and sanitation and keep them informed about their options without taking away their freedom of choice. People should not blame the government for their personal choices and the government should not cater to fixing everyone's personal problems.

Thank you for taking the time to read and consider my comments on not creating a mandate for or requiring a COVID-19 vaccine for school or childcare entry.

Sincerely,
Ruth Perkins

From: Michelle Ranous
Sent: 1/4/2022 10:28:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comment- mandatory vaxx

External Email

DO NOT require the covid vaxx for our children (which isn't really a vaccine because it prevents nothing).

Enough is enough! Get your hands off our children! Let US parent for once and make schools TEACH!

Michelle Ranous
13019 29th Ave se
Everett WA 98208

From: rudolphwest17

Sent: 12/28/2021 11:39:43 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Attention: Please do not add Covid19 vaccine to "required" list of child vaccination



attachments\3C99FA40DC5C4FBA_VaersDataDec21.png

External Email

Dear WA DOH officials:

I am a WA resident. I am writing to express my serious concerns regarding your consideration to add Covid-19 vaccine as "required" vaccine to children. In the past 2 years, we have enough data to learn Covid-19 vaccines not only have serious adverse effects, but have led to a large number of deaths, which are many times more than the death caused by ALL vaccines in the past 30 years.

Here is the latest data from CDC official VAERS (which represents less than 1% adverse cases).

As of Dec 17, VAERS reported the following ☐ <https://openvaers.com/coviddata>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcoviddata&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C5a5e8a63820e46d6b6e508d9ca9e38be%7C>

☐ see attachment ☐

983,756 Adverse Events

108,572 Hospitalizations

107,860 Urgent Care

12,317 Bell's Palsy

10,429 Heart Attacks

20,560 Myocarditis

34,615 Permanently Disabled

20,622 Deaths

Such number is not only alarming, but scary. We have learned many real adverse cases from Senator Ron Johnson's hearing on Covid19 vaccine. The little girl who volunteered to test vaccine has suffered serious adverse effect-permantely disabled. Since the EAU was executed for teenagers (12-17), the media has reported amnay deaths caused by Covid 19 vaccine. For example:

16 year old girl, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1854668>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1854668>

16 year old girl, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865389>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865389>

5 year old girl, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1890705>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1890705>

16 year old boy, 8 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1576798>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1576798>

13 year old boy, 2 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1633205>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1633205>

15 year old boy, 4 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1668800>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1668800>

16 year old boy, 6 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1702154>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1702154>

17 year old boy, 9 days after Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1737907>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1737907>

15 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1845034>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1845034>

13 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1862946>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1862946>

12 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865979>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865979>

Besides, the media has reported over 382 adverse cases happened to athletes, as of mid Dec 21. 222 athlete died after Covid19 vaccine shots. Please see this report:

https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C5a5e8a63820e46d6b6e508d9ca9e38be%

Robert Malone, the inventor of mRNA vaccine technology, physician and scientist, wrote a testimony regarding child Covid vaccinations. He said: the mRNA vaccine has irreversible and permanent damage in children's critical organs, including brain/nervous system, heart and blood vessels, reproductive systems, and even triggering fundamental changes to their immune system. Such damages are irreparable. (
<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C5a5e8a63820e46d6b6e508d9ca9e38be%2F>
)

We have learned enough data about vaccine after two year's of accumulated cases. Please do not add this "vaccine" (viral gene product) to our children's vaccine list. Without healthy children, our country does not have a bright future.

Please stand up for Children's health, do not push evil special interest group controlled government. So that someday, when any of you leave this world, you will not regret what you have done to harm thousands of children.

We know what Covid19 vaccine is, you know, everybody know. God is watching what you will do with it to our children. Follow your heart, not political agenda. The latter will be condemned by history and her people.

Regards,

Rudolph West

A WA resident

From: Todd Twigg
Sent: 1/4/2022 8:59:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - Oppose vaccine mandates for schools

External Email

I oppose vaccine mandates for schools.

I am a trained scientist having studied genetics evolution development and systems biology at Duke University for 8 years.

I have two daughters. One will likely remain unvaccinated.

Richard Twigg

268 School Road
Lopez Island

From: Theresa Walz
Sent: 1/4/2022 10:15:36 AM
To: DOH WSBOH
Cc:
Subject: Public comments for WSBOH Members for March EH Committee Special Meeting

External Email

We should not require COVID vaccines for children to attend school. Not only is the vaccine not working and is ineffective in stopping the spread, but the children are not at risk. They should not be forced to inject a foreign substance in their bodies in order to attend school. Putting these restrictions will affect the livelihood and emotional well-being of the children us parents are here to protect. The division and discrimination happening in our country and even in our state is detrimental and only causing economical collapse and the inability to move forward. Furthermore parents will take their children out of school if this happens. Is this what we want? What good are we doing for the kids? We cannot get stuck in the mind set that vaccines are the answer because they obviously are not. Haven't we seen enough? This needs to stop now and we need to leave the kids alone!

From: Andrew Ervin
Sent: 1/4/2022 10:01:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comment COVID-19 Vaccine

External Email

My children attend the Moses Lake School District & I'm in opposition to requiring children to get the COVID jab. Children are at a very low risk from COVID & the jabs do not prevent catching or transmitting the virus. Plus, with the many reports of myocarditis in young boys I believe that the risk outweighs any potential benefits. If it is mandated, we will be pulling our children from the government school system & enrolling them in private school.

From: Kyle Meyers
Sent: 1/4/2022 7:58:45 PM
To: DOH WSBOH
Cc:
Subject: Public comment : NO COVID mandated vaccines for school children

External Email

The action of mandating a vaccine to the least impacted age group is unconscionable! There are side effects from these shots, making them much more dangerous for children than the illness. There are also many unknowns regarding long term effects, including possible sterilization.

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!

Please end this conversation NOW.

Kyle Meyers, concerned citizen
21756 SE 252nd PI Maple Valley, WA 98038

From: Nicole Horgan
Sent: 1/4/2022 6:18:58 PM
To: DOH WSBOH
Cc:
Subject: Public Comment- mandatory Covid 19 vaccination for children

External Email

To whom it may concern,,

I am writing to express my concern over the discussion of mandating the Covid 19 vaccination for school children.

While I do believe in vaccinations, this particular vaccine is still experimental and has no longitudinal (or even short term) evidence to suggest it is truly effective and preventing the spread of any of the Covid variants in children or adults. Furthermore, there is no solid evidence that this new, experimental type of vaccine is safe and will not pose unforeseen long term health effects.

It is for these reasons and also because I believe in medical freedom and medical choice that I am expressing my concern over the consideration of mandating school children to have this vaccination as part of their vaccination records. I will be extremely disappointed in our state if this becomes a mandate.

Thank you,
Nicole Horgan

December 28, 2021

Washington State Board of Health – Technical Advisory Group
PO Box 47990
Olympia, WA 98507-7990
wsboh@sboh.wa.gov

Dear Washington State Board of Health Board - Technical Advisory Group Members:

I am writing this letter in strong opposition to adding Covid-19 to the list of state required immunizations for school entry.

It was just on October 29th that the Covid-19 vaccine, by a single manufacturer, received emergency use authorization only for the 5–11-year-old age group. The trials for this drug were minimal at best including approximately 3,000 children and lasting only two months. There is no FDA approved vaccine for children ages 5-11 and it could be argued that the “approved” vaccine for those 12 and older is not specifically approved either. Requiring a Covid-19 immunization for school entry would be catastrophic and tragic for school age children.

Children have not had significant issues with Covid-19. Typically their symptoms are mild, and they recover quickly. There is no significant mortality among these age groups. In fact, mortality is less than one percent. For the past two years, parents and schools have navigated Covid-19 and have been successful without a mandatory immunization. There are established protocols within schools to keep students with fevers, runny noses, etc. at home. These actions along with social distancing and cleaning procedures have proven successful. The CDC has concluded that asymptomatic cases are unlikely to contribute substantially to the spread of Covid. Those who are not sick cannot make others sick. There are many other things that pose a far greater risk to the health of children. The most recent strain – Omicron – has been found to be far less severe, with symptoms similar to the common cold – and could greatly increase natural immunity amongst all age groups, particularly in younger populations.

Part of the criteria you use in the review process is vaccine effectiveness, safety and an acceptable level of side effects.

- We continue to hear daily about the ineffectiveness of these vaccines, with efficacy diminishing after only months. Those who have had Covid-19 vaccinations are coming down with Covid-19, 100's of thousands of individuals.
- Safety is and should be a huge concern for you as decision makers as well as for parents. There are so many unknowns in vaccinating children for Covid-19. The trial was too small and the outcomes and effects on this age group very unknown. Information on Covid -19 vaccine impacts has been skewed and censored. Prior vaccines adhered to a very high threshold of safety, one that would have resulted in the Covid-19 vaccine being discontinued months ago if followed. The Swine Flu vaccine was withdrawn after 25 deaths were reported.

- There are many side effects with this vaccination and a lot of information still not known. The FDA has stated that myocarditis is a concern, particularly for young men. There are questions regarding its impact on fertility, hypertension and many other health issues. Research shows the risk to children is far less in having Covid-19 vs. receiving the immunization.

Disease Burden is another criterion used in your review.

- Covid-19, particularly among school aged children, does not have significant morbidity. The chance of death is less than one percent.
- Because of the many break-through cases amongst the vaccinated, vaccination is not a key factor in reducing person to person transmission. As stated earlier, protocols around health monitoring, extra cleaning and distancing have proven effective in reducing transmission.

Implementation is also considered.

- The Covid-19 vaccine is acceptable to some in the medical community and the public, but definitely not to all.
- Mandating this for school age children will place a huge burden on parents as it will force them to have to make very difficult decisions about the health of their children and an education for those children. Just as adults have been forced out of their jobs for making a personal decision regarding taking the vaccine, requiring a Covid-19 vaccination for children at school will force kids out of school. Consider the devastating impacts of a year plus of on-line school on students. Suicide is already the 2nd leading cause of death in those ages 10-18. If your decision is based on what is best for children, it will be against any forced requirement for the Covid-19 vaccine.

Education is a great equalizer and a right for all children. A decision to require a Covid-19 immunization for school entry will be catastrophic and, in my opinion, both inhumane and unethical. I implore you to not include the Covid-19 vaccine among those required for school attendance.

Laura Price
Parent and Grandparent
Chehalis, Washington
mimaprice@zohomail.com

No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups When Infected with SARS-CoV-2 Delta Variant

Charlotte B. Acharya¹, John Schrom², Anthea M. Mitchell³, David A. Coil¹, Carina Marquez^{2, 4}, Susana Rojas², Chung Yu Wang³, Jamin Liu⁵, Genay Pilarowski^{2, 6}, Leslie Solis¹, Elizabeth Georgian¹, Maya Petersen^{2, 7}, Joseph DeRisi³, Richard Michelmore¹, Diane Havlir^{2, 4}

¹Genome Center, University of California, Davis, USA

²Unidos en Salud, San Francisco, CA, USA

³Chan Zuckerberg Biohub, and Dept of Biochemistry & Biophysics, University of California, San Francisco, USA

⁴Department of Medicine, Division of HIV, Infectious Disease and Global Medicine, University of California, San Francisco, USA

⁵Joint UCB/UCSF Bioengineering Program, University of California, Berkeley and University of California, San Francisco, USA

⁶The Public Health Company, Oakland, California, USA

⁷School of Public Health, University of California, Berkeley, USA

Keywords: asymptomatic testing; COVID-19; Ct-value; SARS-CoV-2; Delta variant

Running Title: Cts of COVID Delta vaccine breakthroughs

Authors for Correspondence: Diane Havlir, Richard Michelmore

Alternate Corresponding Authors: Joe DeRisi, Maya Peterson

Abstract: We found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta. Given the substantial proportion of asymptomatic vaccine breakthrough cases with high viral levels, interventions, including masking and testing, should be considered for all in settings with elevated COVID-19 transmission.

Background

Vaccines reduce infection, severe disease, and death from SARS-CoV-2 (COVID-19) [1], yet breakthrough cases occur [2]. Several reports show no difference in cycle threshold values (Ct-values) between vaccinated and unvaccinated individuals [2, 3, 4]; however, others have suggested that breakthrough infections, particularly among asymptomatic individuals, have a lower viral load and therefore may be less likely to result in transmission [5, 6].

Effective epidemic control requires contemporary data to guide public health mitigation measures. Here, we report on Ct-values among fully vaccinated and unvaccinated individuals, asymptomatic and symptomatic at time of testing, during a period of high transmission of the Delta variant in two distinct populations: a Unidos en Salud (UeS) community-based site in the Mission District of San Francisco and Healthy Yolo Together (HYT) asymptomatic testing through the University of California (UC), Davis.

Materials and Methods

Study Populations

Data was collected on individuals who voluntarily sought testing for SARS-CoV-2 from two demographically distinct populations in California during a two-month period from June 17 to August 31, 2021, during which Delta was the predominant variant.

HYT: As part of the response to the COVID-19 pandemic, UC Davis deployed an extensive free asymptomatic testing program that included the City of Davis and Yolo County ([Healthy Yolo Together](#)). Asymptomatic individuals over the age of 2 were eligible for testing. Asymptomatic cases were classified as individuals not reporting symptoms at the time of testing. Samples were collected through a supervised method in which individuals transferred their saliva into a barcoded tube ([COVID-19 Testing | Campus Ready](#)). Smaller numbers of symptomatic

individuals were processed using a different workflow and an antigen test; therefore, they were not included in this study.

UeS: The study population included individuals who sought SARS-CoV-2 testing at the UeS walk-up site, an ongoing academic (UC San Francisco, CZ Biohub, and UC Berkeley), community organization (Latino Task Force), and government (SFDPH) partnership. The outdoor, free BinaxNOW™ testing site was located at a public transport and commercial hub in the Mission District, a setting of ongoing transmission in San Francisco [7]. Individuals one year of age and older, with or without symptoms, were eligible for testing.

Measurements

Infections were classified as breakthrough infections if the individual was fully vaccinated (two weeks following receipt of all vaccine doses). Individuals that had had only one dose or were tested within two weeks of the second dose, in the case of Pfizer and Moderna vaccines, were not included in the analysis.

HYT: Demographic information was collected from individuals at the time of registration. Vaccination status information was obtained at the time of contact tracing and confirmed in the California Vaccine Registry. Only confirmed, fully vaccinated individuals were used in the analysis; discordant samples, self-reported as vaccinated but unconfirmed, were treated as status unknown. Saliva samples from asymptomatic individuals were tested for the presence of the N1 and N2 regions of the viral nucleocapsid (N) gene using primers and probes described in the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, using IntelliQube high-throughput quantitative PCR instruments (LGC Biosearch Technologies). Ct-values were calculated with FastFinder software ([UgenTec](#) | [FastFinder](#)).

Genotypes of all N1/N2 positive samples were determined using RT-PCR SNP analysis at 11 loci diagnostic for variants of concern ([SARS-CoV-2 Variant ValuPanel assays | LGC Biosearch Technologies](#)). A subset of samples (39%) were also sequenced using the Illumina MiSeq sequencing platform. Consensus genomes were generated with Viralrecon2 and variants called in Pangolin version 3.1.11 and PLEARN-v1.2.66. Sequencing confirmed the variants called by genotyping.

UeS: Individuals provided demographic data and information on symptoms immediately prior to testing using BinaxNOW™ kits. COVID-19 vaccine status, including date of final shot, was obtained through the California Vaccine Registry. Anterior-nasal swab samples (iClean, Chenyang Global) collected by certified lab assistants from BinaxNOW positive individuals were placed in DNA/RNA Shield (Zymo, Inc.) and processed for qRT-PCR, genome recovery, and variant/lineage determination as previously described [8, 9]. Ct-values for the detection of N and E genes [8] were determined via the single threshold Cq-determination mode using Bio-Rad CFX Maestro v4.1 (Bio-Rad Inc). SARS-CoV-2 genomes were sequenced using the Illumina NovaSeq platform. Consensus genomes were generated via the COVID module of the IDseq pipeline (<https://idseq.net>) as described [9].

Analysis

Ct-values were plotted, stratified by site; fully vs. not vaccinated; and symptom status. Partially vaccinated samples and stratification by age and vaccine type are reported in supplementary materials. Ct-values between strata were compared using a two sided t-test.

Ethics Statement

HYT: The Genome Center laboratory that conducted COVID-19 testing was CLIA approved as an extension to the Student Health Center's laboratory. The UC Davis IRB

Administration determined that the study met criteria for public health reporting and was exempt from IRB review and approval.

UeS: The UC San Francisco Committee on Human Research determined the study met criteria for public health surveillance. All participants provided informed consent for testing.

Results

A total of 869 samples, 500 from HYT and 369 from UeS, were included in the analysis. All analyzed samples from HYT were asymptomatic at the time of collection and 75% of the positive samples were from unvaccinated individuals (N=375). Positive samples from UeS were from both symptomatic (N=237) and asymptomatic individuals (N=132). The frequency of vaccine breakthroughs among the UeS samples (171 fully vaccinated, 198 unvaccinated) was greater than among the HYT samples, reflecting the different types of populations sampled. The Delta variant was the predominant variant detected in both populations (Supplementary Table 1).

There were no statistically significant differences in mean Ct-values of vaccinated (UeS: 23.1; HYT: 25.5) vs. unvaccinated (UeS: 23.4; HYT: 25.4) samples. In both vaccinated and unvaccinated, there was great variation among individuals, with Ct-values of <15 to >30 in both UeS and HYT data (Fig. 1A, 1B). Similarly, no statistically significant differences were found in the mean Ct-values of asymptomatic (UeS: 24.3; HYT: 25.4) vs. symptomatic (UeS: 22.7) samples, overall or stratified by vaccine status (Fig. 1B). Similar Ct-values were also found among different age groups, between genders, and vaccine types (Supplemental Figure 1).

In all groups, there were individuals with low Ct-values indicative of high viral loads. A total of 69 fully vaccinated individuals had Ct-values <20. Of these, 24 were asymptomatic at the time of testing.

Discussion

In our study, mean viral loads as measured by Ct-value were similar for large numbers of asymptomatic and symptomatic individuals infected with SARS-Cov-2 during the Delta surge, regardless of vaccine status, age, or gender. This contrasts with a large ongoing UK community cohort in which the median Ct-value was higher for vaccinated individuals (27.6) than for unvaccinated individuals (23.1) [5]. Also, a study from San Francisco reported that 10 fully vaccinated asymptomatic individuals had significantly lower viral loads than 28 symptomatic, vaccinated individuals [6]. Our study is consistent with other recent reports showing similar viral loads among vaccinated and unvaccinated individuals in settings with transmission of the Delta variant. In a Wisconsin study, Ct-values were similar and culture positivity was not different in a subset of analyses between 11 vaccinated and 24 unvaccinated cases [4]. In both Massachusetts and Singapore, individuals with vaccination breakthroughs caused by the Delta variant had similar Ct-values as unvaccinated individuals [3, 10]. Our findings are supported by consistency across large sample sets using different assays from two distinct locations.

A substantial proportion of asymptomatic, fully vaccinated individuals in our study had low Ct-values, indicative of high viral loads. Given that low Ct-values are indicative of high levels of virus, culture positivity, and increased transmission [11], our detection of low Ct-values in asymptomatic, fully vaccinated individuals is consistent with the potential for transmission from breakthrough infections prior to any emergence of symptoms. Interestingly, the viral loads decreased more rapidly in vaccinated than unvaccinated individuals in Singapore [3], suggesting that vaccinated individuals may remain infectious for shorter periods of time. Also, a retrospective observational cohort study of contacts of SARS-CoV-2-infected index cases in England documented reduced transmission from vaccinated individuals [12]. In our study, over 20% of positive, vaccinated individuals had low Ct-values (<20), a third of which were

asymptomatic when tested. This highlights the need for additional studies of the immunological status of such vaccine escapes and how infectious they are. If such individuals carry high loads of active virus, asymptomatic vaccinated individuals may increasingly contribute to the ongoing pandemic as the proportion of vaccinated individuals grows.

Ct-values in some children under 12 who are not yet eligible for vaccination were also low. Twenty out of 109 (18.3%) children under 12 years of age had Ct-values <20 , of which 14 were asymptomatic at the time of testing. Low Ct indicates that the children had high viral loads and were likely infectious. This emphasizes the value of regular, rapid testing for school children to detect infection early and block chains of transmission in settings where the Delta variant is circulating.

While vaccination remains the best protection against becoming infected and severe disease [12], the data gathered in this study during the surge of the Delta variant strongly support the notion that neither vaccine status nor the presence or absence of symptoms should influence the recommendation and implementation of good public health practices, including mask wearing, testing, social distancing, and other measures, designed to mitigate the spread of SARS-CoV-2.

Author Contribution Statement:

JD, RWM, DH, and MP conceived the project. DC, CM, SR, DH, and GP helped collect the data. CA, AM, CYW, and JL helped perform the tests, genotyping, and sequencing. CA, JH, LS, JD, AM, CYW, JS, and JL prepared the data for publication. RM, EG, DH, MP, DC, JS, and JD contributed to the writing of the manuscript. All authors read and approved the final manuscript.

Funding: This work was supported by the Chan Zuckerberg Biohub, Healthy Yolo Together, the University of California, San Francisco, the Chan Zuckerberg Initiative and The University of California, Davis.

Acknowledgements: Many people were responsible for collecting the samples, running the tests, performing the genotyping and sequencing, and processing the data as listed in Supplementary Table 2.

Conflict of Interest: Dr. DeRisi reports being a scientific advisor to the Public Health Co. and a scientific advisor to Allen & Co. Dr. Havlir reports non-financial support from Abbott outside of the submitted work. The other authors declare no competing interests.

References

1. Abu-Raddad LJ, Chemaitelly H, Butt AA, National Study Group for C-V. Effectiveness of the BNT162b2 Covid-19 Vaccine against the B.1.1.7 and B.1.351 Variants. *N Engl J Med* 2021; 385: 187-9. DOI: 10.1056/NEJMc2104974.
2. Pouwels KB, Pritchard E, Matthews PC, et al. Impact of Delta on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK. Pre-print 2021
<https://www.medrxiv.org/content/10.1101/2021.08.18.21262237v1>
3. Chia PY, Ong SWX, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study. Pre-print 2021. <https://www.medrxiv.org/content/10.1101/2021.07.28.21261295v1>
4. Riemersma KK, Grogan BE, Kita-Yarbro A, et al. Shedding of Infectious SARS-CoV-2 Despite Vaccination. Pre-Print 2021.
<https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>
5. Elliott P, Haw D, Wang H, et al. REACT-1 round 13 final report: exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with Delta variant in England during May to July 2021. Pre-print 2021.
https://spiral.imperial.ac.uk/bitstream/10044/1/90800/2/react1_r13_final_preprint_final.pdf
6. Servellita V, Morris MK, Sotomayor-Gonzalez A, et al. Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California. Pre-print 2021.
<https://www.medrxiv.org/content/10.1101/2021.08.19.21262139v1>

7. Pilarowski G, Lebel P, Sunshine S, et al. Performance Characteristics of a Rapid Severe Acute Respiratory Syndrome Coronavirus 2 Antigen Detection Assay at a Public Plaza Testing Site in San Francisco. *J Infect Dis* 2021; 223(7): 1139-1144. DOI: 10.1093/infdis/jiaa802.
8. Crawford E, Acosta I, Ahyong V, et al. Rapid deployment of SARS-CoV-2 testing: The CLIAHUB. *PLoS Pathog* 2020 16(10):e1008966. doi: 10.1371/journal.ppat.1008966.
9. Peng J, Liu J, Mann SA, et al. Estimation of secondary household attack rates for emergent spike L452R SARS-CoV-2 variants detected by genomic surveillance at a community-based testing site in San Francisco. *Clin Infect Dis* 2021; ciab283. DOI: 10.1093/cid/ciab283.
10. Brown CM, Vostok J, Johnson H, et al. 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; 70: 1059-1062. DOI: <http://dx.doi.org/10.15585/mmwr.mm7031e2>
11. Jefferson T, Spencer EA, Brassey J, Heneghan C. Viral cultures for COVID-19 infectious potential assessment – a systematic review. *Clin Infect Dis* 2020; ciaa1764. DOI: 10.1093/cid/ciaa1764
12. Eyre D, Taylor D, Purver M, et al. The impact of SARS-CoV-2 vaccination on Alpha & Delta variant transmission. Pre-print 2021. <https://doi.org/10.1101/2021.09.28.21264260>

Figures

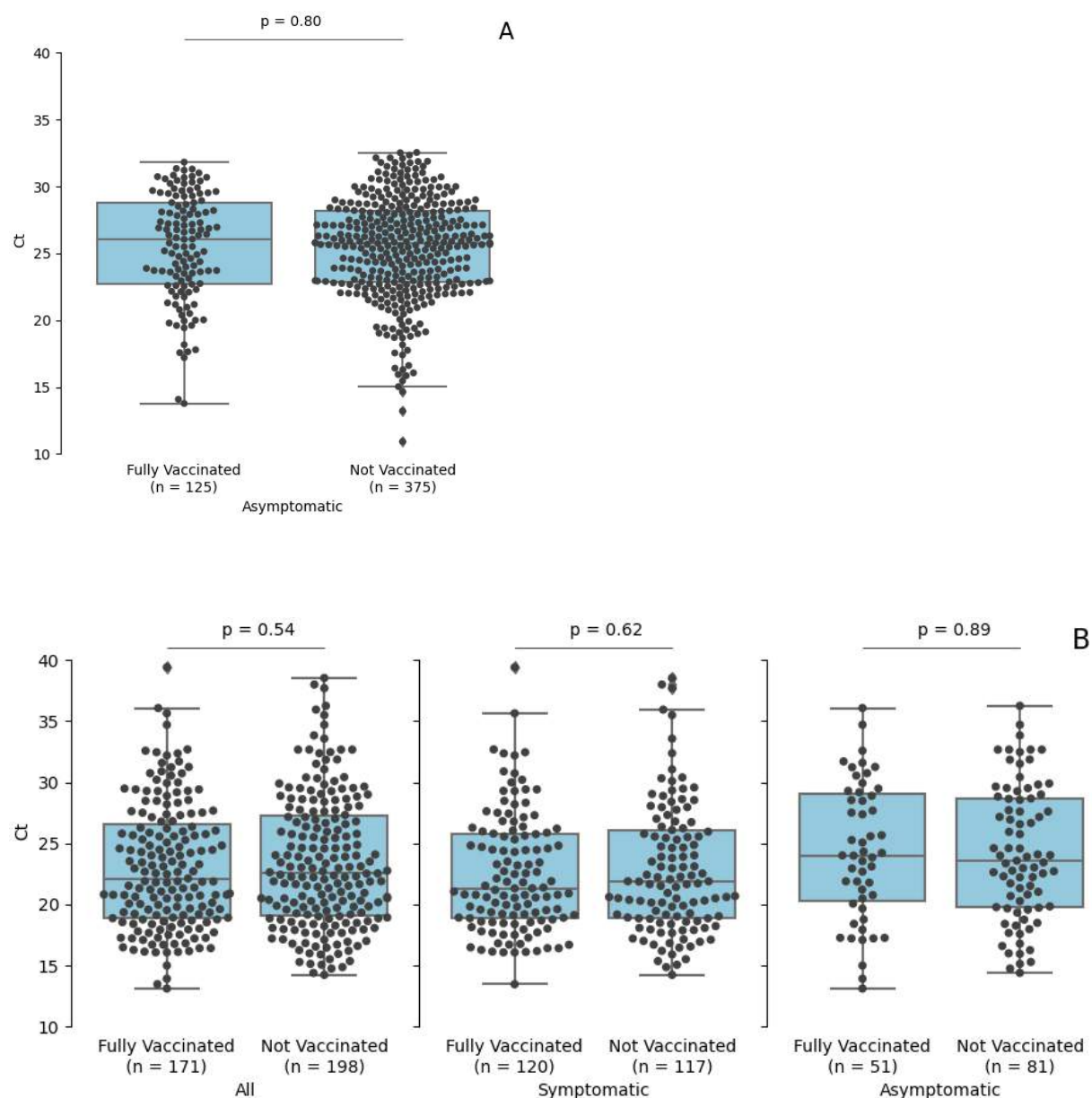


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase chain reaction cycle threshold values for specimens from patients by vaccine status from Healthy Yolo Together (City of Davis and Yolo County, California) (Panel A) and from specimens by

vaccine and symptom status from Unidos en Salud (Mission District, San Francisco, California) (Panel B). Box plots show first quartile, median, and third quartiles in shaded region; diamonds indicate outliers beyond 1.5 times the interquartile range; p-values were calculated with two-sided t-tests.



Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study

Anika Singanayagam*, Seran Hakki*, Jake Dunning*, Kieran J Madon, Michael A Crone, Aleksandra Koycheva, Nieves Derqui-Fernandez, Jack L Barnett, Michael G Whitfield, Robert Varro, Andre Charlett, Rhia Kundu, Joe Fenn, Jessica Cutajar, Valerie Quinn, Emily Conibear, Wendy Barclay, Paul S Freemont, Graham P Taylor, Shazaad Ahmad, Maria Zambon, Neil M Ferguson†, Ajit Lalvani†, on behalf of the ATACCC Study Investigators‡



Summary

Background The SARS-CoV-2 delta (B.1.617.2) variant is highly transmissible and spreading globally, including in populations with high vaccination rates. We aimed to investigate transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community.

Methods Between Sept 13, 2020, and Sept 15, 2021, 602 community contacts (identified via the UK contract-tracing system) of 471 UK COVID-19 index cases were recruited to the Assessment of Transmission and Contagiousness of COVID-19 in Contacts cohort study and contributed 8145 upper respiratory tract samples from daily sampling for up to 20 days. Household and non-household exposed contacts aged 5 years or older were eligible for recruitment if they could provide informed consent and agree to self-swabbing of the upper respiratory tract. We analysed transmission risk by vaccination status for 231 contacts exposed to 162 epidemiologically linked delta variant-infected index cases. We compared viral load trajectories from fully vaccinated individuals with delta infection (n=29) with unvaccinated individuals with delta (n=16), alpha (B.1.1.7; n=39), and pre-alpha (n=49) infections. Primary outcomes for the epidemiological analysis were to assess the secondary attack rate (SAR) in household contacts stratified by contact vaccination status and the index cases' vaccination status. Primary outcomes for the viral load kinetics analysis were to detect differences in the peak viral load, viral growth rate, and viral decline rate between participants according to SARS-CoV-2 variant and vaccination status.

Findings The SAR in household contacts exposed to the delta variant was 25% (95% CI 18–33) for fully vaccinated individuals compared with 38% (24–53) in unvaccinated individuals. The median time between second vaccine dose and study recruitment in fully vaccinated contacts was longer for infected individuals (median 101 days [IQR 74–120]) than for uninfected individuals (64 days [32–97], $p=0.001$). SAR among household contacts exposed to fully vaccinated index cases was similar to household contacts exposed to unvaccinated index cases (25% [95% CI 15–35] for vaccinated vs 23% [15–31] for unvaccinated). 12 (39%) of 31 infections in fully vaccinated household contacts arose from fully vaccinated epidemiologically linked index cases, further confirmed by genomic and virological analysis in three index case–contact pairs. Although peak viral load did not differ by vaccination status or variant type, it increased modestly with age (difference of 0.39 [95% credible interval –0.03 to 0.79] in peak \log_{10} viral load per mL between those aged 10 years and 50 years). Fully vaccinated individuals with delta variant infection had a faster (posterior probability >0.84) mean rate of viral load decline (0.95 \log_{10} copies per mL per day) than did unvaccinated individuals with pre-alpha (0.69), alpha (0.82), or delta (0.79) variant infections. Within individuals, faster viral load growth was correlated with higher peak viral load (correlation 0.42 [95% credible interval 0.13 to 0.65]) and slower decline (–0.44 [–0.67 to –0.18]).

Interpretation Vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts. Host–virus interactions early in infection may shape the entire viral trajectory.

Funding National Institute for Health Research.

Copyright © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

Introduction

While the primary aim of vaccination is to protect individuals against severe COVID-19 disease and its

consequences, the extent to which vaccines reduce onward transmission of SARS-CoV-2 is key to containing the pandemic. This outcome depends on the ability of

Lancet Infect Dis 2021

Published Online
October 28, 2021
[https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4)

See Online/Comment
[https://doi.org/10.1016/S1473-3099\(21\)00690-3](https://doi.org/10.1016/S1473-3099(21)00690-3)

*Joint first authors

†Contributed equally

‡Investigators are listed at the end of the article

NIHR Health Protection Research Unit in Respiratory Infections, National Heart and Lung Institute

(A Singanayagam PhD, S Hakki PhD, K J Madon MSc, A Koycheva BSc, N Derqui-Fernandez MSc, J L Barnett MPhys, M G Whitfield PhD, R Varro MSc, R Kundu PhD, J Fenn PhD, J Cutajar BSc, V Quinn BSc, E Conibear MSc, Prof A Lalvani DM), **Department of Infectious Disease** (A Singanayagam, Prof W Barclay PhD, Prof G P Taylor DSc, M A Crone MBBCh, Prof P S Freemont PhD), **NIHR Health Protection Research Unit in Modelling and Health Economics, MRC Centre for Global Infectious Disease Analysis, Jameel Institute** (Prof N M Ferguson DPhil), and **UK Dementia Research Institute Centre for Care Research and Technology** (M A Crone, Prof P S Freemont), **Imperial College London, London, UK; NIHR Health Protection Research Unit in Emerging and Zoonotic Infections, University of Oxford, Oxford, UK (J Dunning PhD); London Biofoundry, Imperial College Translation and Innovation Hub, London, UK (M A Crone, Prof P S Freemont); National Infection Service**

(A Singanayagam, J Dunning, Prof M Zambon FRCPATH) and
Data and Analytical
Services (A Charlett PhD),
Public Health England, London,
UK; Department of Virology,
Manchester Medical
Microbiology Partnership,
Manchester Foundation Trust,
Manchester Academic Health
Sciences Centre, Manchester, UK
(S Ahmad FRCPATH)
Correspondence to:
Prof Ajit Lalvani, NIHR Health
Protection Research Unit in
Respiratory Infections, National
Heart and Lung Institute,
Imperial College London,
London, W2 1PG, UK
a.lalvani@imperial.ac.uk

Research in context

Evidence before this study

The SARS-CoV-2 delta variant is spreading globally, including in populations with high vaccination coverage. While vaccination remains highly effective at attenuating disease severity and preventing death, vaccine effectiveness against infection is reduced for delta. Determining the extent of transmission from vaccinated delta-infected individuals to their vaccinated contacts is a public health priority. Comparing the upper respiratory tract (URT) viral load kinetics of delta infections with those of other variants gives insight into potential mechanisms for its increased transmissibility. We searched PubMed and medRxiv for articles published between database inception and Sept 20, 2021, using search terms describing "SARS-CoV-2, delta variant, viral load, and transmission".

Two studies longitudinally sampled the URT in vaccinated and unvaccinated delta variant-infected individuals to compare viral load kinetics. In a retrospective study of a cohort of hospitalised patients in Singapore, more rapid viral load decline was found in vaccinated individuals than unvaccinated cases. However, the unvaccinated cases in this study had moderate-to-severe infection, which is known to be associated with prolonged shedding. The second study longitudinally sampled professional USA sports players. Again, clearance of delta viral RNA in vaccinated cases was faster than in unvaccinated cases, but only 8% of unvaccinated cases had delta variant infection, complicating interpretation. Lastly, a report of a single-source nosocomial outbreak of a distinct delta sub-lineage in Vietnamese health-care workers plotted viral load kinetics (without comparison with unvaccinated delta infections) and demonstrated transmission between fully vaccinated health-care workers in the nosocomial setting. The findings might therefore not be generalisable beyond the particular setting and distinct viral sub-lineage investigated.

Added value of this study

The majority of SARS-CoV-2 transmission occurs in households, but transmission between fully vaccinated individuals in this

setting has not been shown to date. To ascertain secondary transmission with high sensitivity, we longitudinally followed index cases and their contacts (regardless of symptoms) in the community early after exposure to the delta variant of SARS-CoV-2, performing daily quantitative RT-PCR on URT samples for 14–20 days. We found that the secondary attack rate in fully vaccinated household contacts was high at 25%, but this value was lower than that of unvaccinated contacts (38%). Risk of infection increased with time in the 2–3 months since the second dose of vaccine. The proportion of infected contacts was similar regardless of the index cases' vaccination status. We observed transmission of the delta variant between fully vaccinated index cases and their fully vaccinated contacts in several households, confirmed by whole-genome sequencing. Peak viral load did not differ by vaccination status or variant type but did increase modestly with age. Vaccinated delta cases experienced faster viral load decline than did unvaccinated alpha or delta cases. Across study participants, faster viral load growth was correlated with higher peak viral load and slower decline, suggesting that host–virus interactions early in infection shape the entire viral trajectory. Since our findings are derived from community household contacts in a real-life setting, they are probably generalisable to the general population.

Implications of all the available evidence

Although vaccines remain highly effective at preventing severe disease and deaths from COVID-19, our findings suggest that vaccination is not sufficient to prevent transmission of the delta variant in household settings with prolonged exposures. Our findings highlight the importance of community studies to characterise the epidemiological phenotype of new SARS-CoV-2 variants in increasingly highly vaccinated populations. Continued public health and social measures to curb transmission of the delta variant remain important, even in vaccinated individuals.

vaccines to protect against infection and the extent to which vaccination reduces the infectiousness of breakthrough infections.

Vaccination was found to be effective in reducing household transmission of the alpha variant (B.1.1.7) by 40–50%,¹ and infected, vaccinated individuals had lower viral load in the upper respiratory tract (URT) than infections in unvaccinated individuals,² which is indicative of reduced infectiousness.^{3,4} However, the delta variant (B.1.617.2), which is more transmissible than the alpha variant,^{5,6} is now the dominant strain worldwide. After a large outbreak in India, the UK was one of the first countries to report a sharp rise in delta variant infection. Current vaccines remain highly effective at preventing admission to hospital and death from delta infection.⁷ However, vaccine effectiveness against infection is reduced for delta, compared with alpha,^{8,9} and the delta variant

continues to cause a high burden of cases even in countries with high vaccination coverage. Data are scarce on the risk of community transmission of delta from vaccinated individuals with mild infections.

Here, we report data from a UK community-based study, the Assessment of Transmission and Contagiousness of COVID-19 in Contacts (ATACCC) study, in which ambulatory close contacts of confirmed COVID-19 cases underwent daily, longitudinal URT sampling, with collection of associated clinical and epidemiological data. We aimed to quantify household transmission of the delta variant and assess the effect of vaccination status on contacts' risk of infection and index cases' infectiousness, including (1) households with unvaccinated contacts and index cases and (2) households with fully vaccinated contacts and fully vaccinated index cases. We also compared sequentially sampled

URT viral RNA trajectories from individuals with non-severe delta, alpha, and pre-alpha SARS-CoV-2 infections to infer the effects of SARS-CoV-2 variant status—and, for delta infections, vaccination status—on transmission potential.

Methods

Study design and participants

ATACCC is an observational longitudinal cohort study of community contacts of SARS-CoV-2 cases. Contacts of symptomatic PCR-confirmed index cases notified to the UK contact-tracing system (National Health Service Test and Trace) were asked if they would be willing to be contacted by Public Health England to discuss participation in the study. All contacts notified within 5 days of index case symptom onset were selected to be contacted within our recruitment capacity. Household and non-household contacts aged 5 years or older were eligible for recruitment if they could provide written informed consent and agree to self-swabbing of the URT. Further details on URT sampling are given in the appendix (p 13).

The ATACCC study is separated into two study arms, ATACCC1 and ATACCC2, which were designed to capture different waves of the SARS-CoV-2 pandemic. In ATACCC1, which investigated alpha variant and pre-alpha cases in Greater London, only contacts were recruited between Sept 13, 2020, and March 13, 2021. ATACCC1 included a pre-alpha wave (September to November, 2020) and an alpha wave (December, 2020, to March, 2021). In ATACCC2, the study was relaunched specifically to investigate delta variant cases in Greater London and Bolton, and both index cases and contacts were recruited between May 25, and Sept 15, 2021. Early recruitment was focused in West London and Bolton because UK incidence of the delta variant was highest in these areas.¹⁰ Based on national and regional surveillance data, community transmission was moderate-to-high throughout most of our recruitment period.

This study was approved by the Health Research Authority. Written informed consent was obtained from all participants before enrolment. Parents and caregivers gave consent for children.

Data collection

Demographic information was collected by the study team on enrolment. The date of exposure for non-household contacts was obtained from Public Health England. COVID-19 vaccination history was determined from the UK National Immunisation Management System, general practitioner records, and self-reporting by study participants. We defined a participant as unvaccinated if they had not received a single dose of a COVID-19 vaccine at least 7 days before enrolment, partially vaccinated if they had received one vaccine dose at least 7 days before study enrolment, and fully vaccinated if they had received two doses of a COVID-19 vaccine at least 7 days before

study enrolment. Previous literature was used to determine the 7-day threshold for defining vaccination status.^{11–13} We also did sensitivity analyses using a 14-day threshold. The time interval between vaccination and study recruitment was calculated. We used WHO criteria¹⁴ to define symptomatic status up to the day of study recruitment. Symptomatic status for incident cases—participants who were PCR-negative at enrolment and subsequently tested positive—was defined from the day of the first PCR-positive result.

Laboratory procedures

SARS-CoV-2 quantitative RT-PCR, conversion of ORF1ab and envelope (E-gene) cycle threshold values to viral genome copies, whole-genome sequencing, and lineage assignments are described in the appendix (pp 13–14).

Outcomes

Primary outcomes for the epidemiological analysis were to assess the secondary attack rate (SAR) in household contacts stratified by contact vaccination status and the index cases' vaccination status. Primary outcomes for the viral load kinetics analysis were to detect differences in the peak viral load, viral growth rate, and viral decline rate between participants infected with pre-alpha versus alpha versus delta variants and between unvaccinated delta-infected participants and vaccinated delta-infected participants.

We assessed vaccine effectiveness and susceptibility to SARS-CoV-2 infection stratified by time elapsed since receipt of second vaccination as exploratory analyses.

Statistical analysis

To model viral kinetics, we used a simple phenomenological model of viral titre¹⁵ during disease pathogenesis. Viral kinetic parameters were estimated on a participant-specific basis using a Bayesian hierarchical model to fit this model to the entire dataset of sequential cycle threshold values measured for all participants. For the 19 participants who were non-household contacts of index cases and had a unique date of exposure, the cycle threshold data were supplemented by a pseudo-absence data point (ie, undetectable virus) on the date of exposure. Test accuracy and model misspecification were modelled with a mixture model by assuming there was a probability p of a test giving an observation drawn from a (normal) error distribution and probability $1-p$ of it being drawn from the true distribution.

The hierarchical structure was represented by grouping participants based on the infecting variant and their vaccination status. A single-group model was fitted, which implicitly assumes that viral kinetic parameters vary by individual but not by variant or vaccination status. A four-group model was also explored, where groups 1, 2, 3, and 4 represent pre-alpha, alpha, unvaccinated delta, and fully vaccinated delta, respectively. We fitted a correlation matrix between

See Online for appendix

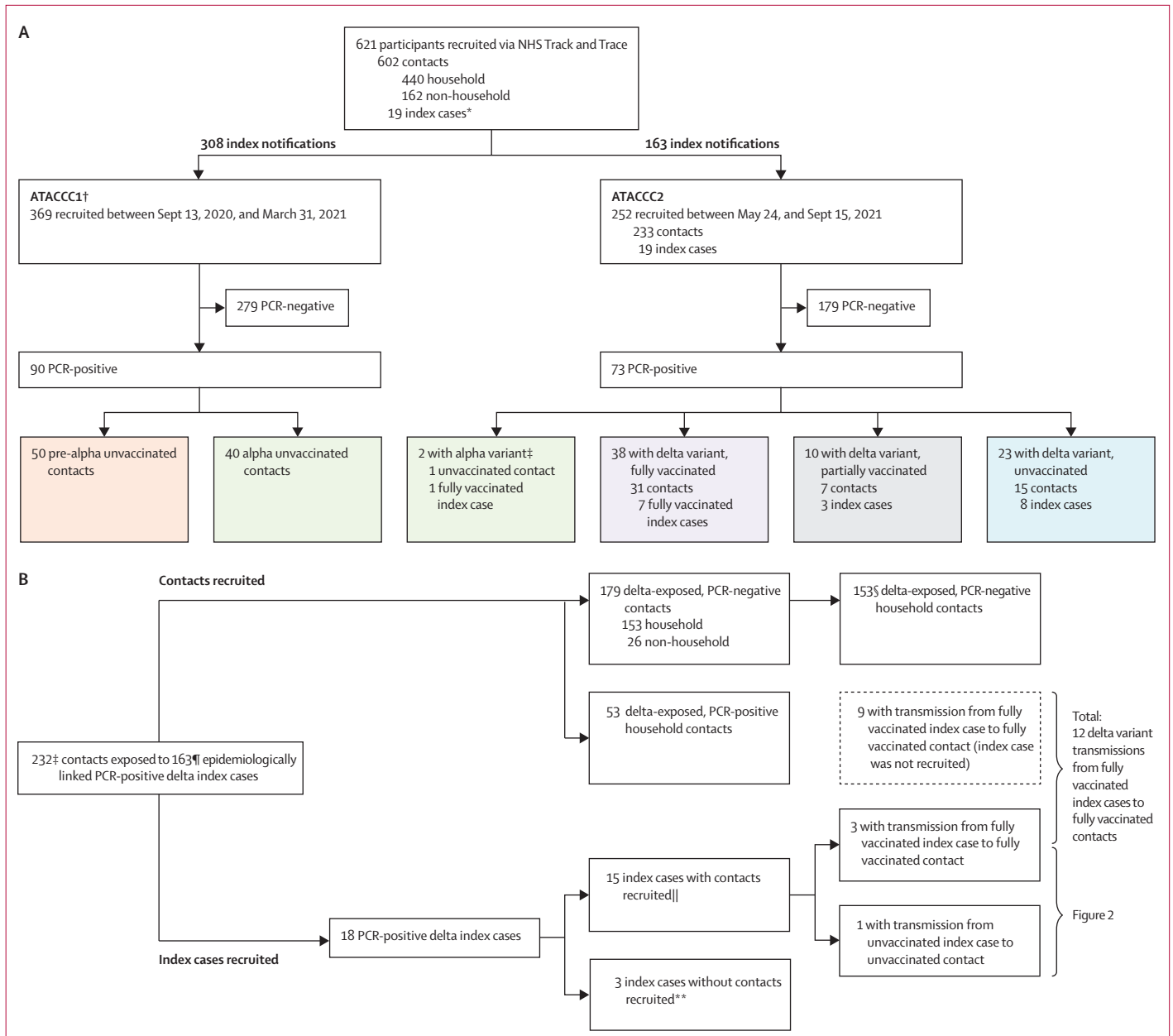


Figure 1: Recruitment, SARS-CoV-2 infection, variant status, and vaccination history for ATACCC study participants

(A) Study recruitment and variant status confirmed by whole-genome sequencing (ATACCC1 and ATACCC2 combined). (B) ATACCC2: delta-exposed contacts included in secondary attack rate calculation (table 1) and transmission assessment (table 2). NHS=National Health Service. * All index cases were from ATACCC2. † All contacts. ‡ The two earliest PCR-positive cases from the ATACCC2 cohort (one index case and one contact) were confirmed as having the alpha variant on whole-genome sequencing (recruited on May 28, 2021). This alpha variant-exposed, PCR-positive contact is excluded from figure 1B. § One PCR-negative contact had no vaccination status data available and one PCR-negative contact's index case had no vaccination data available. ¶ Vaccination data were available for 138 index cases of 163. || The contacts of these 15 index cases are included within the 232 total contacts. ** These three index cases without contacts are only included in the viral load kinetics analysis (figure 3) and are not included in tables 1 and 2.

participant-specific kinetic parameters to allow us to examine whether there is within-group correlation between peak viral titre, viral growth rate, and viral decline rate. Our initial model selection, using leave-one-out cross-validation, selected a four-group hierarchical model with fitted correlation coefficients between individual-level parameters determining peak viral load

and viral load growth and decline rates (appendix p 5). However, resulting participant-specific estimates of peak viral load (but not growth and decline rates) showed a marked and significant correlation with age in the exploratory analysis, which motivated examination of models where mean peak viral load could vary with age. The most predictive model overall allowed mean viral

load growth and decline rates to vary across the four groups, with mean peak viral load common to all groups but assumed to vary linearly with the logarithm of age (appendix p 5). We present peak viral loads for the reference age of 50 years with 95% credible intervals (95% CrIs). 50 years was chosen as the reference age as it is typical of the ages of the cases in the whole dataset and the choice of reference age made no difference in the model fits or judgment of differences between the groups.

We computed group-level population means and within-sample group means of log peak viral titre, viral growth rate, and viral decline rate. Since posterior estimates of each of these variables are correlated across groups, overlap in the credible intervals of an estimate for one group with that for another group does not necessarily indicate no significant difference between those groups. We, therefore, computed posterior probabilities, pp , that these variables were larger for one group than another. For our model, Bayes factors can be computed as $pp/(1-pp)$. We only report population (group-level) posterior probabilities greater than 0.75 (corresponding to Bayes factors >3) as indicating at least moderate evidence of a difference.

For vaccine effectiveness, we defined the estimated effectiveness at preventing infection, regardless of symptoms, with delta in the household setting as $1 - \text{SAR (fully vaccinated)} / \text{SAR (unvaccinated)}$.

Role of the funding source

The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

Results

Between Sept 13, 2020, and Sept 15, 2021, 621 community-based participants (602 contacts and 19 index cases) from 471 index notifications were prospectively enrolled in the ATACCC1 and ATACCC2 studies, and contributed 8145 URT samples. Of these, ATACCC1 enrolled 369 contacts (arising from 308 index notifications), and ATACCC2 enrolled 233 contacts (arising from 163 index notifications) and 19 index cases. SARS-CoV-2 RNA was detected in 163 (26%) of the 621 participants. Whole-genome sequencing of PCR-positive cases confirmed that 71 participants had delta variant infection (18 index cases and 53 contacts), 42 had alpha variant infection (one index case and 41 contacts), and 50 had pre-alpha variant infection (all contacts; figure 1A).

Of 163 PCR-positive participants, 89 (55%) were female and 133 (82%) were White. Median age was 36 years (IQR 26–50). Sex, age, ethnicity, body-mass index (BMI) distribution, and the frequency of comorbidities were similar among those with delta, alpha, and pre-alpha infection, and for vaccinated and unvaccinated delta-infected participants, except for age and sex (appendix pp 2–3). There were fewer unvaccinated

	Total	PCR positive	PCR negative	SAR (95% CI)	p value
Contacts					
All	231	53	178	23 (18–29)	NA
Fully vaccinated	140	31	109	22 (16–30)	0.16
Unvaccinated	44	15	29	34 (22–49)	..
Partially vaccinated	47	7	40	15 (7–28)	NA
Household contacts					
All	205	53	152	26 (20–32)	NA
Fully vaccinated	126	31	95	25 (18–33)	0.17
Unvaccinated	40	15	25	38 (24–53)	..
Partially vaccinated	39	7	32	18 (9–33)	NA

χ^2 test was performed to calculate p values for differences in SAR between fully vaccinated and unvaccinated cases. One PCR-negative contact who withdrew from the study without vaccination status information was excluded. NA=not applicable. SAR=secondary attack rate.

Table 1: SAR in contacts of delta-exposed index cases recruited to the ATACCC2 study

females than males ($p=0.04$) and, as expected from the age-prioritisation of the UK vaccine roll-out, unvaccinated participants infected with the delta variant were significantly younger ($p<0.001$; appendix p 3). Median time between exposure to the index case and study enrolment was 4 days (IQR 4–5). All participants had non-severe ambulatory illness or were asymptomatic. The proportion of asymptomatic cases did not differ among fully vaccinated, partially vaccinated, and unvaccinated delta groups (appendix p 3).

No pre-alpha-infected and only one alpha-infected participant had received a COVID-19 vaccine before study enrolment. Of 71 delta-infected participants (of whom 18 were index cases), 23 (32%) were unvaccinated, ten (14%) were partially vaccinated, and 38 (54%) were fully vaccinated (figure 1A; appendix p 3). Of the 38 fully vaccinated delta-infected participants, 14 had received the BNT162b2 mRNA vaccine (Pfizer–BioNTech), 23 the ChAdOx1 nCoV-19 adenovirus vector vaccine (Oxford–AstraZeneca), and one the CoronaVac inactivated whole-virion vaccine (Sinovac).

It is highly probable that all but one of the 233 ATACCC2 contacts were exposed to the delta variant because they were recruited when the regional prevalence of delta was at least 90%, and mostly 95–99% (figure 1B).¹⁰ Of these, 206 (89%) were household contacts (in 127 households), and 26 (11%) were non-household contacts. Distributions of age, ethnicity, BMI, smoking status, and comorbidities were similar between PCR-positive and PCR-negative contacts (appendix p 4). The median time between second vaccine dose and study recruitment in fully vaccinated contacts with delta variant infection was 74 days (IQR 35–105; range 16–201), and this was significantly longer in PCR-positive contacts than in PCR-negative contacts (101 days [IQR 74–120] vs 64 days [32–97], respectively, $p=0.001$; appendix p 4). All 53 PCR-positive contacts were exposed in household settings and the SAR for all delta variant-exposed household contacts was 26% (95% CI 20–32). SAR was

	All household contacts (n=204)*	Fully vaccinated contacts (n=125)		Partially vaccinated contacts (n=39)		Unvaccinated contacts (n=40)	
		PCR positive (n=31)	PCR negative (n=94)	PCR positive (n=7)	PCR negative (n=32)	PCR positive (n=15)	PCR negative (n=25)
Fully vaccinated index cases (n=50)	69	12	31	1	8	4	13
Partially vaccinated index cases (n=25)	35	7	12	3	10	3	0
Unvaccinated index cases (n=63)	100	12	51	3	14	8	12

Non-household exposed contacts (n=24, all PCR negative) were excluded. One PCR-negative household contact who withdrew from the study without vaccination status information was excluded. One PCR-negative household contact who could not be linked to their index case was also excluded. *The rows below show the number of contacts exposed to each category of index case.

Table 2: Comparison of vaccination status of the 138 epidemiologically linked PCR-positive index cases for 204 delta variant-exposed household contacts

not significantly higher in unvaccinated (38%, 95% CI 24–53) than fully vaccinated (25%, 18–33) household contacts (table 1). We estimated vaccine effectiveness at preventing infection (regardless of symptoms) with delta in the household setting to be 34% (bootstrap 95% CI –15 to 60). Sensitivity analyses using a 14 day threshold for time since second vaccination to study recruitment to denote fully vaccinated did not materially affect our estimates of vaccine effectiveness or SAR (data not shown). Although precision is restricted by the small sample size, this estimate is broadly consistent with vaccine effectiveness estimates for delta variant infection based on larger datasets.^{9,16,17}

The vaccination status of 138 epidemiologically linked index cases of 204 delta variant-exposed household contacts was available (figure 1B, table 2). The SAR in household contacts exposed to fully vaccinated index cases was 25% (95% CI 15–35; 17 of 69), which is similar to the SAR in household contacts exposed to unvaccinated index cases (23% [15–31]; 23 of 100; table 2). The 53 PCR-positive contacts arose from household exposure to 39 PCR-positive index cases. Of these index cases who gave rise to secondary transmission, the proportion who were fully vaccinated (15 [38%] of 39) was similar to the proportion who were unvaccinated (16 [41%] of 39). The median number of days from the index cases' second vaccination to the day of recruitment for their respective contacts was 73 days (IQR 38–116). Time interval did not differ between index cases who transmitted infection to their contacts and those who did not (94 days [IQR 62–112] and 63 days [35–117], respectively; $p=0.43$).

18 of the 163 delta variant-infected index cases that led to contact enrolment were themselves recruited to ATACCC2 and serial URT samples were collected from them, allowing for more detailed virology and genome analyses. For 15 of these, their contacts were also recruited (13 household contacts and two non-household contacts). A corresponding PCR-positive household contact was identified for four of these 15 index cases (figure 1B). Genomic analysis showed that index–contact pairs were infected with the same delta variant sub-lineage in these instances, with one exception (figure 2A). In one household (number 4), an unvaccinated index case transmitted the delta variant to an unvaccinated contact,

while another partially vaccinated contact was infected with a different delta sub-lineage (which was probably acquired outside the household). In the other three households (numbers 1–3), fully vaccinated index cases transmitted the delta variant to fully vaccinated household contacts, with high viral load in all cases, and temporal relationships between the viral load kinetics that were consistent with transmission from the index cases to their respective contacts (figure 2B).

Inclusion criteria for the modelling analysis selected 133 participant's viral load RNA trajectories from 163 PCR-positive participants (49 with the pre-alpha variant, 39 alpha, and 45 delta; appendix p 14). Of the 45 delta cases, 29 were fully vaccinated and 16 were unvaccinated; partially vaccinated cases were excluded. Of the 133 included cases, 29 (22%) were incident (ie, PCR negative at enrolment converting to PCR positive subsequently) and 104 (78%) were prevalent (ie, already PCR positive at enrolment). 15 of the prevalent cases had a clearly resolvable peak viral load. Figure 3 shows modelled viral RNA (ORF1ab) trajectories together with the viral RNA copy numbers measured for individual participants. The E-gene equivalent is shown in the appendix (p 2). Estimates derived from E-gene cycle threshold value data (appendix pp 5, 7, 9, 11) were similar to those for ORF1ab.

Although viral kinetics appear visually similar for all four groups of cases, we found quantitative differences in estimated viral growth rates and decline rates (tables 3, 4). Population (group-level) estimates of mean viral load decline rates based on ORF1ab cycle threshold value data varied in the range of 0.69–0.95 log₁₀ units per mL per daxes 4; appendix p 10), indicating that a typical 10-day period was required for viral load to decline from peak to undetectable. A faster decline was seen in the alpha ($pp=0.93$), unvaccinated delta ($pp=0.79$), and fully vaccinated delta ($pp=0.99$) groups than in the pre-alpha group. The mean viral load decline rate of the fully vaccinated delta group was also faster than those of the alpha group ($pp=0.84$) and the unvaccinated delta group ($pp=0.85$). The differences in decline rates translate into a difference of about 3 days in the mean duration of the decline phase between the pre-alpha and delta vaccinated groups.

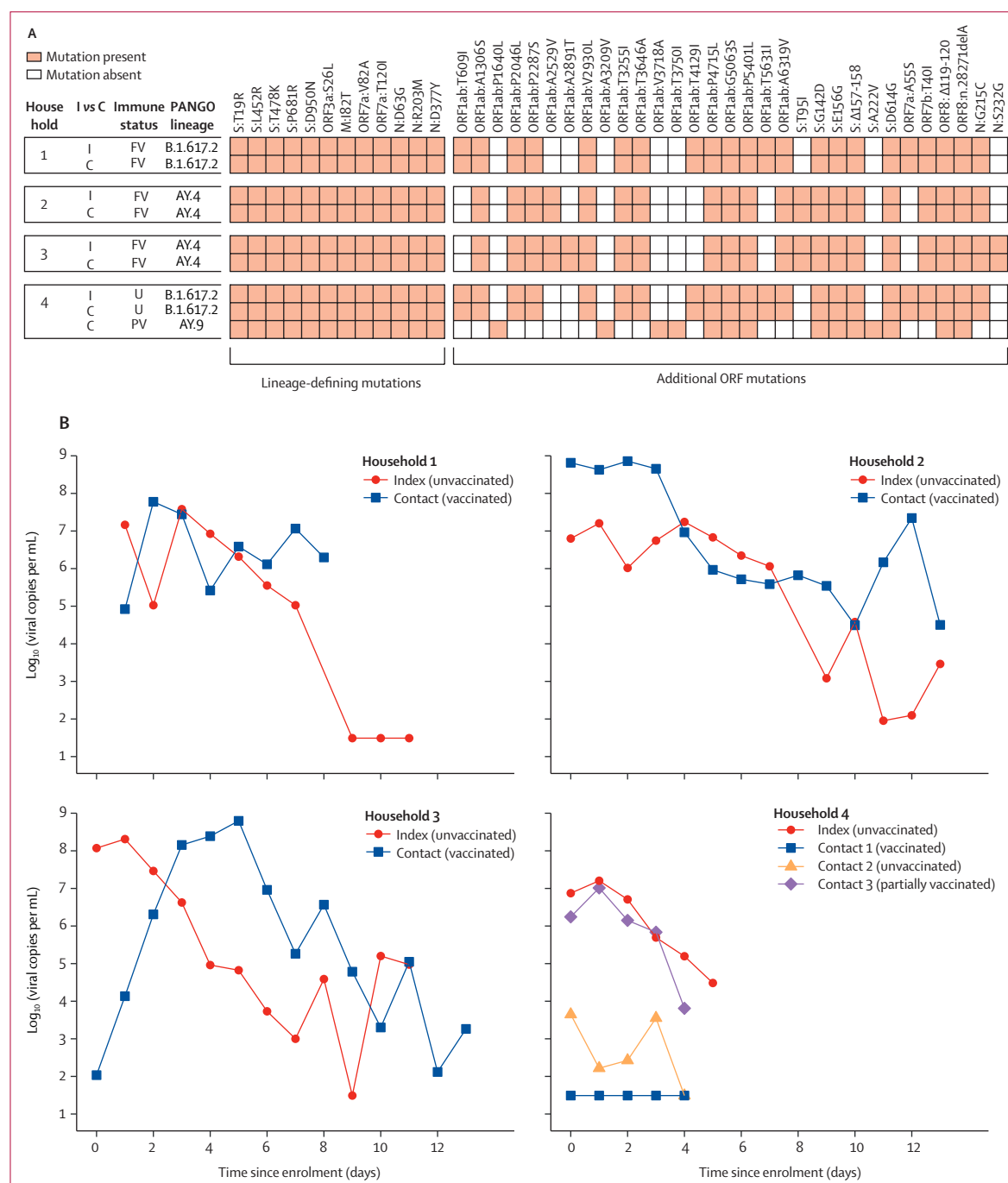
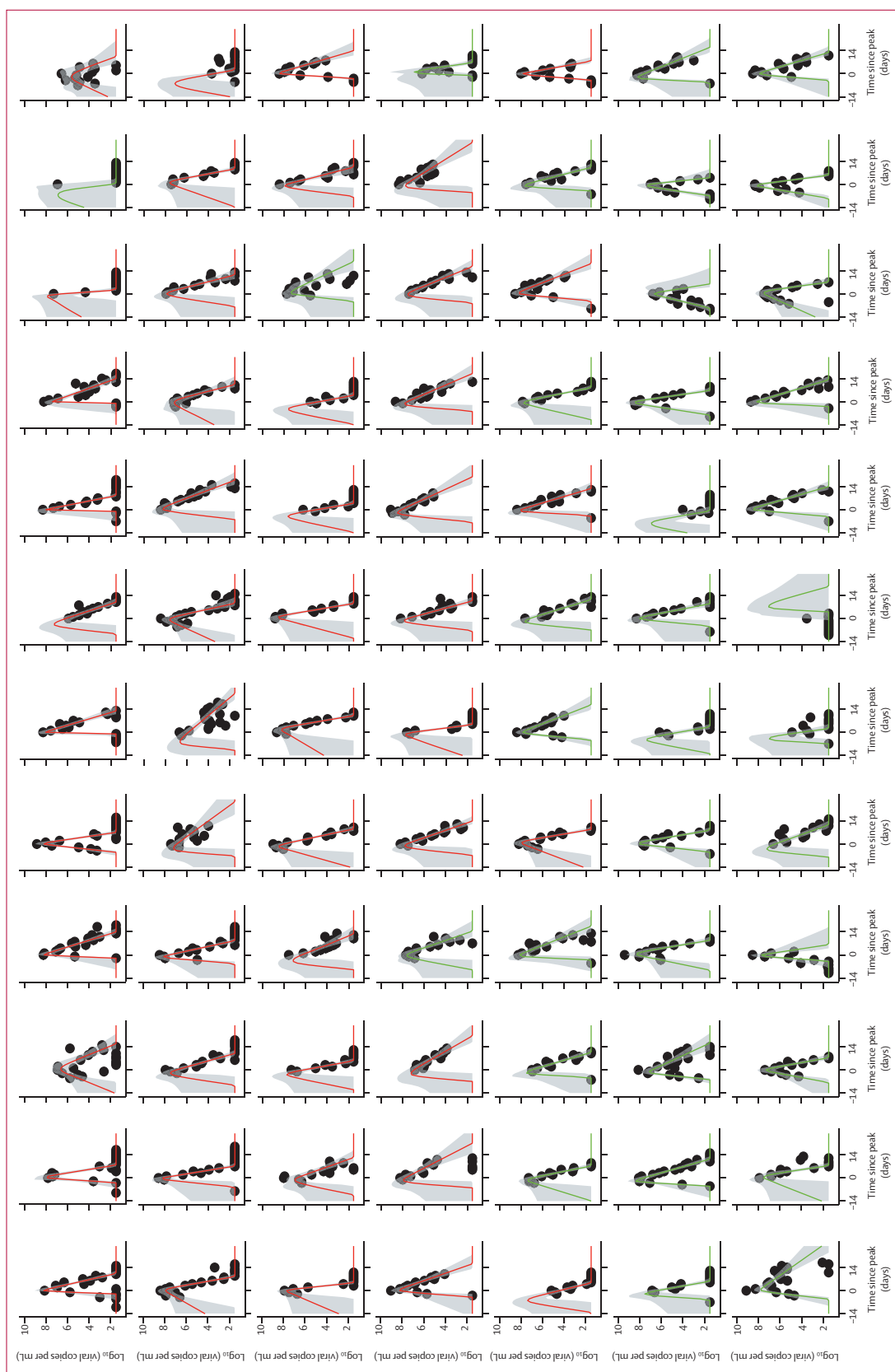


Figure 2: Virological, epidemiological, and genomic evidence for transmission of the SARS-CoV-2 delta variant (B.1.617.2) in households

(A) Genomic analysis of the four households with lineage-defining mutations for delta¹⁸ and additional mutations within ORFs displayed to give insight into whether strains from individuals within the household are closely related. Lineages AY.4 and AY.9 are sub-lineages of delta. (B) Viral trajectories and vaccination status of the four index cases infected with the delta variant for whom infection was detected in their epidemiologically linked household contacts. All individuals had non-severe disease. Each plot shows an index case and their household contacts. Undetectable viral load measurements are plotted at the limit of detection (10^{-1.49}). C=contact. I=index case. FV=fully vaccinated. ORF=open reading frame. PV=partially vaccinated. U=unvaccinated.

Viral load growth rates were substantially faster than decline rates, varying in the range of 2.69–3.24 log₁₀ units per mL per day between groups, indicating that a typical 3-day period was required for viral load to

grow from undetectable to peak. Our power to infer differences in growth rates between groups was more restricted than for viral decline, but there was moderate evidence ($pp=0.79$) that growth rates were lower for



(Figure 3 continues on next page)

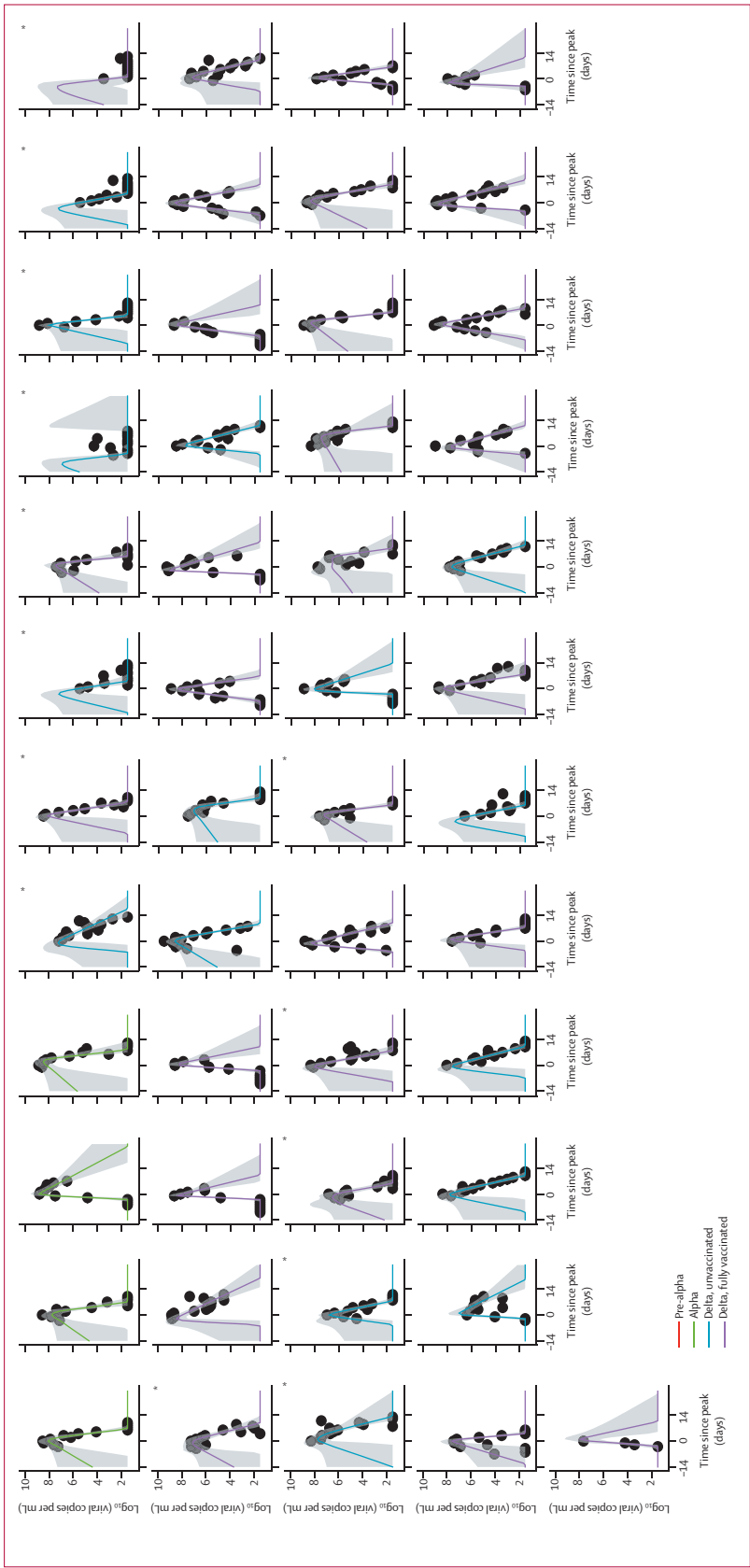


Figure 3: ORF1ab viral load trajectories from 14 days before to 28 days after peak for 133 participants infected with pre-alpha or alpha variants (unvaccinated), or the delta variant (vaccinated and unvaccinated) variants
Black circles are measured values, with the first datapoint for each participant being taken to the day of enrolment. Plots are rooted on the day of peak viral load for each participant, denoted as day 0 on the x-axis. Curves show the model posterior median estimate, with a 95% credible interval shading. 133 infected participants, comprising 114 contacts and 19 index cases. *Index cases.

	VL growth rate (95% CrI), log ₁₀ units per day	Posterior probability estimate is less than pre-alpha	Posterior probability estimate is less than alpha	Posterior probability estimate is less than delta (unvaccinated)	Posterior probability estimate is less than delta (fully vaccinated)
Pre-alpha (n=49)	3.24 (1.78–6.14)	..	0.44	0.27	0.21
Alpha (n=39)	3.13 (1.76–5.94)	0.56	..	0.32	0.25
Delta, unvaccinated (n=16)	2.81 (1.47–5.47)	0.73	0.68	..	0.44
Delta, fully vaccinated (n=29)	2.69 (1.51–5.17)	0.79	0.75	0.56	..

VL growth rates are shown as within-sample posterior mean estimates. Remaining columns show population (group-level) posterior probabilities that the estimate on that row is less than an estimate for a different group. Posterior probabilities are derived from 20 000 posterior samples and have sampling errors of <0.01. VL=viral load. CrI=credible interval.

Table 3: Estimates of VL growth rates for pre-alpha, alpha, and delta (unvaccinated and fully vaccinated) cases, derived from ORF1ab cycle threshold data

	VL decline rate (95% CrI), log ₁₀ units per day	Posterior probability estimate is larger than pre-alpha	Posterior probability estimate is larger than alpha	Posterior probability estimate is larger than delta (unvaccinated)	Posterior probability estimate is larger than delta (fully vaccinated)
Pre-alpha (n=49)	0.69 (0.58–0.81)	..	0.07	0.21	0.01
Alpha (n=39)	0.82 (0.67–1.01)	0.93	..	0.60	0.16
Delta, unvaccinated (n=16)	0.79 (0.59–1.04)	0.79	0.40	..	0.15
Delta, fully vaccinated (n=29)	0.95 (0.76–1.18)	0.99	0.84	0.85	..

VL decline rates are shown as within-sample posterior mean estimates. Remaining columns show population (group-level) posterior probabilities that the estimate on that row is less than an estimate for a different group. Posterior probabilities are derived from 20 000 posterior samples and have sampling errors of <0.01. VL=viral load. CrI=credible interval.

Table 4: Estimates of VL decline rates for pre-alpha, alpha, and delta (unvaccinated and fully vaccinated) cases, derived from ORF1ab cycle threshold data

those in the vaccinated delta group than in the pre-alpha group.

We estimated mean peak viral load for 50-year-old adults to be 8.14 (95% CrI 7.95 to 8.32) log₁₀ copies per mL, but peak viral load did not differ by variant or vaccination status. However, we estimated that peak viral load increases with age ($pp=0.96$ that the slope of peak viral load with log[age] was >0), with an estimated slope of 0.24 (95% CrI −0.02 to 0.49) log₁₀ copies per mL per unit change in log(age). This estimate translates to a difference of 0.39 (−0.03 to 0.79) in mean peak log₁₀ copies per mL between those aged 10 years and 50 years.

Within-group individual participant estimates of viral load growth rate were positively correlated with peak viral load, with a correlation coefficient estimate of 0.42 (95% CrI 0.13 to 0.65; appendix p 8). Hence, individuals with faster viral load growth tend to have higher peak viral load. The decline rate of viral load was also negatively correlated with viral load growth rate, with a correlation coefficient estimate of −0.44 (95% CrI −0.67 to −0.18), illustrating that individuals with faster viral load growth tend to experience slower viral load decline.

Discussion

Households are the site of most SARS-CoV-2 transmission globally.¹⁹ In our cohort of densely sampled household contacts exposed to the delta variant, SAR was 38% in unvaccinated contacts and 25% in fully vaccinated contacts. This finding is consistent with the known protective effect of COVID-19 vaccination against

infection.^{8,9} Notwithstanding, these findings indicate continued risk of infection in household contacts despite vaccination. Our estimate of SAR is higher than that reported in fully vaccinated household contacts exposed before the emergence of the delta variant.^{1,20,21} The time interval between vaccination and study recruitment was significantly higher in fully vaccinated PCR-positive contacts than fully vaccinated PCR-negative contacts, suggesting that susceptibility to infection increases with time as soon as 2–3 months after vaccination—consistent with waning protective immunity. This potentially important observation is consistent with recent large-scale data and requires further investigation.¹⁷ Household SAR for delta infection, regardless of vaccination status, was 26% (95% CI 20–32), which is higher than estimates of UK national surveillance data (10.8% [10.7–10.9]).¹⁰ However, we sampled contacts daily, regardless of symptomatology, to actively identify infection with high sensitivity. By contrast, symptom-based, single-timepoint surveillance testing probably underestimates the true SAR, and potentially also overestimates vaccine effectiveness against infection.

We identified similar SAR (25%) in household contacts exposed to fully vaccinated index cases as in those exposed to unvaccinated index cases (23%). This finding indicates that breakthrough infections in fully vaccinated people can efficiently transmit infection in the household setting. We identified 12 household transmission events between fully vaccinated index case–contact pairs; for three of these, genomic sequencing confirmed that the index case and

contact were infected by the same delta variant sub-lineage, thus substantiating epidemiological data and temporal relationships of viral load kinetics to provide definitive evidence for secondary transmission. To our knowledge, one other study has reported that transmission of the delta variant between fully vaccinated people was a point-source nosocomial outbreak—a single health-care worker with a particular delta variant sub-lineage in Vietnam.²²

Daily longitudinal sampling of cases from early (median 4 days) after exposure for up to 20 days allowed us to generate high-resolution trajectories of URT viral load over the course of infection. To date, two studies have sequentially sampled community cases of mild SARS-CoV-2 infection, and these were from highly specific population groups identified through asymptomatic screening programmes (eg, for university staff and students²³ and for professional athletes²⁴).

Our most predictive model of viral load kinetics estimated mean peak log₁₀ viral load per mL of 8.14 (95% CrI 7.95–8.32) for adults aged 50 years, which is very similar to the estimate from a 2021 study using routine surveillance data.²⁵ We found no evidence of variation in peak viral load by variant or vaccination status, but we report some evidence of modest but significant ($p=0.095$) increases in peak viral load with age. Previous studies of viral load in children and adults^{4,25,26} have not used such dense sequential sampling of viral load and have, therefore, been restricted in their power to resolve age-related differences; the largest such study²⁵ reported a similar difference between children and adults to the one we estimated. We found the rate of viral load decline was faster for vaccinated individuals with delta infection than all other groups, and was faster for individuals in the alpha and unvaccinated delta groups than those with pre-alpha infection.

For all variant vaccination groups, the variation between participants seen in viral load kinetic parameter estimates was substantially larger than the variation in mean parameters estimated between groups. The modest scale of differences in viral kinetics between fully vaccinated and unvaccinated individuals with delta infection might explain the relatively high rates of transmission seen from vaccinated delta index cases in our study. We found no evidence of lower SARs from fully vaccinated delta index cases than from unvaccinated ones. However, given that index cases were identified through routine symptomatic surveillance, there might have been a selection bias towards identifying untypically symptomatic vaccine breakthrough index cases.

The differences in viral kinetics we found between the pre-alpha, alpha, and delta variant groups suggest some incremental, but potentially adaptive, changes in viral dynamics associated with the evolution of SARS-CoV-2 towards more rapid viral clearance. Our study provides the first evidence that, within each variant or vaccination group, viral growth rate is positively correlated with peak viral load, but is negatively correlated with viral decline

rate. This finding suggests that individual infections during which viral replication is initially fastest generate the highest peak viral load and see the slowest viral clearance, with the latter not just being due to the higher peak. Mechanistically, these data suggest that the host and viral factors determining the initial growth rate of SARS-CoV-2 have a fundamental effect on the trajectory throughout infection, with faster replication being more difficult (in terms of both peak viral load and the subsequent decline of viral load) for the immune response to control. Analysis of sequentially sampled immune markers during infection might give insight into the immune correlates of these early differences in infection kinetics. It is also possible that individuals with the fastest viral load growth and highest peaks contribute disproportionately to community transmission, a hypothesis that should be tested in future studies.

Several population-level, single-timepoint sampling studies using routinely available data have found no major differences in cycle threshold values between vaccinated and unvaccinated individuals with delta variant infection.^{10,27,28} However, as the timepoint of sampling in the viral trajectory is unknown, this restricts the interpretation of such results. Two other studies longitudinally sampled vaccinated and unvaccinated individuals with delta variant infection.^{23,29} A retrospective cohort of hospitalised patients in Singapore²⁹ also described a faster rate of viral decline in vaccinated versus unvaccinated individuals with delta variant, reporting somewhat larger differences in decline rates than we estimated here. However, this disparity might be accounted for by the higher severity of illness in unvaccinated individuals in the Singaporean study (almost two-thirds having pneumonia, one-third requiring COVID-19 treatment, and a fifth needing oxygen) than in our study, given that longer viral shedding has been reported in patients with more severe illness.³⁰ A longitudinal sampling study in the USA reported that pre-alpha, alpha, and delta variant infections had similar viral trajectories.²⁴ The study also compared trajectories in vaccinated and unvaccinated individuals, reporting similar proliferation phases and peak cycle threshold values, but more rapid clearance of virus in vaccinated individuals. However, this study in the USA stratified by vaccination status and variant separately, rather than jointly, meaning vaccinated individuals with delta infection were being compared with, predominantly, unvaccinated individuals with pre-alpha and alpha infection. Moreover, sampling was done as part of a professional sports player occupational health screening programme, making the results not necessarily representative of typical community infections.

Our study has limitations. First, we recruited only contacts of symptomatic index cases as our study recruitment is derived from routine contact-tracing notifications. Second, index cases were defined as the first household member to have a PCR-positive swab, but we cannot exclude the possibility that another household member might already have been infected and transmitted

to the index case. Third, recording of viral load trajectories is subject to left censoring, where the growth phase in prevalent contacts (already PCR-positive at enrolment) was missed for a proportion of participants. However, we captured 29 incident cases and 15 additional cases on the upslope of the viral trajectory, providing valuable, informative data on viral growth rates and peak viral load in a subset of participants. Fourth, owing to the age-stratified rollout of the UK vaccination programme, the age of the unvaccinated, delta variant-infected participants was lower than that of vaccinated participants. Thus, age might be a confounding factor in our results and, as discussed, peak viral load was associated with age. However, it is unlikely that the higher SAR observed in the unvaccinated contacts would have been driven by younger age rather than the absence of vaccination and, to our knowledge, there is no published evidence showing increased susceptibility to SARS-CoV-2 infection with decreasing age.³¹ Finally, although we did not perform viral culture here—which is a better proxy for infectiousness than RT-PCR—two other studies^{27,32} have shown cultivable virus from around two-thirds of vaccinated individuals infected with the delta variant, consistent with our conclusions that vaccinated individuals still have the potential to infect others, particularly early after infection when viral loads are high and most transmission is thought to occur.³⁰

Our findings help to explain how and why the delta variant is being transmitted so effectively in populations with high vaccine coverage. Although current vaccines remain effective at preventing severe disease and deaths from COVID-19, our findings suggest that vaccination alone is not sufficient to prevent all transmission of the delta variant in the household setting, where exposure is close and prolonged. Increasing population immunity via booster programmes and vaccination of teenagers will help to increase the currently limited effect of vaccination on transmission, but our analysis suggests that direct protection of individuals at risk of severe outcomes, via vaccination and non-pharmacological interventions, will remain central to containing the burden of disease caused by the delta variant.

Contributors

AS, JD, MZ, NMF, WB, and ALal conceptualised the study. AS, SH, JD, KJM, AK, JLB, MGW, ND-F, RV, RK, JF, CT, AVK, JC, VQ, EC, JSN, SH, EM, TP, HH, CL, JS, SB, JP, CA, SA, and NMF were responsible for data curation and investigation. AS, SH, KJM, JLB, AC, NMF, and ALal did the formal data analysis. MAC, AB, DJ, SM, JE, PSF, SD, and ALac did the laboratory work. RV, RK, JF, CT, AVK, JC, VQ, EC, JSN, SH, EM, and SE oversaw the project. AS, SH, JD, KJM, JLB, NMF, and ALal accessed and verified the data. JD, MZ, and ALal acquired funding. NMF sourced and oversaw the software. AS and ALal wrote the initial draft of the manuscript. AS, JD, GPT, MZ, NMF, SH, and ALal reviewed and edited the manuscript. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

The ATACCC Study Investigators

Anjna Badhan, Simon Dustan, Chitra Tejpal, Anjali V Ketkar, Janakan Sam Narean, Sarah Hammett, Eimear McDermott,

Timesh Pillay, Hamish Houston, Constanta Luca, Jada Samuel, Samuel Bremang, Samuel Evetts, John Poh, Charlotte Anderson, David Jackson, Shahjahan Miah, Joanna Ellis, and Angie Lackenby.

Declaration of interests

NMF reports grants from UK Medical Research Council, UK National Institute of Health Research, UK Research and Innovation, Community Jameel, Janssen Pharmaceuticals, the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance; consulting fees from the World Bank; payment or honoraria from the Wellcome Trust; travel expenses from WHO; advisory board participation for Takeda; and is a senior editor of the *eLife* journal. All other authors declare no competing interests.

Data sharing

An anonymised, de-identified version of the dataset can be made available upon request to allow all results to be reproduced. Modelling code will also be made publicly available on the GitHub repository.

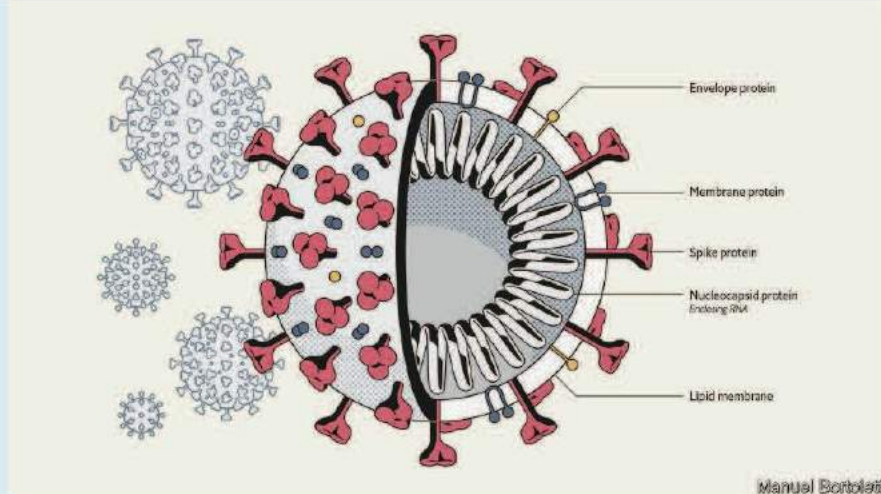
Acknowledgments

This work is supported by the National Institute for Health Research (NIHR200927), a Department of Health and Social Care COVID-19 Fighting Fund award, and the NIHR Health Protection Research Units (HPRUs) in Respiratory Infections and in Modelling and Health Economics. NMF acknowledges funding from the MRC Centre for Global Infectious Disease Analysis and the Jameel Institute. PSF and MAC are supported by the UK Dementia Research Institute. JD is supported by the NIHR HPRU in Emerging and Zoonotic Infections. MGW is supported by the NIHR HPRU in Healthcare Associated Infections and Antimicrobial Resistance. GPT is supported by the Imperial NIHR Biomedical Research Centre. We thank all the participants who were involved in the study, Public Health England staff for facilitating recruitment into the study, the staff of the Virus Reference Department for performing PCR and sequencing assays, and the Immunisations Department for assisting with analysis of vaccination data. We also thank Kristel Timcang, Mohammed Essoussi, Holly Grey, Giulia Miserocchi, Harriet Catchpole, Charlotte Williams, Niamh Nichols, Jessica Russell, Sean Nevin, Lulu Wang, Berenice Di Biase, Alice Panes, Esther Barrow, and Lauren Edmunds for their involvement in logistics, conducting data entry, or quality control; and the Molecular Diagnostics Unit at Imperial College London, in particular Lucy Moss crop, Carolina Rosadas de Oliveira, and Patricia Watber, for performing RNA extraction, quantitative RT-PCR, and preparing samples for sequencing.

References

- Harris RJ, Hall JA, Zaidi A, Andrews NJ, Dunbar JK, Dabrera G. Effect of vaccination on household transmission of SARS-CoV-2 in England. *N Engl J Med* 2021; **385**: 759–60.
- Levine-Tiefenbrun M, Yelin I, Katz R, et al. Initial report of decreased SARS-CoV-2 viral load after inoculation with the BNT162b2 vaccine. *Nat Med* 2021; **27**: 790–92.
- Singanayagam A, Patel M, Charlett A, et al. Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020. *Euro Surveill* 2020; **25**: 2001483.
- Lyngse FP, Mølbak K, Trøholt Franck K, et al. Association between SARS-CoV-2 transmissibility, viral load, and age in households. *medRxiv* 2021; published online June 4. <https://doi.org/10.1101/2021.02.28.21252608> (preprint).
- Liu Y, Rocklöv J. The reproductive number of the delta variant of SARS-CoV-2 is far higher compared to the ancestral SARS-CoV-2 virus. *J Travel Med* 2021; published online Aug 9. <https://doi.org/10.1093/jtm/taab124>.
- Challen R, Dyson L, Overton CE, et al. Early epidemiological signatures of novel SARS-CoV-2 variants: establishment of B.1.617.2 in England. *medRxiv* 2021; published online June 7. <https://doi.org/10.1101/2021.06.05.21258365> (preprint).
- Sheikh A, McMenamin J, Taylor B, Robertson C. SARS-CoV-2 delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness. *Lancet* 2021; **397**: 2461–62.
- Lopez Bernal J, Andrews N, Gower C, et al. Effectiveness of COVID-19 vaccines against the B.1.617.2 (delta) variant. *N Engl J Med* 2021; **385**: 585–94.

- 9 Seppälä E, Veneti L, Starrfelt J, et al. Vaccine effectiveness against infection with the delta (B.1.617.2) variant, Norway, April to August 2021. *Euro Surveill* 2021; **26**: 2100793.
- 10 Public Health England. SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 20. Aug 6, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf (accessed Oct 21, 2021).
- 11 Dagan N, Barda N, Kepten E, et al. BNT162b2 mRNA COVID-19 vaccine in a nationwide mass vaccination setting. *N Engl J Med* 2021; **384**: 1412–23.
- 12 Chung H, He S, Nasreen S, et al. Effectiveness of BNT162b2 and mRNA-1273 COVID-19 vaccines against symptomatic SARS-CoV-2 infection and severe COVID-19 outcomes in Ontario, Canada: test negative design study. *BMJ* 2021; **374**: n1943.
- 13 Polack FP, Thomas SJ, Kitchin N, et al. Safety and efficacy of the BNT162b2 mRNA COVID-19 vaccine. *N Engl J Med* 2020; **383**: 2603–15.
- 14 WHO. WHO COVID-19 case definition. 2020. https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2 (accessed Aug 19, 2021).
- 15 Ferguson NM, Kien DT, Clapham H, et al. Modeling the impact on virus transmission of wolbachia-mediated blocking of dengue virus infection of *Aedes aegypti*. *Sci Transl Med* 2015; **7**: 279ra37.
- 16 Elliott P, Haw D, Wang H, et al. REACT-1 round 13 final report: exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with delta variant in England during May to July 2021. https://spiral.imperial.ac.uk/bitstream/10044/1/90800/2/react1_r13_final_preprint_final.pdf (accessed Oct 21, 2021).
- 17 Pouwels K, Pritchard E, Matthews P, et al. Impact of delta on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK. <https://www.ndm.ox.ac.uk/files/coronavirus/covid-19-infection-survey/finalfinalcombinedve20210816.pdf> (accessed Oct 21, 2021).
- 18 O'Toole Á, Hill V, Pybus OG, et al. Tracking the international spread of SARS-CoV-2 lineages B.1.1.7 and B.1.351/501Y-V2 with grinch. *Wellcome Open Res* 2021; **6**: 121.
- 19 Thompson HA, Mousa A, Dighe A, et al. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) setting-specific transmission rates: a systematic review and meta-analysis. *Clin Infect Dis* 2021; **73**: e754–64.
- 20 House T, Pellis L, Pritchard E, McLean AR, Walker AS. Total effect analysis of vaccination on household transmission in the Office for National Statistics COVID-19 infection survey. *arXiv* 2021; published online July 14. <http://arxiv.org/abs/2107.06545> (preprint).
- 21 de Gier B, Andeweg S, Joosten R, et al. Vaccine effectiveness against SARS-CoV-2 transmission and infections among household and other close contacts of confirmed cases, the Netherlands, February to May 2021. *Euro Surveill* 2021; **26**: 2100640.
- 22 Chau NVV, Ngoc NM, Nguyet LA, et al. An observational study of breakthrough SARS-CoV-2 Delta variant infections among vaccinated healthcare workers in Vietnam 2021. *E Clin Med* 2021; **41**: 101143.
- 23 Ke R, Martinez PP, Smith RL, et al. Daily sampling of early SARS-CoV-2 infection reveals substantial heterogeneity in infectiousness. *medRxiv* 2021; published online July 12. <https://doi.org/10.1101/2021.07.12.21260208> (preprint).
- 24 Kissler SM, Fauver JR, Mack C, et al. Densely sampled viral trajectories suggest longer duration of acute infection with B.1.1.7 variant relative to non-B.1.1.7 SARS-CoV-2. *medRxiv* 2021; published online Aug 25. <https://doi.org/10.1101/2021.02.16.21251535> (preprint).
- 25 Jones TC, Biele G, Mühlemann B, et al. Estimating infectiousness throughout SARS-CoV-2 infection course. *Science* 2021; **373**: eabi5273.
- 26 Madera S, Crawford E, Langelier C, et al. Nasopharyngeal SARS-CoV-2 viral loads in young children do not differ significantly from those in older children and adults. *Sci Rep* 2021; **11**: 3044.
- 27 Riemersma KK, Grogan BE, Kita-Yarbro A, et al. Shedding of infectious SARS-CoV-2 despite vaccination when the delta variant is prevalent—Wisconsin, July 2021. Version 4. *medRxiv* 2021; published online Aug 24. <https://doi.org/10.1101/2021.07.31.21261387> (preprint).
- 28 Brown CM, Vostok J, Johnson H, et al. 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; **70**: 1059–62.
- 29 Chia PY, Ong S, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 delta variant vaccine-breakthrough infections: a multi-center cohort study. *medRxiv* 2021; published online July 31. <https://doi.org/10.1101/2021.07.28.21261295> (preprint).
- 30 Cevik M, Tate M, Lloyd O, Maraolo AE, Schafers J, Ho A. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis. *Lancet Microbe* 2021; **2**: e13–22.
- 31 Viner RM, Mytton OT, Bonell C, et al. Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults: a systematic review and meta-analysis. *JAMA Pediatr* 2021; **175**: 143–56.
- 32 Shamier MC, Tostmann A, Bogers S, et al. Virological characteristics of SARS-CoV-2 vaccine breakthrough infections in health care workers. *medRxiv* 2021; published online Aug 21. <https://doi.org/10.1101/2021.08.20.21262158> (preprint).



Depiction of Novel Corona Virus Infectious Disease 2019 (CoVid 19 aka SARS CoV 2)

Problem: CV19 Inhibits Human Body's Immune Regulatory Response/Defense System.

Where: Primary Lungs and Secondary other major organs and nervous system.

When: 2-14 days after Initial infection date.

Significance : The human body's immune defense is compromised leading to prolonged illness and high mortality in populations with previous underlying inflammatory, immunosuppressive diseases/conditions: Elderly, Afro/Native Americans ; Obesity, Smokers, Alcoholics, Addicts, HBP, Diabetes, Arthritis, Heart Disease, Arteriosclerosis, Stroke/Ischemia, Blood vessel inflammation, Cycle Cell Anemia, Cancer, Lupus, MS, AIDs, Nephritis, Kawasaki disease, etc.

Zinc is vital to promoting healthy hair, skin, and nails and is required for a proper sense of taste and smell. Zinc plays an integral role in immune function, protein synthesis, wound healing, DNA synthesis and cell division and is involved in over 300 regulatory processes. Zinc is also important for lipid, carbohydrate, and protein metabolism, as well as cell signal transduction, and reduction/oxidation (redox) regulation. In males, zinc has been shown to protect the prostate gland from infection and enlargement, which has been linked to being a risk for prostate cancer. In females, zinc can help treat menstrual problems and alleviate associated symptoms. Zinc may also protect from night blindness and prevent the development of cataracts. Children need zinc to grow, maintain a healthy body weight, fight off diseases such as pneumonia, diarrhea and diabetes, as well as shorten the length of the common cold.

Evidence: shown Zinc transported across SARS CoV 1 infected cell membranes using non protein, synthetic ionophore , carrier molecules has been to inhibit viral RNA reverse transcriptase (RT) enzyme and prevent virion reproduction in vitro.

Hypothesis: CV19 inhibits zinc transport across infected cell membranes leading to Zinc Immuno regulatory deficiencies causing initial acute exacerbation of chronic obstructive pulmonary disease and secondary acute exacerbation of heart, kidney, blood vessels, brain, large intestine, skin, joints, and nervous system exemplified by cytokine storm and inflammation.

Causes: Low blood serum zinc concentration/availability.

Inhibition of zinc zip protein carrier "ionophores" which transport zinc across cell membranes for human DNA/RNA synthesis, cellular control, and immune response.

Solutions : Increase blood serum zinc through proper diet, digestion, and gut flora; avoid phytate rich foods; eat zinc rich foods; supplement zinc.

Supplement/administer "non protein" Zinc ionophore carrier molecules:

A. Synthetic, Big Pharma Drugs like Pyrithione, Hydroxychloriquine, and/or other synthetic zinc ligand-ionophores.

B. Natural fruit and vegetable polyphenol flavenoid ionophores like Quercetin, Reseveratrol, Curcumin, ECGC.

Effective: Timely Solutions Implement Zinc plus non protein ionophores to transport zinc across infected cell membranes and inhibit viral RT, prevent virion reproduction, and restore human cell DNA and RNA synthesis, cellular control, and immune regulatory response/defense.

RE: Comments for the Immunizations Technical Advisory Group

To the Washington State Board of Health, Technical Advisory Group on Covid vaccines for schoolchildren.

People across the state have hoped that COVID-19 vaccines would work as a...well, as a vaccine. Vaccines are supposed to prevent infection and transmission.

Yet, the makers of the shots can't say they prevent infection or transmission. The CDC Director Walensky is quoted a few months ago as saying the same thing.

On Wednesday December 15th, the New England Journal of Medicine published an editorial Perspective by three authors, including one Anthony Fauci. They make a case for better, different vaccines while admitting: "As important as these vaccines are, however, their protective efficacy wanes over time, necessitating booster doses. Vaccination has also been unable to prevent "breakthrough" infections, *allowing subsequent transmission to other people ...*" [emphasis added] <https://www.nejm.org/doi/pdf/10.1056/NEJMp2118468>

If a product doesn't do what was intended, how can it be mandated? Let alone approved? Now people's intelligence is further insulted as many agencies are changing the definition of a vaccine to sound more like a typical medicine that reduces symptoms. The shots are hardly worth mandating on a school entry list when it doesn't work as a vaccine. You might as well mandate Dayquil for Kids - it reduces symptoms of the common cold and allows transmission of the cold viruses too.

Many other states have gone so far as to make mandates illegal.

There are now a lot of safety and effectiveness data on the one-size-fits-all solution being forced on everyone. Public comments made to the Board of Health during the pandemic are not misinformation. It is the missing information - factual information supported by hundreds, if not thousands of scientific studies and doctors and PhDs proving the products do not work as advertised. What is indisputable about the COVID shots? Risk. The chance of significant personal or child harm, coupled with the ineffectiveness of the products, does not warrant

mandates. Policy not backed by sound rationale is arbitrary and amounts to punishment for many.

The argument against including COVID shots on the WA school mandate list can be summed up concisely:

- Children and adolescents are not at measurable risk from bad infections, so they don't need the shot.
- The shots don't prevent transmission, so the argument to have the kids take the shots to protect older people doesn't hold water.
- The shots have only been in children for about 12 months. The virus will be endemic before any long-term effects of the shots are understood in the young.

To consider this shot for schoolchildren while the products are waning in efficacy and remain under Emergency Use Authorization is only more proof you are being manipulated by a narrative that's myopically focused on a one-size-fits-all approach since the beginning of the pandemic.

If you recommend that COVID shots be added to the school schedule, the Public Health agencies will lose what little credibility remains and no one will listen when a truly bad health emergency arises.

Sincerely,

Robert Runnells

Vancouver, WA

COVID - MODERNA - CONSENT V1.7

* indicates required fields

COVID-19 MODERNA - CONSENT

MODERNA COVID-19 VACCINE is a vaccine developed by Moderna to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). There is no FDA approved vaccine to prevent COVID-19. The purpose of this form is to obtain your consent to receive this vaccine.

EXCLUSION QUESTIONS: ANSWERING YES TO ANY OF THESE QUESTIONS EXCLUDES YOU FROM RECEIVING THE VACCINE.

Do you have a known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Moderna COVID-19 Vaccine: SM-102, polyethylene glycol [PEG], 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

Have you had an immediate allergic reaction of ANY severity to a previous dose of an mRNA COVID-19 vaccine or any of its components, including polyethylene glycol (PEG)?

Are you younger than 18 years of age?

ANSWERING "YES" TO THIS QUESTION EXCLUDES YOU FROM RECEIVING THE VACCINE AT THIS TIME

SCREENING QUESTIONS:

Immunizer: If patient answers "yes" to any of the below, provide patient counseling or instruct them to consult with their provider prior to receiving the vaccine.

Are you feeling sick today?

Have you ever received a dose of COVID-19 vaccine?

- If yes, which vaccine product did you receive?

If other, please provide name of vaccine

Have you had a new onset of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?

In the past two weeks have you tested positive for COVID-19?

In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?

Are you pregnant or breastfeeding or do you plan to become pregnant?*

*** PREGNANT WOMEN AND BREASTFEEDING WOMEN HAVE NOT BEEN INCLUDED IN ANY COVID VACCINE CLINICAL TRIALS TO DATE, SO THERE IS CURRENTLY NO SAFETY DATA SPECIFIC FOR THIS POPULATION. IF YOU ARE PREGNANT, PLAN TO BECOME PREGNANT, OR ARE BREASTFEEDING, WE STRONGLY RECOMMEND YOU SPEAK TO YOUR CARE PROVIDER BEFORE GETTING THE VACCINE**

Are you immune compromised or on a medicine that affects your immune system?

Do you have a bleeding disorder or are you on a blood thinner?

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Do you have a known polysorbate allergy?

Do you have history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)?

Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication?

- If yes, what vaccine or injectable medication:

If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with vaccination

*Vaccinator: if patient answers yes to question concerning blood thinner, instruct patient to monitor injection site for bruising and swelling. If develops, patient may use compression and ice to relieve symptoms.

Caregiver safety is our number one priority. By receiving this COVID-19 vaccine you are agreeing to our safety protocol, which requires caregivers remain in the vaccination area for at least 15 minutes following their vaccination. This additional time is for caregiver safety and allows the vaccine team to monitor caregivers in the event of a reaction.

I KNOW THAT IF I HAVE A SEVERE ALLERGIC REACTION, INCLUDING DIFFICULTY BREATHING, SWELLING OF MY FACE AND/OR THROAT, A FAST HEARTBEAT, A BAD RASH ALL OVER MY BODY OR DIZZINESS AND WEAKNESS I SHOULD CALL 9-1-1 OR GO TO THE NEAREST HOSPITAL. I KNOW I CAN CALL MY HEALTH CARE PROVIDER IF I HAVE ANY SIDE EFFECTS THAT BOTHER ME OR DO NOT GO AWAY.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE VACCINATION

The following has been discussed with me or I have been provided information about:

1. The FDA has authorized the emergency use of Moderna COVID-19 Vaccine, which is not FDA approved in this population, for vaccination against COVID-19.
2. The option to accept or refuse vaccination and alternative options.
3. Information on available alternative vaccines and the risks and benefits of those alternatives.
4. Significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time.

I HAVE BEEN PROVIDED A COPY AND/OR OPPORTUNITY TO REVIEW THE EUA FACT SHEET

- FDA Fact Sheet for Patients/Patients/Caregivers
- I have been provided a vaccination card with the timeframe for when I need to return for the second dose of Moderna COVID-19 Vaccine.

I understand and agree that this consent form and records relating to my vaccination will be maintained in designated records, including, if applicable, my medical record and/or my occupational health record.

I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations during the public health emergency.

I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine.

I confirm that I have been told about the pros and cons of this vaccine and have been able to ask any questions. I consent to receive this vaccine injection.

By selecting the check box below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with all terms and conditions as listed on this form; and (iv) you consent to using the check box as the means of providing your signature electronically and that such electronic signature is valid.

☐ I consent to receive the Moderna COVID-19 vaccine.*

COVID - PFIZER - CONSENT V1.7

* indicates required fields

COVID-19 PFIZER VACCINE CONSENT

BNT162B2 is a vaccine developed by Pfizer-BioNtech to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). The purpose of this form is to obtain your consent to receive this vaccine.

EXCLUSION QUESTIONS: ANSWERING YES TO ANY OF THESE QUESTIONS EXCLUDES YOU FROM RECEIVING THE VACCINE.

1. Do you have a known history of a severe allergic reaction (e.g. anaphylaxis) to any components of the Pfizer BioNTech COVID-19 vaccine: mRNA, lipids ((4- hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)- 2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose?

2. Have you had an immediate allergic reaction of ANY severity to a previous dose of an mRNA COVID-19 vaccine or any of its components, including polyethylene glycol (PEG)?

3. Are you under the age of 12 years?

SCREENING QUESTIONS: IMMUNIZER: IF PATIENT ANSWERS "YES" TO ANY OF THE BELOW, PROVIDE PATIENT COUNSELING OR INSTRUCT THEM TO CONSULT WITH THEIR PROVIDER PRIOR TO RECEIVING THE VACCINE.

4. Are you feeling sick today?

5. Have you ever received a dose of COVID-19 vaccine?

• If yes, which vaccine product did you receive?

If other, please provide name of vaccine:

6. In the past two weeks have you tested positive for COVID-19?

7. In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?

8. Are you pregnant or breastfeeding or do you plan to become pregnant? *

* PREGNANT WOMEN AND BREASTFEEDING WOMEN HAVE NOT BEEN INCLUDED IN ANY COVID VACCINE CLINICAL TRIALS TO DATE, SO NO SAFETY DATA SPECIFIC FOR THIS POPULATION. IF YOU ARE PREGNANT, PLAN TO BECOME PREGNANT, OR ARE BREASTFEEDING, YOU MAY WANT TO SPEAK TO YOUR CARE PROVIDER BEFORE GETTING THE VACCINE.

9. Are you immune compromised or on a medicine that affects your immune system?

10. Do you have a bleeding disorder or are you on a blood thinner?

11. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

12. Do you have a known polysorbate allergy?

13. Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)?

14. Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication?

- If yes, what vaccine or injectable medication:

15. If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with the vaccination.



Caregiver safety is our number one priority. By receiving this COVID-19 vaccine you are agreeing to our safety protocol, which requires caregivers remain in the vaccination area for at least 15 minutes following their vaccination. This additional time is for caregiver safety and allows the vaccine team to monitor caregivers in the event of a reaction.

I KNOW THAT IF I HAVE A SEVERE ALLERGIC REACTION, INCLUDING DIFFICULTY BREATHING, SWELLING OF MY FACE AND/OR THROAT, A FAST HEARTBEAT, A BAD RASH ALL OVER MY BODY OR DIZZINESS AND WEAKNESS I SHOULD CALL 9-1-1 OR GO TO THE NEAREST HOSPITAL. I KNOW I CAN CALL MY HEALTH CARE PROVIDER IF I HAVE ANY SIDE EFFECTS THAT BOTHER ME OR DO NOT GO AWAY.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE VACCINATION

The following has been communicated with me: • The FDA has authorized the emergency use of Pfizer-BioNTech COVID-19 Vaccine (also known as BNT162b2), which is not FDA approved in this population, for vaccination against COVID-19. • The option to accept or refuse vaccination and alternative options. • Information on available alternative vaccines and the risks and benefits of those alternatives. • Significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time. I have been provided a copy and/or opportunity to review the EUA Fact Sheet

I was provided a vaccination card with the date when the recipient needs to return for the second dose of Pfizer-BioNTech COVID-19 Vaccine

I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine.

I understand and agree that this consent form and records relating to my vaccination will be maintained in designated records, including, if applicable, my medical record and/or my occupational health record.

I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations during the public health emergency.

Therefore, I attest that I understand the nature of administering Pfizer-BioNTech Covid-19 Vaccine the relative known risks and benefits, available alternatives, and have received information and answers to questions. I am consenting to being vaccinated under the EUA until such a time as I have completed the vaccination schedule of two doses, I substantially decompensate or show a significant adverse reaction to the vaccine, or my goals of care have changed. I understand that I am free to withdraw consent and stop treatment prior to the second dose. I understand that stopping the vaccination series will not impact other medical care and treatment options.

By selecting the check box below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with

all terms and conditions as listed on this form; and (iv) you consent to using the check box as the means of providing your signature electronically and that such electronic signature is valid.

☐ I consent to receive the Pfizer COVID-19 vaccine.*

COVID-19 - JANSSEN - CONSENT V1.5

* indicates required fields

COVID-19 JANSSEN VACCINE CONSENT

Janssen COVID-19 VACCINE is a vaccine developed by Johnson & Johnson to prevent disease caused by COVID-19. This vaccine has been authorized by the US Food & Drug Administration (FDA) for use under an Emergency Use Authorization (EUA). There is no FDA approved vaccine to prevent COVID-19. The purpose of this form is to obtain your consent to receive this vaccine.

EXCLUSION QUESTIONS: ANSWERING YES TO ANY OF THESE QUESTIONS EXCLUDES YOU FROM RECEIVING THE VACCINE.

Do you have a known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Janssen COVID-19 vaccine: citric acid monohydrate (0.14 mg), trisodium citrate dihydrate (2.02 mg), ethanol (2.04 mg), 2-hydroxypropyl- β -cyclodextrin (HBCD) (25.50 mg), polysorbate-80 (0.16 mg), sodium chloride (2.19 mg)?

Are you younger than 18 years of age?

SCREENING QUESTIONS:

Vaccinator: If patient answers "yes" to any of the below, consult with provider prior to proceeding with administration.

Are you feeling sick today?

Have you ever received a dose of COVID-19 vaccine?

• If yes, which vaccine product did you receive?

If other, please provide name of vaccine

In the past two weeks have you tested positive for COVID-19?

In the past 90 days have you received passive antibody therapy (i.e. convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?

Are you pregnant or breastfeeding or do you plan to become pregnant? *

* Pregnant women and breastfeeding women have not been included in any COVID vaccine clinical trials to date, so there is currently no safety data specific for this population. If you are pregnant, plan to become pregnant, or are breastfeeding, we strongly recommend you speak to your care provider before getting the vaccine.

Are you immune compromised or on a medicine that affects your immune system?

Do you have a bleeding disorder or are you on a blood thinner? *

*If patient answers yes to question concerning blood thinner, instruct patient to monitor injection site for bruising and swelling. If develops, patient may use compression and ice to relieve symptoms.

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Do you have a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or injectable medication?

If yes, what vaccine or injectable medication:

Note: must remain in observation area for 30 minutes post vaccination

If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with vaccination

POTENTIAL ADVERSE EFFECTS

I understand that blood clots involving blood vessels in the brain, abdomen, and legs along with low levels of platelets (blood cells that help your body stop bleeding), have occurred in some people who have received the Janssen COVID-19 Vaccine. In people who developed these blood clots and low levels of platelets, symptoms began approximately one to two-weeks

following vaccination. Most people who developed these blood clots and low levels of platelets were females ages 18 through 49 years. The chance of having this occur is remote.

I know that I should seek medical attention right away if I have any of the following symptoms after receiving Janssen COVID-19 Vaccine: • Shortness of breath • Chest pain • Leg swelling • Persistent abdominal pain • Severe or persistent headaches or blurred vision • Easy bruising or tiny blood spots under the skin beyond the site of the injection

I understand that Guillain Barré syndrome (a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis) has occurred in some people who have received the Janssen COVID-19 Vaccine. In most of these people, symptoms began within 42 days following receipt of the Janssen COVID-19 Vaccine. The chance of having this occur is very low.

I know that I should seek medical attention right away if I develop any of the following symptoms after receiving the Janssen COVID-19 Vaccine: • Weakness or tingling sensations, especially in the legs or arms, that's worsening and spreading to other parts of the body • Difficulty walking • Difficulty with facial movements, including speaking, chewing, or swallowing • Double vision or inability to move eyes • Difficulty with bladder control or bowel function I understand there are other COVID-19 vaccines available for which these risks have not been seen.

I also know that if I have a severe allergic reaction, including difficulty breathing, swelling of my face and/or throat, a fast heartbeat, a bad rash all over my body, or dizziness and weakness, I should call 9-1-1 or go to the nearest hospital. I know I can call my health care provider if I have any side effects that bother me or do not go away.

ACKNOWLEDGEMENT AND CONSENT TO RECEIVE VACCINATION

The following has been discussed with me or I have been provided information about: • The FDA has authorized the emergency use of Janssen (Johnson & Johnson) COVID-19 Vaccine, which is not FDA approved in this population, for vaccination against COVID-19. • The option to accept or refuse vaccination and alternative options. • Information on available alternative vaccines and the risks and benefits of those alternatives. • Additional significant and potential risks and benefits of vaccination, and the extent to which they may occur, is not known at this time.

I have been provided a copy and/or opportunity to review the EUA Fact Sheet. • FDA Fact Sheet for Patients/Patients/Caregivers

I have been provided a vaccination card. I consent to the release of my information to state or federal health authorities (e.g. state immunization registries) for the purpose of tracking immunizations. I was provided information on the V-SAFE program. The program does health checks on the people who get the COVID- 19 vaccine. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>) I confirm that I have been told about the pros and cons of this vaccine and have been able to ask any questions. I consent to receive this vaccine injection.

Recipient printed name:

By selecting the check box below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with

all terms and conditions as listed on this form; and (iv) you consent to using the check box as the means of providing your signature electronically and that such electronic signature is valid.

☐ I consent to receive the Janssen (Johnson & Johnson) COVID-19 vaccine.*

On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

Sucharit Bhakdi, MD and Arne Burkhardt, MD

This text is a written summary of Dr. Bhakdi's and Dr. Burkhardt's presentations at the Doctors for COVID Ethics symposium that was live-streamed by [UKColumn](#) on December 10th, 2021. The two presentations can be viewed at the very beginning of [the video recording](#) of the symposium.

The authors

Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of Pathology in Reutlingen for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

The evidence

We herewith present scientific evidence that calls for an immediate stop of the use of gene-based COVID-19 vaccines. We first lay out why the agents cannot protect against viral infection. While no positive effects can be expected, we show that the vaccines can trigger self-destructive processes that lead to debilitating illness and death.

Why the vaccines cannot protect against infection

A fundamental mistake underlying the development of the COVID-19 vaccines was to neglect the functional distinction between the two major categories of antibodies which the body produces in order to protect itself from pathogenic microbes.

The first category (secretory IgA) is produced by immune cells (lymphocytes) which are located directly underneath the mucous membranes that line the respiratory and intestinal tract. The antibodies produced by these lymphocytes are secreted through and to the surface of the mucous membranes.

These antibodies are thus on site to meet air-borne viruses, and they may be able to prevent viral binding and infection of the cells.

The second category of antibodies (IgG and circulating IgA) occur in the bloodstream. These antibodies protect the internal organs of the body from infectious agents that try to spread via the bloodstream.

Vaccines that are injected into the muscle – i.e., the interior of the body – will only induce IgG and circulating IgA, not secretory IgA. Such antibodies cannot and will not effectively protect the mucous membranes from infection by SARS-CoV-2. Thus, the currently observed “breakthrough infections” among vaccinated individuals merely confirm the fundamental design flaws of the vaccines. Measurements of antibodies in the blood can never yield any information on the true status of immunity against infection of the respiratory tract.

The inability of vaccine-induced antibodies to prevent coronavirus infections has been reported in recent scientific publications.

The vaccines can trigger self-destruction

A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localized to the respiratory tract. In contrast, the vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ. We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death. How and why such tragedies might causally be linked to vaccination has remained a matter of conjecture because scientific evidence has been lacking. This situation has now been rectified.

Histopathologic studies: the patients

Histopathologic analyses have been performed on the organs of 15 persons who died after vaccination. The age, gender, vaccination record, and time of death after injection of each patient are listed in the table on the next page. The following points are of utmost importance:

- Prior to death, only 4 of the 15 patients had been treated in the ICU for more than 2 days. The majority were never hospitalized and died at home (5), on the street (1), at work (1), in the car (1), or in home-care facilities (1). Therefore, in most cases, therapeutic intervention is unlikely to have significantly influenced the post-mortem findings.
- Not a single death was brought into any possible association with the vaccination by the coroner or the public prosecutor; this association was only established by our autopsy findings.
- The initially performed conventional post-mortems also uncovered no obvious hints to a possible role of vaccination, since the macroscopic appearance of the organs was overall unremarkable. In most cases, “rhythmic heart failure” was postulated as the cause of death.

But our subsequent histopathological analyses then brought about a complete turnaround. A summary of the fundamental findings follows.

Case #	Gender	Age (years)	Vaccine (injections)	Time of death after last injection
1	female	82	Moderna (1. and 2.)	37 days
2	male	72	Pfizer (1.)	31 days
3	female	95	Moderna (1. and 2.)	68 days
4	female	73	Pfizer (1.)	unknown
5	male	54	Janssen (1.)	65 days
6	female	55	Pfizer (1. and 2.)	11 days
7	male	56	Pfizer (1. and 2.)	8 days
8	male	80	Pfizer (1. and 2.)	37 days
9	female	89	Unknown (1. and 2.)	6 months
10	female	81	Unknown (1. and 2.)	unknown
11	male	64	AstraZeneca (1. and 2.)	7 days
12	female	71	Pfizer (1. and 2.)	20 days
13	male	28	AstraZeneca (1.), Pfizer (2.)	4 weeks
14	male	78	Pfizer (1. and 2.)	65 days
15	female	60	Pfizer (1.)	23 days

Histopathologic studies: findings

Histopathologic findings of a similar nature were detected in organs of 14 of the 15 deceased. Most frequently afflicted were the heart (14 of 15 cases) and the lung (13 of 15 cases). Pathologic alterations were furthermore observed in the liver (2 cases), thyroid gland (Hashimoto's thyroiditis, 2 cases), salivary glands (Sjögren's Syndrome; 2 cases) and brain (2 cases).

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endothelitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;

2. the extensive perivascular accumulation of T-lymphocytes;
3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.


This combination of multifocal, T-lymphocyte-dominated pathology that clearly reflects the process of immunological self-attack is without precedent. Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals.

Conclusion

Histopathologic analysis show clear evidence of vaccine-induced autoimmune-like pathology in multiple organs. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections, is self-evident.

Beyond any doubt, injection of gene-based COVID-19 vaccines places lives under threat of illness and death. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.

VAERS COVID Vaccine Adverse Event Reports

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports. 

All VAERS COVID Reports  US/Territories/Unknown 

983,756 Reports
Through December 17, 2021 

20,622

DEATHS

108,572

HOSPITALIZATIONS

107,860

URGENT CARE

153,971

DOCTOR OFFICE VISITS

8,590

ANAPHYLAXIS

12,317

BELL'S PALSY

3,365

Miscarriages

10,429

Heart Attacks

20,560

Myocarditis/Pericarditis

34,615

Permanently
Disabled

4,907

Thrombocytopenia/
Low Platelet

23,405

Life Threatening

35,997

Severe Allergic
Reaction

11,292

Shingles

All Deaths Reported to VAERS by Year

 Reports of Death

Siri | Glimstad

200 Park Avenue, Seventeenth Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

June 28, 2021

VIA EMAIL AND FEDEX

Rochester Regional Health
Dr. Robert Mayo, Chief Medical Officer
100 Kings Highway South
Rochester, NY 14617
rmayo@rochesterregionalhealth.org

United Memorial Medical Center
Daniel Ireland, President
Dr. Tara Gellasch
Dr. Peter Janes
127 North Street Batavia
NY 14020
direland@ummc.org
tgellasch@ummc.org
pjanes@ummc.org

Re: *Underreporting to VAERS and NYSDOH of post-COVID-19 vaccine adverse events at Rochester Regional Health*

Dear Doctors Mayo, Gellasch, and Janes, and Mr. Ireland:

We write on behalf of our client, Deborah Conrad, a Physician Assistant at United Memorial Medical Center, a hospital within the Rochester Regional Health system (the “**Hospital**”). Ms. Conrad is in constant communication with patients and other hospital staff and has knowledge of numerous serious post-COVID-19 vaccine adverse events, including breakthrough cases and deaths, that have not been reported to either the Vaccine Adverse Events Reporting System (“**VAERS**”) or the New York State Department of Health (“**NYSDOH**”). For the past few months, on her own time, Ms. Conrad has been assisting doctors and other medical professionals at the hospital to report such events to VAERS. Instead of praising her efforts, numerous individuals at the Hospital, including Tara Gellasch and Peter Janes, ordered Ms. Conrad to stop reporting to VAERS altogether unless the patient she was reporting on was her patient. Since being given this order, Ms. Conrad has knowledge of dozens of patients whose conditions necessitate a VAERS report and whose treating nurses and doctors have not filed a VAERS report.

As you are likely aware, healthcare workers are mandated by federal law to report certain medical events arising after vaccination to VAERS. Pursuant to 42 U.S.C. § 300aa-25:

Each health care provider and vaccine manufacturer **shall report to**
the Secretary—

- (A) the occurrence of any event set forth in the Vaccine Injury Table, including the events set forth in section 300aa–14(b) of this title which occur within 7 days of the administration of any vaccine set forth in the Table or within such longer period as is specified in the Table or section,
- (B) the occurrence of any contraindicating reaction to a vaccine which is specified in the manufacturer’s package insert, and
- (C) such other matters as the Secretary may by regulation require.¹

Additionally, pursuant to the Food and Drug Administration (“FDA”), all vaccine and healthcare providers “must report the following information associated with the administration of Pfizer-BioNTech COVID-19 Vaccine of which they become aware to VAERS in accordance with the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers):

- Vaccine administration errors whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to vaccination)
- Cases of Multisystem Inflammatory Syndrome in children and adults
- Cases of COVID-19 that result in hospitalization or death.”²

“Serious adverse events” are defined by the FDA to include:

- Death;
- A life-threatening adverse event;
- Inpatient hospitalization or prolongation of existing hospitalization;
- A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
- A congenital anomaly/birth defect;
- An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.³

In addition to these mandated reports, healthcare providers are strongly encouraged to report to VAERS “*any adverse event that occurs after the administration of a vaccine licensed in*

¹ <https://www.law.cornell.edu/uscode/text/42/300aa-25> (emphasis added).

² <https://www.fda.gov/media/144412/download>; see also <https://www.fda.gov/media/144636/download> (same for Moderna), <https://www.fda.gov/media/146303/download> (same for Johnson & Johnson); <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html>.

³ <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html>.

the United States, whether it is or is not clear that a vaccine caused the adverse event.”⁴ In the case of vaccines that are not yet FDA licensed and approved and are only in use whilst their clinical trials progress, pursuant to emergency use authorization, certainly as healthcare providers, you understand the importance of reporting all adverse events presenting to a hospital following vaccination.

When Ms. Conrad observed that serious adverse events directly following initial use of COVID-19 vaccinations were not being reported to VAERS, she volunteered to submit the necessary reports to VAERS on her colleagues’ behalf. Ms. Conrad was doing so after her paid shifts ended because she understands the critical importance of the task. In response, the Hospital told Ms. Conrad they were going to audit the VAERS reports that Ms. Conrad submitted and that “in [her] clinical role and as a leader in the organization” she was to “support [the Hospital’s] approach to the vaccine.” Submitting VAERS reports for adverse events following vaccination should not be contrary to any “approach to the vaccine.” It should be part of the Hospital’s approach. It is alarming that the Hospital’s “approach to the vaccines” has not included educating healthcare providers about VAERS and encouraging them to efficiently and consistently make reports. Contrary to this, healthcare providers at the Hospital are not being directed to ask patients about recent vaccination nor are they able to efficiently submit or track VAERS reports within the Hospital’s electronic system. And it now appears they are being deterred from doing so.

As Ms. Conrad told the Hospital, she has personally treated five patients that presented with new, unprovoked deep vein thrombosis or pulmonary embolisms within 6 weeks of COVID-19 vaccination. She has also seen patients that, after receipt of COVID-19 vaccination, presented with a new stroke, bleed, autoimmune hepatitis, sudden bilateral pneumonia or COVID-19 infection, as well as syncope with head injury, STEMI, new arrhythmias, new seizure disorders, new chorea movement disorder, and more. In one day alone, Ms. Conrad had four patients with sudden bilateral pneumonia within a week of their COVID-19 vaccination. Ms. Conrad understands that it is not her responsibility to determine any causation but that it is her duty to report these instances to VAERS so that the FDA and CDC have adequate data by which to detect potential safety signals. The Hospital has prohibited Ms. Conrad from filing a VAERS reports for any of these serious events after COVID-19 vaccination unless she directly treats the patient.

In auditing the VAERS reports submitted by Ms. Conrad for a four-week period – totaling 50 adverse event reports, which includes 4 deaths – the Hospital’s Chief Quality Officer, Hiloni Bhavsar stated that she has “not heard this level of reporting from anywhere else and didn’t hear similar reports from URM.”

This is Ms. Conrad’s precise concern: if she is not submitting the VAERS reports, they are not being submitted. The Hospital, through Ms. Gellasch, told Ms. Conrad: “we need to make sure we are providing a consistent message to our team and we need to make sure that that is also in alignment with what our health system is asking us to do.”

⁴ <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html> (emphasis added).

The Hospital's conclusion was therefore, quizzically, that Ms. Conrad only be permitted to report to VAERS for her own patients:

From what our risk team is telling us, really you can only be reporting on the patients that you are providing direct care for and so you cannot, and I know you've been volunteering and trying to be helpful, but we need you to try to kind of dial it back and focus on the patients that you are directly responsible for ...

Ms. Conrad reiterated that the reason she took this task on is because no one else wants to do it nor are they doing it. However, Ms. Gellasch dismissed that with the statement that:

The approach has been that this is the responsibility of the individual provider who believes they have identified a potential adverse event and that has been our approach... You can't control, and I know this is frustrating, but you can't control whether someone else is putting the report in... and we do need to follow how the system is approaching this currently.

When Ms. Conrad again explained why she has the concerns she has about underreporting, she was called an anti-vaxxer by Ms. Gellasch:

I don't want us to go down any kind of rabbit hole here but the thing I think we need to be clear about and I am just going to be frank with you ...in reading the few emails you sent me and reading the email that went out to the provider, it does come across a bit...uh very vaccine...ugh I won't say very but it comes out quite, it comes out quite almost anti-vaxxy, right, and you know, clearly as an organization, as a health system, right and as ... an organization that is working on following CDC guidelines and following the guidance of the department of health, we are very much advocating for patients to receive the vaccine. And we are very much working on the...effort to work to try and reduce vaccine hesitancy... We want people to understand that on the whole this is a very safe vaccine and that the science supports that.

Ms. Conrad voiced additional concerns of adverse events following the emergency use vaccines and was told:

Yes, just like other vaccines, there are folks that are going to be negatively impacted but, on the whole, we have seen a tremendous benefit to the vaccine ... you and I are not individual providers, we're employee providers and we do on some level need to kind of .. for lack of a better way of saying it, we tow the company line. That is part of our responsibility is to be supporting the mission of the organization.

“Towing the company line” does not relieve the Hospital of its obligations. Please forthwith confirm that the Hospital’s mission is consistent with taking all necessary steps to fulfill its legal and ethical obligations to report the mandated medical events following COVID-19 vaccination to VAERS pursuant to federal law, including: (i) educating the staff about their responsibility to report to VAERS, (ii) creating internal policies and procedures ensuring that VAERS reports will be made and establishing the process for doing so, and (iii) allowing Ms. Conrad and any other healthcare professional employees to submit VAERS reports without repercussions or hostility.

Very truly yours,

A handwritten signature in dark ink, appearing to read "E. Brehm", with a stylized, cursive script.

Aaron Siri, Esq.

Elizabeth A. Brehm, Esq.

Caroline Tucker, Esq.

July 14, 2021

Elizabeth A. Brehm, Esq.
Siri & Glimstad LLP
200 Park Ave #17
New York, NY 10166

Dear Ms. Brehm:

This letter responds to your written communication dated June 28, 2021 and addresses the serious allegations you have made against Rochester Regional Health and its healthcare providers relative to reporting adverse events following COVID-19 vaccinations to the Vaccine Adverse Event Reporting System (VAERS). As an initial matter, Rochester Regional Health ("RRH") takes its obligations to report adverse events related to the COVID-19 vaccination very seriously. RRH has developed and distributed robust educational and training tools to assist its healthcare providers in complying with their responsibility to report adverse events related to COVID-19 vaccinations, has issued multiple written communications outlining the requirements of its healthcare providers to report to VAERS specific adverse reactions to the COVID-19 vaccine, and has encouraged healthcare providers to ask questions and confer with their clinical leaders about their reporting obligations. RRH's senior leadership, Incident Command Team, and counsel's office are in routine communication with their Medical and Dental Staff members about reporting and have worked diligently to ensure that healthcare providers are educated on their reporting obligations. RRH has distributed educational materials published by the CDC outlining how and what to report, has encouraged use of the CDC's smartphone-based tool to report adverse events, has reminded providers to access RRH's internal COVID-19 toolkit resources, and has urged providers to ask questions about their reporting obligations. The education process has been continuous and robust.

RRH has similarly advised its healthcare providers to report adverse events after COVID-19 vaccines that have been brought to their attention by their patients. Ms. Conrad is responsible for reporting her patients' adverse events to VAERS and she has been encouraged to comply with her legal and ethical obligation to do so, as has every provider affiliated with RRH. RRH has never discouraged one of its healthcare providers from reporting any adverse events experienced by one of their patients, whether related or unrelated to a COVID-19 vaccine.

Please contact me directly with any further questions.

Sincerely,



Erin W.S. Heintz
Deputy General Counsel

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

July 21, 2021

VIA EMAIL AND FEDEX

Erin W.S. Heintz
Deputy General Counsel
Rochester Regional Health
1360 Portland Avenue
Rochester, NY 14621
erin.s@rochesterregional.org

Re: *Underreporting to VAERS at Rochester Regional Health*

Dear Erin:

We write again on behalf of our client, Deborah Conrad, a Physician Assistant at United Memorial Medical Center (the “Hospital”), in response to your July 21, 2021 reply letter.

Our client strenuously disputes the steps you claim were taken to advise health care workers at the Hospital of the existence of VAERS, what they should report to VAERS, and their legal obligation to do so. Her communications from and with the Hospital clearly reflect that the Hospital is not only failing to take the steps laid out in your letter, but also actively sought to prevent reports being submitted to VAERS. This includes a recent conversation with Daniel Ireland, President of the Hospital, who told Ms. Conrad in response to her complaint that the Hospital was not educating its staff regarding VAERS that “the providers should educate *themselves* when they are dealing with patients related to COVID vaccination. That information is out there, it is available.”

Your letter is tellingly silent regarding the fact that the Hospital is aware that its healthcare providers, aside from Ms. Conrad, are not reporting legally required adverse events to VAERS.

She is confident that the evidentiary record on these points will unquestionably support the Hospital’s serious shortcomings laid out in our opening letter.

Very truly yours,



Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.
Caroline Tucker, Esq.

Utilizing Repurposed Drugs to Treat COVID-19 Virus

By E.J. Ledet and Dean L. Gano

January 1, 2021

In the latest edition of The World Health Organization's [*Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews*](#),¹ they say there are more than 200 therapeutic options or combinations thereof that are being investigated in more than 1,700 clinical trials treating COVID-19 infection. In this November 30, 2020 review they examined 58 of these therapeutic options. Among the therapeutics being studied are Vitamins C & D, and manmade drugs like Hydroxychloroquine, Remdesivir, and Ivermectin.

So typical of everything our trusted health care institutions do, their analysis is anything but objective or scientific. At the core of their failures is the total lack of evidenced based causal analysis, but it is much more than that. They provide declaratory statements like: "the body of evidence on hydroxychloroquine (HCQ), showed no benefit in terms of mortality reduction." But, when we look more closely at their evidence for this statement, we find they only looked at 30 studies and of those, only 6 showed that HCQ worked to prevent infection. So, given their "body of evidence," this is a valid statement.

However, had they looked at the entire body of scientific evidence, and performed a simple search for "hydroxychloroquine effective treatment for coronavirus," at the National Institute of Health (NIH) website, PubMed they would find over [800 scientific papers](#)² have been written on this subject and most of them show it works. When you find a review that says it doesn't work, you nearly always find the study patients are in the late stages of COVID-19 infection, where no antiviral drug can be expected to have much effect, and/or no Zinc was administered. As [Dr. Zelenko](#)³ has said, Hydroxychloroquine is the gun and Zinc is the bullet, yet these people don't seem to know anything about these causes.

So, given this clear observation that they cherry-picked their evidence, what's going on and where can we find the real science on this subject?

The Real Science

First and foremost, the problem here is the total failure of all the government-controlled health organizations to provide the simple causal relationships surrounding these viruses so you, the normal citizen, can make up your own mind. This is how life works! From the time we start learning about the world as small children, we observe, test, and determine the many causal relationships that guide us down the path to success. Like learning that fire is hot and will burn you if you don't avoid it. Or, that if people lie to you, you can't trust them in future interactions.

So, what are the causal relationships of a coronavirus so we can act accordingly and prevent infection? Just like we learned to avoid fire to prevent getting burned. It can't be that complicated, can it?

Indeed, it is not that complicated, but you have to be curious and look for all the causes, not just the ones that support preconceived ideas or support political propaganda. When a coronavirus enters the body, it tries to get inside a cell somewhere on the surface of the respiratory tract so it can reproduce, and we know that nose cells are likely the [key infection source for COVID-19](#).⁴ If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself. As the immune system responds with too many killer T-Cells, your lungs fill with fluid and you suffocate. But this doesn't happen to healthy young people, so what's going on?

Our natural immune system defense against all viruses occurs when compounds in the foods we eat (called ionophores), from Vitamins like C, D, and E, flavonoids like Quercetin, or hormones like Melatonin create a slightly basic/alkaline environment in and around the cell. This alkaline environment disassembles the virus proteins rendering them harmless. Also, the body is made up of many [epithelial cells](#)⁵ found on the surfaces of our bodies that act like gatekeepers; keeping out environmental problems like dirt and pathogens but allowing healthy cell biology to function. One of the mechanisms these special cells use is to allow zinc to attach to a specific receptor site on the cell's surface, like a little door entrance, called an ACE-2 receptor site. (ACE stands for Angiotensin-converting enzyme which acts as a biological catalyst in normal cell biology.)

This site is used as a primary defense to prevent a virus from entering a cell, by keeping it in the alkaline environment long enough to disassemble the virus. The Zinc transporters, called ionophores, that create this alkaline environment also help Zinc get inside the cells through this "door." Once inside, the zinc acts as a backup defense mechanism to disassemble the virus if they get inside.

But this is only one way Zinc is used to protect us. As defined in this NIH study, [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#),⁶ July 2020, Zinc works in nine different ways to prevent a viral infection and maintain a healthy immune system. Making sure we have enough blood serum zinc is most important in the elderly and patients with various inflammatory and autoimmune diseases. And obesity, which is present in 40% of Americans, causes Zinc deficiency and may account for why deaths are so high in the US.

So, because Zinc is so important to a healthy immune system we can see why older and unhealthy people, who are zinc deficient, are so much more likely to die. All of the COVID-19 [co-morbidity causes identified by the CDC involve Zinc-deficiencies](#).⁷ They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc supplements. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, in summary, the cause of death is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung cells. This failure

is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

When 97.5% of the COVID-19 deaths are people over 45 years old and 94% of those who die have an average of 2.6 comorbidity causes linked to zinc deficiency you know there has to be a causal connection and now you know what it is, so take action to protect yourself from this horrible disease.

Prevention

Now that we know how the immune system works to prevent infection, we know that the first line of defense is Zinc and zinc ionophores on the outside of our cells. Please note, you do not “kill” a virus, because it is not a living organism; it is just a protein molecule made of Ribonucleic acid (RNA), a basic building block of life, and by subjecting it to a low-acid environment called a “base compound” it disassembles and falls apart. This occurs when enough zinc ionophores like Vitamins C, D, and E and/or Zinc are present in the blood stream.

But there are other kinds of Zinc ionophores. In fact, there are over two billion of them and they have been identified in the [ZINC20 database](#)⁸ provided by the American Chemical Society funded by a subsidiary of NIH (National Institute of Health). When you look at this database you will find that nearly all of the proposed synthetic drug treatments for the COVID-19 virus, like Hydroxychloroquine, Chloroquine, Remdesivir, and Ivermectin and other natural substances are all listed as zinc ligand (metal transporter) ionophores. And they work by first disassembling the virus via pH modifications on the outside of the cell or if that fails, they take zinc inside the cell to stop the replication process. In effect, you have two compounds, zinc and zinc ionophores fighting both outside and inside our cells. When you are young, this all happens naturally and is why to date, [only 147 children under the age of 18](#)⁹ have died from COVID-19 in the US.

While we have heard a lot about drugs like Hydroxychloroquine and Remdesivir, we haven't heard much about Ivermectin, which is a repurposed drug normally used as a medical preparation that effectively copes with many kinds of parasites. It is a prescription drug used to treat lice, scabies, as well as onchocerciasis (river blindness) and other nematodes in humans and animals. It is applied externally in a cream and internally as a pill, depending on the disease.

Appearing as a witness on Dec. 8, 2020, before the Senate Committee on Homeland Security and Governmental Affairs—which held a hearing on “Early Outpatient Treatment: An Essential Part of a COVID-19 Solution”—Dr. Pierre Kory, President of the [Frontline COVID-19 Critical Care Alliance \(FLCCC\)](#),¹⁰ called for the government to swiftly review the already expansive and still rapidly emerging medical evidence on Ivermectin.

The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those patients with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover. [Dr. Kory testified](#)¹¹ that Ivermectin is effectively a “miracle drug” against COVID-19 and called upon the government’s medical authorities—the NIH, CDC, and FDA—to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19.

In the process of learning about Ivermectin, the Frontline COVID-19 Critical Care Alliance created, based on feedback from doctors from around the world who were treating COVID-19 patients, a protocol for treatment called MATH+ and published a paper in the Journal of Intensive Care Medicine titled: [Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19](#).¹²

MATH+” stands for Methylprednisolone, which is a corticosteroid and zinc ionophore; Ascorbic acid (Vitamin C), which is a zinc ionophore; Thiamine (Vitamin B1) also a zinc ionophore; Heparin, which is a blood thinner and zinc ligand/ionophore; and the “+” stands for hospital care and co-interventions including Ivermectin, which is a strong zinc ionophore; Vitamin D and Melatonin, which are also zinc ionophores; Zinc, and Famotidine which is an antacid and zinc ligand/ionophore.

Notice how all of these therapeutics provide the exact causal defense our natural immune system uses (Zinc and Zinc Ionophores) to effectively fight the virus when you are young and healthy! It should be no surprise then, that they are highly effective at treating and preventing COVID-19 infection in the rest of the population. However, Big Pharma does not disclose that all of these synthetic drugs are zinc ligand ionophores because they can’t make big money selling zinc or these repurposed existing drugs that have been around for decades.

Given this causal evidence that supports the use of the MATH+ protocol, it begs the question of why our trusted scientific institutions have failed to follow the science and instead provide obfuscation and non-causal narratives focused on personalities and politics. Remember how the corporate media attacked the use of Hydroxychloroquine simply because President Trump said it works after hearing the real science? Instead of following the evidenced-based science, they proceeded to sell fear and hate and killed hundreds of thousands of people in the process.

Incompetence or Planned?

In every negative analysis of these repurposed drugs, the authors totally fail to acknowledge the causal relationships between the virus and immune system like we just laid out for you. Instead, they focus on presenting a narrative about outcomes of specific studies that have nothing to do with the causes of the problem. So, the question becomes: how can you possibly provide a solution to any problem if you don’t understand and state the causal relationships of the event? You can’t, and that means they are grossly incompetent or deliberately deceiving us. This is not rocket science.

We all know, as a basic human strategy, that to solve a problem you first have to know what the causes are; and they never do this in these phony studies.

Also, given that effective problem-solving is not taught by our education system, it is possible that these people are just ill-trained incompetents, but there is another possibility and we need to explore it.

Just ask yourself, if the anti-HCQ or anti-Ivermectin papers were actually peer reviewed why didn't the peer scientists ask the same simple questions we have? Like, why did they ignore the causal relationships we have presented; that are common knowledge, supported by hundreds of studies? Why didn't they check the blood-serum Zinc level of the patients in their study? Because if they had, they would have probably found that most of those who responded well to HCQ or Ivermectin, had high blood serum Zinc levels and those who did not respond well, had low levels of Zinc.

And why didn't they question the supposed adverse effects of HCQ, when we know that not only is HCQ not dangerous, it is safer than Aspirin. A [study at Oxford University](#)¹³ of 956,000 people from all over the world showed no deleterious effects when recommended doses are used.

And why are our trusted medical journals printing false information? For example, the Journal of the American Medical Association (JAMA) [published an article](#)¹⁴ claiming HCQ didn't work and also could cause heart rate problems and should not be used without medical supervision. Problem is, they used 400mg twice a day and **did not use Zinc** in their treatment. Toxic doses that are 14 times what is recommended equals toxic results.

And once again, on May 22, 2020, *The Lancet*, a highly respected online medical journal also published a paper saying HCQ was ineffective and dangerous. Because both *The Lancet* and JAMA studies reported that HCQ is dangerous, the FDA rescinded its emergency order allowing HCQ to be prescribed for COVID-19. This also caused several state governors to issue orders to local pharmacies not to fill HCQ prescriptions ordered by many board-certified Doctors for their COVID-19 patients. Something that has never happened before and certainly resulted in more unnecessary deaths.

Also, *The Lancet* finally asked for a detailed peer review regarding the article they published on May 22, 2020 and as reported in [WebMD](#)¹⁵ they retracted the article because the authors would not provide data that could be adequately peer reviewed, and it was eventually found to be completely false; so at least someone is following scientific protocol. But it speaks volumes to how corrupt the scientific peer review process is. Let's look a little closer.

Whistle Blowers

Several Family Doctors, who have successfully treated many COVID-19 patients, came out in public to question the path our government officials have led us down. One of

them is Dr. Simone Gold, who [exposes the truth about Coronavirus and Hydroxychloroquine](#).¹⁶ These doctors fully understand the causal relationships and hence know the truth.

Also, there are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the [Great Barrington Declaration](#)¹⁷ asking our government officials to wake up and focus on preventing death. Among other things they state:

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Also, in an article by the [Alliance For Human Research Protection](#)¹⁸ on June 5, 2020, they report that Dr. Philippe Dousty-Blazy, the former French Health Minister, publicly stated that *The Lancet* and the *New England Journal of Medicine* editors admitted to being pressured by pharmaceutical companies to publish certain results.

When *The Lancet* editor Dr. Richard Horton was asked why it initially published the discredited article discussed above, he said: “*If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful; they are able to pressure us to accept papers that are apparently methodologically perfect, but their conclusion is what pharmaceutical companies want.*”

Also, Marcia Angell, former Editor-In-Chief of the NEJM writes in her 2004 book "The Truth About the Drug Companies": “*The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.*”

In a recent [open letter](#)¹⁹ to Sir. Anthony Fauci, three board certified doctors made it very clear that he has grossly mishandled the pandemic response by asking him 122 very pointed questions highlighting his inconsistencies, and concluded the following:

“Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus. We are confident that thousands of lives would be saved with early treatment of high-risk

individuals with a cocktail of hydroxychloroquine, Zinc, and azithromycin. Americans must not live in fear. As Dr. Harvey Risch's [Newsweek article](#)²⁰ declares, "The key to defeating COVID-19 already exists. We need to start using it."

More evidence to support what these leading Physicians said can be found in what the Big Pharma Company "Gilead Sciences" has done. Their magic medicine, which the very reverend Dr. Anthony Fauci wholeheartedly endorses, is Remdesivir and they have put a lot of money pressure on MDs, Medical Journals, Press, Academia, NIH, WHO, and the CDC to discredit HCQ - even though it has 65 years of safe use as a malaria drug and 40 years of safe use to treat lupus and some forms of arthritis.

[Gilead contributes big money](#)²¹ to the [income of 20% of the National Institute of Health](#)²² (NIH) Board Members and since Dr. Fauci heads the NIAID, one of 27 institutes that make up the NIH it might be hard for him to contradict them. And, oh-by-the-way, he is [not required to disclose any ties to Big Pharma](#).²³ Gilead also funds Academic Medical Research and as we learned above, cleverly influences Medical Journal Publishers.

Gilead, being focused on money not saving lives, has spent hundreds of millions of dollars in research, marketing, and propaganda, to sell its 5-day injection treatment for \$2,340 versus \$25 or less for HCQ pills that can be bought over-the-counter in most of the world.

Bottom Line

Given what we know about how simple it is to treat and prevent COVID-19 infections using off label medicines and easily available compounds that mimic how a healthy immune system works, why are our trusted leaders not telling us this? Who created and spread this virus and why? And while we don't have evidenced based causes to answer these questions, we do know one thing. We still live in a free country, for now, but if "we the people" continue to act like sheep, all of our freedoms will be taken away, so we must act now. Please do everything you can to get this simple solid science out to everyone you know and let your leaders at every level of government know we are not going to accept their phony narratives and lying anymore!

To Learn More, Go To: <https://fact-checked.org>

¹ Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews; https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19200029_eng.pdf?sequence=14&isAllowed=y

² National Library of Medicine Search for Effective Treatment of COVID-19; <https://pubmed.ncbi.nlm.nih.gov/?term=hydroxychloroquine%20effective%20treatment%20for%20coronavirus>

³ Dr. Zelenko's Website: <https://www.vladimirzelenkomd.com>

⁴ Key nose cells identified as likely COVID-19 virus entry points; Science Daily, April 23, 2020; <https://www.sciencedaily.com/releases/2020/04/200423130420.htm>

⁵ Epithelial Cells: Sciencing; <https://sciencing.com/epithelial-cells-definition-function-types-examples-13718055.html>

⁶ The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis; PubMed, November 2020; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>

-
- ⁷ COVID-19 and Real Science; https://factcheckedorg.files.wordpress.com/2020/12/covid19-and-real-science.m3_2.pdf
- ⁸ ZINC20—A Free Ultra large-Scale Chemical Database for Ligand Discovery, American Chemical Society; <https://pubs.acs.org/doi/10.1021/acs.jcim.0c00675>
- ⁹ Provisional COVID-19 Death Counts by Sex, Age, and State, CDC: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>
- ¹⁰ Frontline COVID-19 Critical Care Alliance; <https://covid19criticalcare.com>
- ¹¹ Senate Testimony Of Dr. Pierre Kory - Ivermectin - Miracle Drug To Treat Covid-19?; Why Doesn't Anyone But Us Gives A Darn... WTF?, The Auto Channel; <https://www.theautochannel.com/news/2020/12/10/922677-senate-testimony-dr-pierre-kory-ivermectin-miracle-drug-to-treat.html>
- ¹² Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19, Pierre Kory, December 2020; <https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf>
- ¹³ Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study; Jennifer C. E. Lane, et.al. May 31, 2020. <https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v2>
- ¹⁴ Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19); Nicholas J. Mercuro, et.al., May 1, 2020. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631>
- ¹⁵ The Lancet Retracts Hydroxychloroquine Study; Ralph Ellis, June 4, 2020. <https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>
- ¹⁶ Dr. Simone Gold Exposes the Truth About Coronavirus and Hydroxychloroquine; <https://www.youtube.com/watch?v=poOGJ-wH-Fw>
- ¹⁷ The Great Barrington Declaration; <https://gbdeclaration.org>
- ¹⁸ Lancet Editor Spills the Beans and Britain’s PM Surrenders to the Gates Vaccine Cartel; John Stone, June 5, 2020. <https://ahrp.org/lancet-editor-spills-the-beans-and-britains-pm-surrenders-to-the-gates-vaccine-cartel/>
- ¹⁹ Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19; George C. Fareed, MD, Michael M. Jacobs, MD, Donald C. Pompan, MD, August 12, 2020. https://www.thedesertreview.com/opinion/columnists/open-letter-to-dr-anthony-fauci-regarding-the-use-of-hydroxychloroquine-for-treating-covid-19/article_31d37842-dd8f-11ea-80b5-bf80983bc072.html
- ²⁰ The Key to Defeating COVID-19 Already Exists. We Need to Start Using It | Opinion; Harvey A. Risch, MD, PhD, July 23, 2020. <https://www.newsweek.com/key-defeating-covid-19-already-exists-we-need-start-using-it-opinion-1519535>
- ²¹ Experts on NIH COVID Panel Have Financial Ties to Gilead; By ADAM, August 12, 2020. <https://americanannouncement.com/2020/08/experts-on-nih-covid-panel-have-financial-ties-to-gilead/>
- ²² Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics; <https://www.covid19treatmentguidelines.nih.gov/panel-financial-disclosure/>
- ²³ 10 Experts Setting NIH COVID Treatment Guidelines Financially Tied to Firms Selling Cures Touted by Fauci – Fauci Not Subject to Disclosure Requirement; Michael Thau, August 11, 2020. https://www.redstate.com/michael_thau/2020/08/11/10-on-nih-covid-treatment-advisory-panel-have-financial-ties-to-firms-selling-cures-touted-by-fauci—his-name-curiously-absent-from-disclosure-list/

The SARS-CoV-2 Delta variant is poised to acquire complete resistance to wild-type spike vaccines

Authors:

Yafei Liu^{1,2}, Noriko Arase³, Jun-ichi Kishikawa⁴, Mika Hirose⁴, Songling Li⁵, Asa Tada², Sumiko Matsuoka¹, Akemi Arakawa², Kanako Akamatsu⁶, Chikako Ono^{7,8}, Hui Jin¹, Kazuki Kishida², Wataru Nakai^{1,2}, Masako Kohyama^{1,2}, Atsushi Nakagawa⁹, Yoshiaki Yamagishi¹⁰, Hironori Nakagami¹¹, Atsushi Kumanogoh^{12,13}, Yoshiharu Matsuura^{6,14}, Daron M. Standley^{5,15}, Takayuki Kato⁴, Masato Okada^{6,15}, Manabu Fujimoto³, Hisashi Arase^{1,2,15*}

Affiliations:

¹Department of Immunochemistry, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan.

²Laboratory of Immunochemistry, World Premier International Immunology Frontier Research Centre, Osaka University, Osaka, 565-0871, Japan.

³Department of Dermatology, Graduate school of Medicine, Osaka University, Osaka, 565-0871, Japan

⁴Laboratory for CryoEM Structural Biology, Institute for Protein Research, Osaka University, Osaka, 565-0871, Japan.

⁵Dept. Genome Informatics, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan.

⁶Department Oncogene Research, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan.

⁷Laboratory of Virus Control, Center for Infectious Disease Education and Research, Osaka University, Osaka, 565-0871, Japan

⁸Laboratory for Cell Polarity Regulation, RIKEN Center for Biosystems Dynamics Research, Hyogo, 650-0047, Japan

⁹Laboratory for Supramolecular Crystallography, Institute for Protein Research, Osaka University, Osaka, 565-0871, Japan.

¹⁰Medical Center for Translational Research, Department of Medical Innovation, Osaka University Hospital, Osaka University, Osaka, 565-0871, Japan..

¹¹Department of Health Development and Medicine, Graduate school of Medicine, Osaka University, Osaka, 565-0871, Japan.

¹²Department of Respiratory Medicine and Clinical Immunology, Graduate School of Medicine, Osaka University, Osaka 565-0871, Japan.

¹³Laboratory of Immunopathology, World Premier International Immunology Frontier Research Center, Osaka University, Osaka 565-0871, Japan.

¹⁴Laboratory of Virus Control, Research Institute for Microbial Diseases, Osaka University, Osaka, 565-0871, Japan

¹⁵Center for Infectious Disease Education and Research, Osaka University, Osaka, 565-0871, Japan

*Corresponding to: arase@biken.osaka-u.ac.jp

Abstract:

mRNA-based vaccines provide effective protection against most common SARS-CoV-2 variants. However, identifying likely breakthrough variants is critical for future vaccine development. Here, we found that the Delta variant completely escaped from anti-N-terminal domain (NTD) neutralizing antibodies, while increasing responsiveness to anti-NTD infectivity-enhancing antibodies. Although Pfizer-BioNTech BNT162b2-immune sera neutralized the Delta variant, when four common mutations were introduced into the receptor binding domain (RBD) of the Delta variant (Delta 4+), some BNT162b2-immune sera lost neutralizing activity and enhanced the infectivity. Unique mutations in the Delta NTD were involved in the enhanced infectivity by the BNT162b2-immune sera. Sera of mice immunized by Delta spike, but not wild-type spike, consistently neutralized the Delta 4+ variant without enhancing infectivity. Given the fact that a Delta variant with three similar RBD mutations has already emerged according to the GISAID database, it is necessary to develop vaccines that protect against such complete breakthrough variants.

Introduction

Newly developed mRNA-based vaccines for SARS-CoV-2 have proven to be quite effective in preventing infection as well as severe COVID-19 (Jackson et al., 2020; Polack et al., 2020). However, new SARS-CoV-2 variants have repeatedly appeared and spread within the human population. Recent variants have acquired numerous mutations throughout the genome and are highly infectious compared to the original SARS-CoV-2. Although the spike protein used in currently approved mRNA-based vaccines consists of the original spike protein without mutations, these vaccines are nonetheless effective against variants of concern (VOC) (Collier et al., 2021; McCallum et al., 2021; Muik et al., 2021; Wang et al., 2021b). The receptor binding domain (RBD) of the spike protein binds to the host cell receptor ACE2, and the interaction mediates membrane fusion during SARS-CoV-2 infection (Hoffmann et al., 2020). Neutralizing antibodies against SARS-CoV-2 are mainly directed to the RBD and block the interaction between the RBD and ACE2. Most SARS-CoV-2 variants have acquired mutations in the neutralizing antibody epitopes of the RBD, resulting in escape from neutralizing antibodies (Cele et al., 2021; Collier et al., 2021; Davies et al., 2021; Madhi et al., 2021; Planas et al., 2021a; Tegally et al., 2021; Wang et al., 2021a). However, mutations in the RBD also tend to affect binding to ACE2. Therefore, there is a tradeoff in the evolution of the RBD between mutations that maintain ACE2 binding while escaping the recognition by neutralizing antibodies. In addition, mRNA vaccine-immune sera contain various neutralizing antibodies that recognize epitopes in different parts of the spike protein. It is an important to ascertain whether SARS-CoV-2 variants are likely to emerge that are completely resistant to immunity induced by the current mRNA-based vaccines. Vigilance against such resistant variants is essential for development of next-generation vaccines.

The SARS-CoV-2 Delta variant (B.1.617.2) is highly contagious and is rapidly spreading (Callaway, 2021). The neutralizing activity of sera from vaccinated individuals as well as convalescent COVID-19 patients decreases for the Delta variant compared to the wild-type (Liu et al., 2021a; Planas et al., 2021b). The Delta variant has several mutations in both the N-terminal domain (NTD) and RBD. The L452R and T478K mutations in the RBD of the Delta variant are also observed in other variants that are not as infectious as the Delta variant. Therefore, mutations in the RBD alone do not explain the high infectivity of the Delta variant. In contrast, among Delta mutations, several substitutions or deletions in the NTD—T19R, G142D, E156G, F157del and R158del—have not been observed in other major variants. This suggests that mutations in the NTD may play a key role in the high infectivity of the Delta variant. Although anti-RBD antibodies are thought to play a dominant role in vaccine-induced immunity against SARS-CoV-2 (Robbiani et

al., 2020), neutralizing antibodies directed against the NTD are also important for SARS-CoV-2 neutralization (Chi et al., 2020; Li et al., 2021; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021). Moreover, we and others have recently demonstrated that antibodies against a specific site on the NTD can enhance the infectivity of SARS-CoV-2 by inducing the open form of the RBD (Li et al., 2021; Liu et al., 2021b). Therefore, it is important to elucidate the function of both the neutralizing and enhancing antibodies in order to understand the pathogenicity of the emerging SARS-CoV-2 variants. In this study, in order to understand the mechanism of the Delta variant's high infectivity, we systematically examined Delta variant mutations in the NTD and RBD and suggest an evolutionary pathway by which the Delta variant could achieve complete escape from vaccine-induced immunity, which provides important information for the design of next-generation vaccines.

Results

Neutralizing activity of anti-NTD and anti-RBD monoclonal antibodies from COVID-19 patients against the Delta variant.

In order to understand the mechanism underlying the increased infectivity of the SARS-CoV-2 Delta variant, we analyzed the binding of various types of anti-spike monoclonal antibodies obtained from COVID-19 patients to the Delta spike protein (**Figure 1A**). Because these monoclonal antibodies were obtained from patients infected in mid-2020, at a time when the SARS-CoV-2 variants had not yet emerged, it is likely that they were elicited by the same wild-type spike protein as is used in current vaccines (Brouwer et al., 2020; Chi et al., 2020; Li et al., 2021; Robbiani et al., 2020; Suryadevara et al., 2021; Zost et al., 2020). Most neutralizing antibodies are directed against the RBD, and the Delta variant has two mutations in this domain, L452R and T478K. L452R has been reported to be an epitope for some, but not most, neutralizing antibodies (McCallum et al., 2021; Wang et al., 2021b). T478K is located in the ACE2 binding site and appears to be mainly involved in increased ACE2 binding affinity (Xu et al., 2021). In our analysis of various anti-RBD antibodies, we found that only a few of the neutralizing antibodies failed to recognize the Delta spike, while most anti-RBD neutralizing antibodies bound to Delta spike at levels comparable to wild-type spike (**Figure 1A**).

The Delta variant possesses several unique mutations in the NTD—T19R, G142D, E156G, F157del and R158del—suggesting the possibility that binding of some anti-NTD neutralizing antibodies elicited by wild-type spike could be disrupted. In addition to the 13 published anti-NTD neutralizing antibodies (Chi et al., 2020; Li et al., 2021; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021), we found that COV2-2016, COV2-2026 and COV2-2150 are also anti-NTD neutralizing antibodies for wild-type spike (**Figure 1B**). We analyzed these 16 anti-NTD neutralizing antibodies, and found that none of the anti-NTD neutralizing antibodies could recognize Delta spike (**Figure 1A**). In contrast, when we analyzed the binding of the anti-NTD infectivity-enhancing antibodies (Li et al., 2021; Liu et al., 2021b), eight out of ten anti-NTD enhancing antibodies bound to Delta spike at levels comparable with wild-type spike (**Figure 1A**). Some of the anti-NTD antibodies that were not well characterized as either neutralizing/enhancing antibodies showed partial or complete reduction in binding to Delta spike compared to wild-type spike, while others showed strong binding. The high frequency of reduced or enhanced recognition by anti-NTD antibodies against the Delta variant suggests that the antigenicity of the NTD has been greatly affected by mutations in the NTD.

Next, we analyzed the function of the enhancing and neutralizing antibodies on the Delta variants using pseudovirus bearing either the Delta spike protein (Delta pseudovirus) or wild-type spike (wild-type pseudovirus) (**Figure 1B-1D**). The viral titer of each pseudovirus was checked by its infectivity to HEK293T cells transfected with ACE2 (**Figure S1**). Anti-RBD neutralizing antibodies that bound to the Delta spike completely neutralized the infection of either Delta or

wild-type pseudovirus (**Figure 1C**). All anti-NTD neutralizing antibodies we tested failed to recognize the Delta spike protein (**Figure 1A**). As expected, these anti-NTD antibodies did not neutralize infection by the Delta pseudovirus, whereas they decreased the infectivity of the wild-type pseudovirus (**Figure 1B**). The neutralizing efficiency of anti-NTD neutralizing antibodies against the wild-type pseudovirus was lower than that of anti-RBD neutralizing antibodies, as previously reported (Chi et al., 2020; Li et al., 2021; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021). Enhancing antibodies increase the infectivity of SARS-CoV-2 by inducing the open form of the RBD (Liu et al., 2021b). As described above, the recognition by most of the enhancing antibodies was well conserved in the Delta variant (**Figure 1A**). When the effect of the enhancing antibodies was analyzed, the infectivity enhancement of the Delta pseudovirus by some of the enhancing antibodies was more than that of the wild-type pseudovirus (**Figure 1D**). These data suggested that the Delta variant completely escaped from anti-NTD neutralizing antibodies while maintaining functional enhancing antibody epitopes. Because the enhancing antibodies decrease the effect of anti-RBD neutralizing antibodies (Li et al., 2021; Liu et al., 2021b), there is a possibility that the Delta variant maintains the infectivity in the presence of anti-RBD neutralizing antibodies as a result of enhancing antibodies.

Neutralizing activity of BNT162b2-immune sera against Delta variants.

We next analyzed the neutralizing activity of twenty sera from healthy individuals fully immunized with Pfizer-BioNTech BNT162b2 mRNA vaccine against the Delta pseudovirus (**Figure 2A**). Although most of BNT162b2-immune sera completely blocked the infection of the Delta pseudovirus at high concentration, the neutralizing titer of BNT162b2-immune sera against Delta pseudovirus decreased significantly compared to wild-type pseudovirus (**Figure 2B**), similar to a previous report (Liu et al., 2021a; Planas et al., 2021b). Because none of the anti-NTD neutralizing antibodies were effective against the Delta variant (**Figure 1A and 1B**), it is likely that anti-RBD neutralizing antibodies play a major role in the neutralizing activity of BNT162b2-immune sera against the Delta variant.

To elucidate the contribution of the NTD and RBD in the resistance of the BNT162b2-immune sera against the Delta variant, we generated chimeric spike proteins in which the NTD, RBD or S2 subunit was encoded by either the wild-type (W) or Delta (D) variant (**Figure 3A**). Anti-NTD enhancing antibody, COV2-2490, binds to both the wild-type and Delta NTD, whereas anti-NTD neutralizing antibody, 4A8, binds to the wild-type NTD but not Delta NTD. Similarly, Anti-RBD neutralizing antibody, C144, binds to both the wild-type and Delta RBD, whereas anti-RBD neutralizing antibody, C002, binds to the wild-type RBD but not Delta RBD. As expected, C002 bound well to spike with the wild-type RBD (WWD or DWD) but weakly to spike with Delta RBD (DDD or WDD) (**Figure S2**). Similarly, anti-NTD neutralizing antibody, 4A8, bound to spike with the wild-type NTD (WWD or WDD) but failed to bind to spike with the Delta NTD (DDD or DWD). COV2-2490 and C144 bound to all of the chimeric spike proteins. These data suggest that each domain of the chimeric spike proteins retains its original antigenicity.

We next generated pseudovirus containing these recombinant spike proteins and analyzed the effect of BNT162b2-immune sera. The neutralizing activity of the BNT162b2-immune sera against WWD pseudovirus decreased slightly compared to that of wild-type pseudovirus (WWW), suggesting that mutations in the S2 domain are involved in the resistance of the Delta variant (**Figure 3B and 3C**). When infectivity of DWD pseudovirus, in which wild-type NTD was substituted to the Delta NTD, was compared with WWD pseudovirus, the neutralizing activity of BNT162b2-immune sera significantly decreased further. The neutralizing activity of the BNT162b2 immune sera was reduced against WDD pseudovirus, in which wild-type RBD was replaced by Delta RBD, compared to DWD pseudovirus. The neutralizing activity of the BNT162b2-immune sera decreased further against Delta pseudovirus (DDD). These data suggest

that both NTD and RBD mutations in the Delta spike are involved in the resistance of the BNT162b2-immune sera against the Delta variant.

Cryo-EM analysis of the Delta spike

All anti-NTD monoclonal neutralizing antibodies from COVID-19 patients failed to bind to Delta spike whereas most of the enhancing antibodies maintained reactivity to Delta spike (**Figure 1A**). Although there are several mutations in the NTD of Delta spike, known epitopes for anti-NTD neutralizing antibodies are conserved in the Delta variant. To evaluate the effect of mutations in the Delta variant on anti-NTD neutralizing antibody epitope structure, single particle cryo-EM analysis was employed. Data were analyzed by heterogenous refinement and *ab-initio* reconstruction followed by non-uniform refinement. As a result, a density map of the spike protein was obtained at 3.1 Å resolution (**Figure S3 and Table S1**). To build an atomic model of the spike, we predicted the structures of the Delta variant NTD using AlphaFold2 (Jumper et al., 2021). The predicted NTD model of the Delta variant was used as an initial model for fitting into the obtained map. The statistics of the model of the Delta variant spike are summarized in **Table S1**. When the NTD models of Delta variant and wild-type spike were compared, the major epitope residues for the enhancing antibody—H64, W66, V213 and R214—were structurally well conserved (**Figure 4**). In contrast, a large conformational change was observed in the residues of anti-NTD neutralizing antibody epitopes (**Figure 4**). The maximum interatomic distance between the Delta variant and the wild-type was more than 9 Å (**Figure 4B**). In the NTD of the Delta variant, the β strands containing four epitope residues—Y144, K147, K150 and W152—were shortened and shifted significantly compared to the wild-type (**Figure 4A**). These structural changes were most likely caused by deletion of F157 and R158. As a result, these four residues were quite different from the wild type. R246 and W258 showed large changes compared to the wild-type (**Figure 4**), and the loop connecting these two residues appeared to be highly flexible. These data suggest that dramatic changes in the structure of the anti-NTD neutralizing antibody epitope residues are responsible for the complete loss of reactivity to anti-NTD neutralizing antibodies against the Delta spike.

Prediction of possible future mutations of the Delta variant

The Delta variant became completely resistant to anti-NTD neutralizing antibodies in the BNT162b2 immune serum by acquiring mutations in the NTD, and thus anti-RBD neutralizing antibodies seem to be mainly responsible for the neutralizing activity in the BNT162b2 immune sera (**Figure 1, Figure 2 and Figure 3**). These results suggest that the Delta variant may acquire full resistance to BNT162b2 immune sera by acquiring additional mutations in the RBD that disrupt recognition of anti-RBD neutralizing antibodies. Indeed, a Delta variant that has acquired the K417N mutation in the RBD, known as AY.1 (Delta plus), has already emerged and its frequency in the general population is increasing (Gupta et al., 2021). To investigate the potential occurrence of additional mutations, we analyzed the additive effects of mutations acquired by the Delta variant in the GISAID database (**Figure S4**). The Delta variant has already acquired large numbers of additional mutations in the RBD, some of which occur in epitopes for anti-RBD neutralizing antibodies (Greaney et al., 2021a; Greaney et al., 2021b; Greaney et al., 2021c; Wang et al., 2021b; Weisblum et al., 2020). In addition to the K417N mutation, Delta variants with E484K, F490 or N501Y mutations—observed in the Alpha, Beta, Gamma and/or Lambda variants—are also increasing (**Figure 5A**). Considering the very rapid increase in the population of people infected with the Delta variant, the Delta variant is likely to acquire further mutations in infected people, and those with further increased infectivity will be selected. Indeed, the Delta variant with multiple mutations in anti-RBD neutralizing antibody epitopes have already emerged according to the GISAID database (**Figure 5B**). In particular, EPI_ISL_2958474 possesses three additional

mutations in anti-RBD neutralizing antibody epitopes, although the NTD sequence is not identical to the representative Delta variant. Accordingly, we analyzed the effect of major mutations observed in SARS-CoV-2 variants on the RBD of the Delta variant (**Figure 5C**). Because the Delta variant contains the T478K mutation and neighboring residues may show similar effects, the S477N mutation was excluded. Accordingly, we introduced four mutations in the Delta spike (Delta 4+)—K417N, N439K, E484K and N501Y—and analyzed the effect of these mutations (**Figure 5D**).

Enhanced infectivity of the Delta 4+ pseudovirus by some BNT162b2-immune sera.

We analyzed the binding of several anti-RBD neutralizing antibodies to the Delta spike with a single additional mutation or multiple mutations in the RBD (**Figure 6A**). Most anti-RBD antibodies recognized Delta spike with a single additional mutation, but not the Delta 4+ spike protein. The C135 anti-RBD neutralizing antibody, whose major epitopes are R346 and N440 (Greaney et al., 2021b; Weisblum et al., 2020), still recognized the Delta 4+ spike. We then generated pseudovirus bearing mutant spike proteins. The Delta pseudovirus with additional single RBD mutations was slightly more resistant to BNT162b2-immune sera (**Figure 6B**). The effects of the single additional mutations were slightly different depending on the individuals, although infection was completely blocked at the highest concentration of the serum. Next, we analyzed the Delta 4+ pseudovirus with four additional RBD mutations (**Figure 6C**). Surprisingly, most BNT162b2-immune sera enhanced infectivity of the Delta 4+ pseudovirus in a dose-dependent manner at relatively low concentrations of BNT162b2-immune sera, but showed weak neutralization only at the highest concentration of the sera (**Figure 6D and 6E**). Especially, PFZ7 greatly enhanced the infectivity at relatively low serum concentration. Some sera, such as PFZ13 and PFZ14, did not show neutralizing activity even at the highest concentration of the sera. The neutralizing titers of PFZ13 and PFZ14 against wild-type or Delta variant were apparently lower than others (**Figure 2A**). On the other hand, PFZ15 effectively neutralized the Delta 4+ pseudovirus, but the neutralizing titers of PFZ15 against the wild type and Delta variant were not particularly high compared to the others. Because most neutralizing antibodies against either NTD or RBD do not work for the Delta 4+ pseudovirus, while most enhancing antibodies remain functional for the Delta 4+ pseudovirus, the increased infectivity in the presence of BNT162b2-immune sera appears to be mediated by anti-NTD enhancing antibodies.

In order to analyze the contribution of Delta NTD to the enhanced infectivity, we generated pseudovirus bearing spike protein with wild-type NTD and Delta 4+ RBD (**Figure 6C**). Although some BNT162b2-immune sera enhanced infectivity of the Delta 4+ pseudovirus, the Delta 4+ virus with wild-type NTD did not show enhanced infectivity by BNT162b2-immune sera (**Figure 6D and 6E**). These data suggested that mutations in the NTD of the Delta variant made the virus more susceptible than the wild-type to anti-NTD enhancing antibodies in BNT162b2-immune sera, and thus reduced the neutralizing effect of anti-RBD neutralizing antibodies.

Sera from the Delta spike immunized mice do not show enhanced infectivity against Delta 4+ pseudovirus.

Because wild-type spike was used for BNT162b2 mRNA vaccine, the enhanced infectivity of the Delta 4+ pseudovirus by some BNT162b2-immune sera appears to be caused by the decreased neutralizing antibody titer of anti-NTD and anti-RBD neutralizing antibodies against Delta 4+ pseudovirus. Therefore, neutralizing antibody titers against the Delta variants may be relatively high compared to enhancing antibodies when immunizing with the Delta spike, even though the enhancing antibody epitopes are conserved in the Delta spike protein. To test the effect of immunization by Delta spike, we immunized mice with B16F10 mouse melanoma cells transiently transfected with wild-type or Delta spike protein (**Figure 7A**). We used B16F10 cells because the

immunogenicity of B16F10 melanoma cell line is quite low (Priem et al., 2020). In addition, the conformation of spike protein expressed on transfectants is likely to be similar to that of spike protein expressed by mRNA vaccines. All mice effectively produced antibodies against spike protein (**Figure S5**). The wild-type spike immunized sera neutralized wild-type pseudovirus well, whereas the neutralizing effect against the Delta pseudovirus decreased, similar to BNT162b2-immune sera (**Figure 7B and 7C**). In contrast, Delta spike immunized sera neutralized both wild-type and Delta pseudovirus well. Just one mouse produced antibodies that neutralize the Delta pseudovirus better than wild-type pseudovirus. When we analyzed the Delta-4+ pseudovirus, some sera from wild-type spike immunized mice showed enhanced infectivity in a dose dependent manner at relatively low concentrations of sera similar to some BNT162b2-immune sera (**Figure 7D and 7E**). Especially, #w1 mouse serum showed enhanced infectivity at any concentration, although the same serum neutralized the wild-type pseudovirus well. In contrast, the enhanced infectivity by immunized sera was not observed when the Delta spike was used for immunization. Sera from the Delta-spike immunized mice did not exhibit enhanced infectivity at any concentration of sera. These data suggest that vaccines containing the Delta, but not wild-type, spike might be required to control the Delta subvariant that may emerge in the future.

Discussion

The Delta variant is highly contagious and breakthrough infection to fully vaccinated individuals is often observed (Lopez Bernal et al., 2021), suggesting that neutralizing antibodies in fully vaccinated individuals are not sufficient to protect against infection by the Delta variant. Anti-RBD antibodies are thought to play a major role in protection against SARS-CoV-2 infection. The Delta variant has L452R and T478K mutations in the RBD, and L452 has been shown to be an epitope for some neutralizing antibodies (McCallum et al., 2021; Wang et al., 2021b). However, most neutralizing antibodies bound to the Delta RBD and neutralized the infection. Therefore, mutations in the RBD alone may not explain the decreased neutralizing titers of the BNT162b2-immune sera against the Delta variant.

The Delta variant has multiple mutations in the NTD: T19R, G142D, E156G, F157del and R158del. All anti-NTD neutralizing antibodies failed to recognize the Delta spike, indicating that the Delta variant is completely resistant to anti-NTD neutralizing antibodies elicited by wild-type spike protein, which is the antigenic component of widely used mRNA vaccines. In contrast, most anti-NTD enhancing antibodies recognized Delta spike at the same level as wild-type spike, and some anti-NTD enhancing antibodies exhibited increased infectivity enhancement by Delta pseudovirus compared to wild-type pseudovirus. Consistent with this observation, the structures of enhancing anti-NTD antibody epitopes were well conserved with the wild type. Because enhancing antibodies reduced neutralizing activity of anti-RBD neutralizing antibodies (Li et al., 2021; Liu et al., 2021b), mutations in the NTD may play an important role in the resistance of the Delta variant to the BNT162b2-immune sera. Indeed, a Delta pseudovirus with wild-type NTD was more susceptible to neutralization by BNT162b2-immune sera than full Delta pseudovirus. The effect of the Delta NTD was more obvious for the Delta 4+ pseudovirus. These data indicated that mutations in the NTD are involved in the escape of SARS-CoV-2 from neutralizing antibodies. It is likely that the mutations in the NTD that abrogate neutralizing antibody binding while retaining enhancing antibody binding are beneficial to the virus. These mutations in the Delta variant may suggest adaptation to the presence of enhancing antibodies while maintaining evasion of anti-NTD and anti-RBD neutralizing antibodies in immunized or previously infected hosts.

Not only Delta, but also other VOCs such as Alpha (B.1.1.7), Beta (B.1.135), and Gamma (P.1) show more mutations in the NTD than in the RBD. Because the NTD is involved in the regulation of the conformation of the RBD but not in direct binding to the host receptor ACE2 (Liu et al., 2021b), it can tolerate many mutations. As with the Delta variant, most anti-NTD neutralizing

antibodies have been reported not to bind to the Alpha and Beta variants (Voss et al., 2021; Wang et al., 2021a). Recently, L-SIGN has been reported to be an entry receptor for SARS-CoV-2 (Amraei et al., 2021; Kondo et al., 2021; Soh et al., 2020; Thepaut et al., 2021). L-SIGN specifically bound to NTD but not RBD of SARS-CoV-2 spike protein and mediated SARS-CoV-2 infection of non-ACE2 expressing cells by inducing membrane fusion (Soh et al., 2020). Furthermore, anti-NTD neutralizing antibodies efficiently blocked SARS-CoV-2 infection of L-SIGN-expressing cells compared to that of ACE2-expressing cells. Considering the fact that most VOCs have completely escaped from anti-NTD neutralizing antibodies regardless of the fact that the neutralizing efficiency is quite low compared to anti-RBD neutralizing antibodies *in vitro*, SARS-CoV-2 infection mediated by the NTD through L-SIGN or other unknown receptors may play a more important role *in vivo* than *in vitro*. Further analyses of function of NTD as well as anti-NTD neutralizing antibodies are required to elucidate the pathogenicity of SARS-CoV-2.

The enhancing antibodies bind to a specific site on the NTD, inducing the open form of the RBD, which increases the affinity of spike protein to ACE2 (Liu et al., 2021b). Recently, it has been reported that the enhancing antibodies do not increase the infectivity *in vivo* (Li et al., 2021). However, only one human IgG1 monoclonal enhancing antibody, among 11 known enhancing antibodies, has been tested *in vivo*. The affinities and epitopes of enhancing antibodies to the NTD, as well as the IgG subclass of enhancing antibodies, may affect their *in vivo* function. Recently, it has been reported that binding of neutralizing antibodies to Fc receptors is required for their neutralizing activity *in vivo* (Schafer et al., 2021; Suryadevara et al., 2021; Winkler et al., 2021). Indeed, IgG1, which is the most frequently used antibody subclass in *in vivo* studies, has the strongest affinity for Fc receptors and shows strong effector function; whereas, IgG2 and IgG4 weakly bind to Fc receptors (Nimmerjahn and Ravetch, 2008). Therefore, it is likely that the *in vivo* function of anti-NTD enhancing antibodies will vary depending on the antibody subclass, the specific variable region sequence, or both. Given the fact that the Delta variant maintained enhancing antibody epitopes and is more sensitive to enhancing antibodies, it is likely that the enhancing antibodies are involved in augmentation of the SARS-CoV-2 infectivity *in vivo*.

Several BNT162b2 immune sera showed neutralizing activity against the Delta 4+ pseudovirus at a 1:10 dilution, but conversely increased infectivity at 1:30 dilution. In general, the activity of neutralizing antibodies does not change so drastically with a three-fold difference in concentration. Therefore, the effect of the BNT162b2 immune sera against the Delta 4+ pseudovirus cannot be explained simply by the concentration of neutralizing antibodies. The BNT162b2 immune sera did not show enhanced infectivity against the Delta 4+ pseudovirus with wild-type NTD at any serum concentration. Since the effect of anti-NTD infectivity-enhancing monoclonal antibodies is affected by the concentration of anti-RBD neutralizing antibodies (Li et al., 2021; Liu et al., 2021b), the effect of infectivity-enhancing antibodies in BNT162b2 immune sera is likely to be more pronounced when the concentration of anti-RBD neutralizing antibodies falls below a certain threshold. Indeed, the BNT162b2 immune sera with low neutralizing titers against the Delta pseudovirus showed enhancement against the Delta 4+ pseudovirus even at high serum concentration. Although the neutralizing antibody titer is the highest three weeks after the second immunization, it gradually decreases (Doria-Rose et al., 2021; Widge et al., 2021). As in the case of diluted sera, it is possible that the effect of infectivity-enhancing antibodies may become more evident some time after immunization, even if the neutralizing and enhancing antibody titers decrease equally. In addition, neutralizing antibody titers induced by adenovirus vaccines and inactivated vaccines are lower than those induced by mRNA vaccines (Lim et al., 2021; Shrotri et al., 2021). Therefore, there is a possibility that the enhancing effect might be more pronounced against the Delta 4+ pseudovirus with immune sera of adenovirus vaccines or inactivated vaccines, similar to BNT162b2 immune sera with low neutralizing titers. On the other hand, some BNT162b2 immune sera did not enhance infection of Delta 4+ pseudovirus at any serum concentration and

neutralized well. Similarly, despite the use of inbred mice, the effect of sera on the infectivity of Delta 4+ pseudovirus varied greatly among individual mice immunized with the wild-type spike. The sera of some mice showed enhancement of the Delta 4+ pseudovirus infection, while others showed neutralization at any serum concentration. The delicate balance of antibody titer, affinity, or epitope between neutralizing and enhancing antibodies might affect the effect of sera on the infectivity. It is important to further analyze the characteristics of neutralizing and enhancing antibodies produced after immunization.

SARS-CoV-2 has acquired a number of mutations to date, which have arisen within infected individuals. Therefore, new variants are likely to emerge more frequently in situations where many people are infected. Because the Delta variant is spreading so explosively, it has already acquired numerous additional mutations in the spike protein coding region, suggesting that the Delta variant will continue to acquire further mutations. Some mutations observed in the RBD of the Delta variant have been reported to be epitopes for anti-RBD neutralizing antibodies (Greaney et al., 2021a; Greaney et al., 2021b; Wang et al., 2021b). Newly emerged variants that adapt to the environment of their host's immune system will be selected and expand. The Delta variant with 4 additional mutations in the RBD were not neutralized by most BNT162b2-immune sera because of unique mutations in the NTD. More importantly, infectivity of the Delta 4+ was enhanced by some BNT162b2-immune sera. Furthermore, of the four additional mutations, a Delta variant with three mutations has already been registered in the GISAID database; it is likely that a Delta variant that has acquired five mutations in the RBD in total will acquire additional mutations in the near future. Although we have selected K417N, N439K, E484K, and N501Y as additional mutations for the Delta variant, other combinations of anti-RBD neutralizing epitopes can be expected to have similar or stronger effects than the Delta 4+ variant. Indeed, the Delta 4+ still possess R346, one of major epitope residues for anti-RBD neutralizing antibodies such as C135. Given the current high mutation rate of SARS-CoV-2, predicting emerging spike mutations is very important to develop effective vaccines against emerging SARS-CoV-2 variants. Immunization by dangerous spike protein variants that are likely to emerge in the future may be effective in preventing the emergence of such variants.

A third round of booster immunization with the SARS-CoV-2 vaccine is currently under consideration. Our data suggest that repeated immunization with the wild-type spike may not be effective in controlling the newly emerging Delta variants. We demonstrated that immunization by Delta spike induces antibodies that neutralize not only the Delta variant but also wild-type and the Delta 4+ variant without enhancing the infectivity. Although mRNA vaccination may yield different results from our animal model, development of mRNA vaccine expressing the Delta spike might be effective for controlling the emerging Delta variant. However, epitopes of the enhancing antibodies, not neutralizing antibodies, are well conserved in most SARS-CoV-2 variants, including the Delta variant. Therefore, additional immunization of the spike protein derived from SARS-CoV-2 variants may boost enhancing antibodies more than the neutralizing antibodies in individuals who were previously infected with wild-type SARS-CoV-2 or immunized with vaccines composed of wild-type spike protein. Immunization using the RBD alone, which will not induce anti-NTD enhancing antibodies, could be a strategy for a vaccination. However, anti-NTD neutralizing antibodies that protect against SARS-CoV-2 infection similar to anti-RBD-neutralizing antibodies are not induced by immunization by RBD alone (Chi et al., 2020; Li et al., 2021 ; Liu et al., 2020; Suryadevara et al., 2021; Voss et al., 2021). Whole spike protein containing RBD mutations observed in major variants but lacking the enhancing antibody epitopes may need to be considered as a booster vaccine.

Acknowledgments

We would like to thank Yumi Inaba for her administrative assistance. We would like to thank technical assistance of the members of the Department of Dermatology, Osaka University, Osaka, Japan. This work was supported by JSPS KAKENHI under Grant Numbers JP18H05279 and JP19H03478, MEXT KAKENHI under Grant Number JP19H04808, Japan Agency for Medical Research and Development (AMED) under Grant Numbers, JP20fk0108542 (HA), JP20nf0101623 (HN, HA), 20fk0108403h (HA), JP20am0101108 (DMS), JP21am0101072 (TK, AN, BINDS support number 2630) and Japan Science and Technology Agency (JST) (Moonshot R&D) JPMJMS2025 (YM), and Panasonic Corporation (HA, YM).

Author contributions

Y.L., Y.M., D.M.S., T.K., M.O., M.F., H.A. designed the experiments. Y.L., J.K., M.H., A.T., S.M., A.A., K.A., C.O., H.J., K.K., W.N., performed the experiments. N.A., A.K., H.N., Y.Y., M.F. collected vaccine sera. J.K., S.L., D.M.S., T.K., H.A. constructed a model of NTD spike. Y.L., N.A., J.K., M.K., D.M.S., H.A. wrote the manuscript. All authors read, edited, and approved the manuscript.

Declaration of interests

Osaka University has filed a patent application for the enhancing antibodies. HA and YL are listed as inventors. HA is a stockholder of HuLA immune Inc.

Methods

Data and code availability

Cryo-EM density maps for the SARS-CoV-2 Delta spike protein were deposited at the EMDB under accession code EMD-31731. A molecular model of the SARS-CoV-2 Delta spike protein fitted to Cryo-EM data were deposited to PDB under accession code 7V5W. The data that support the findings of this study are available from the Lead Contact on request.

Cell lines

HEK293T cells (RIKEN Cell Bank) and B16F10 melanoma cells (National Institute of Biomedical Innovation) were cultured in DMEM (Nacalai, Japan) supplemented with 10% FBS (Biological Industries, USA), penicillin (100 U/mL), and streptomycin (100 µg/mL) (Nacalai, Japan) and cultured at 37°C in 5% CO₂. The Expi293 cells (Thermo) were cultured with the Expi293 medium. The cells were routinely checked for mycoplasma contamination. ACE2-stably transfected HEK293 cells (HEK293T-ACE2-transfectants) were reported previously (Liu et al., 2021b).

Human samples

The collection and use of BNT162b2-immune sera were approved by Osaka University Hospital (20522-3). Written informed consent was obtained from the participants according to the relevant guidelines of the institutional review board. All sera were collected from 26-65 years old healthy individuals three weeks after immunization with two cycles of 30 µg of BNT162b2 mRNA vaccine.

Plasmid construction

The SARS-CoV-2 spike gene (NC_045512.2) was prepared by gene synthesis (IDT). The sequences encoding the spike protein lacking the C-terminal 19 amino acids (amino acids 1–1254) were cloned into the pME18S expression vector. NTD (amino acids 14–333) and RBD (amino acids 335–587) were separately cloned into a pME18S expression vector containing a SLAM signal sequence and a PILRα transmembrane domain (Saito et al., 2017). A series of mutants and the Delta variants (T19R, G142D, E156G, del_157, del_158, L452R, T478K, D614G, P681R, D950N)

were prepared from wild-type SARS-CoV-2 spike using the QuickChange Lighting Multi Site-directed Mutagenesis kit (Agilent). Additional RBD mutations were introduced into the Delta spike also using the QuickChange Lighting Multi Site-directed Mutagenesis kit (Agilent). The primers for mutagenesis were designed on Agilent's website (<https://www.agilent.com/store/primerDesignProgram.jsp>). For Cryo-EM analysis, the sequence encoding the spike protein's extracellular domain with a foldon and His-tag at the C-terminus (Cai et al., 2020) was cloned into a pcDNA3.4 expression vector containing the SLAM signal sequence. Also, mutations D614G, R686G R687S R689G, K986P, and V987P were introduced using a Quick change multi-mutagenesis kit (Agilent) for stabilization of recombinant spike protein (Yurkovetskiy et al., 2020). The DNA sequences of these constructs were confirmed by sequencing (ABI3130xl).

Transfection

A pME18S expression plasmid containing the full-length or subunit spike protein was transiently transfected into HEK293T cells using PEI max (Polysciences); the pMx-GFP expression plasmid was used as the marker of transfected cells.

Anti-spike monoclonal antibodies from COVID-19 patients

The variable regions of anti-SARS-CoV-2 spike antibodies from COVID-19 patients were synthesized according to the published sequence (IDT) (Brouwer et al., 2020; Chi et al., 2020; Li et al., 2021; Robbiani et al., 2020; Suryadevara et al., 2021; Zost et al., 2020). Variable region sequences of some antibodies were obtained from the CoV-AbDab database (<http://opig.stats.ox.ac.uk/webapps/covabdab/>). The cDNA of the variable regions of the heavy chain and light chain were cloned into a pCAGGS vector containing sequences that encode the human IgG1 or kappa constant region. The pCAGGS vectors containing sequences encoding the immunoglobulin heavy chain and light chain were co-transfected into Expi293 (Thermo) cells, and the cell culture supernatants were collected according to the manufacturer's protocols. Recombinant IgG was purified from the culture supernatants using protein A Sepharose (GE healthcare). The concentration of purified IgG was measured at OD280.

Antibodies and recombinant proteins

Allophycocyanin (APC)-conjugated donkey anti-mouse IgG Fc fragment antibody and APC-conjugated anti-human IgG Fc fragment specific antibody (Jackson ImmunoResearch, USA) were used. The pcDNA3.4 expression vector containing the sequence that encodes the His-tagged extracellular domain of the spike protein was transfected into Expi293 cells and the His-tagged spike protein produced in the culture supernatants was then purified with a Talon resin (Clontech).

Immunization of mice

B16F10 cells were transfected with WT spike protein or Delta spike protein by PEI as described above. 48 hours later, B16F10 cells were washed twice with PBS, and then the cells were collected and frozen and thawed. Balb/c female mice (7-weeks-old females) were purchased from SLC. Two groups of five mice ($n = 5$) were subcutaneously immunized with 1×10^7 B16F10 transfectants in the presence of complete Freund's adjuvant (CFA). Serum samples were collected three weeks after the immunization.

Flow cytometric analysis of antibodies

Plasmids expressing the full-length SARS-CoV-2 spike protein, Flag-NTD-PILR-TM and Flag-RBD-PILR-TM were co-transfected with the GFP vector into HEK293T cells. The transfectants were incubated with the mAbs, followed by APC-conjugated anti-human IgG Ab. The antibodies

bound to the stained cells were then analyzed using a flow cytometer (Attune™, Thermo; FACSCelesta BD bioscience). Antibodies binding to the GFP-positive cells were shown in the figures using FlowJo software (BD bioscience).

SARS-CoV-2 spike-pseudotyped virus infection assay

The HEK293T cells were transiently transfected with expression plasmids for the SARS-CoV-2 spike protein lacking the C-terminal 19 amino acids (Hu et al., 2020; Johnson et al., 2020). At 24 hours post-transfection, VSV-G-deficient VSV carrying a Luciferase gene complemented in *trans* with the VSV-G protein was added for incubation for 2 hours. The cells were then carefully washed with DMEM media without FBS and incubated with DMEM with FBS at 37°C in 5% CO₂ for 48 hours. The supernatant containing the pseudotyped SARS-CoV-2 virions was harvested and aliquoted before storage at -80°C. To determine the virus titers of the pseudovirus, 1×10^4 HEK293T-ACE2-transfectants were mixed with the pseudovirus for 20 hours at 37 °C in 5% CO₂ in a 384-well plate (Greiner, Germany). Luciferase activity was measured using a ONE-Glo™ luciferase assay (Promega, USA) according to the manufacturer's instructions. The signals were measured by a luminescence plate reader (TriStar LB94, Berthold Technologies, Germany) (**Figure S1**). For the neutralization assay, 5 µl pseudovirus was mixed with equal volume of sera or monoclonal antibodies at the concentrations indicated in the figure. The mixture was added to 20 µl of 1×10^4 HEK293T-ACE2-transfectants. To calculate % neutralization, the relative luminescence units of the virus control wells (pseudovirus only) were subtracted from those of the sample wells, and the subtracted values were divided by those of the virus control wells. The PRNT50 neutralization titers for vaccinated sera were determined using 3-parameter nonlinear regression curve (GraphPad Prism). If the PRNT50 titer was less than 1:10, it was defined as 0.

Structure prediction by AlphaFold2

The NTD and RBD structures of the wild type and Delta variant were predicted by AlphaFold2 (Jumper et al., 2021). The structure of the NTD was predicted in CASP14 mode without template. The structure of the RBD was predicted in CASP14 mode, using the template of 2020-05-14. The highest ranked prediction results were used.

Cryo-EM data collection

A 2.5 µl protein solution of the spike protein (2.2 mg/ml) was applied onto the cryo-grid and frozen in liquid ethane using a Vitrobot IV (Thermo Fisher Scientific, USA, 4°C and 100% humidity). Quantifoil Au R0.6/1.0 holey carbon grids were used for the grid preparation. Data collection of the sample was carried out on a Titan Krios (Thermo Fisher Scientific, USA) equipped with a thermal field emission electron gun operated at 300 kV, an energy filter with a 20 eV slit width and a bioquantum K3 direct electron detection camera (Gatan, USA) (Figure S4). For automated data acquisition, SerialEM software was used to collect cryo-EM image data. Movie frames were recorded using the K3 camera at a calibrated magnification of $\times 81,000$ corresponding to a pixel size of 0.88 Å with a setting defocus range from -0.8 to -2.0 µm. The data were collected with a total exposure of 3 s fractionated into 62 frames, with a total dose of ~ 60 electrons Å² in counting mode. A total number of movies were collected; 15,000 for the spike protein.

Image processing and 3D reconstruction

All of image processes were carried out on cryoSPARC software (Punjani et al., 2017). After motion correction of movies and CTF parameter estimation, the particles were automatically picked using Topaz software (Bepler et al., 2019). The detailed information is summarized in Table S1. The picked particles were extracted into a box of 360×360 pixels. After particle extraction, the particles were applied to two rounds of heterogenous refinement with C1 symmetry. The

selected particles (735,623 particles) were applied to two rounds of *ab-initio* reconstruction into three classes with C1 symmetry. In the first and second rounds of *ab-initio* reconstruction, the class similarity parameter, 0.1 and 0.8, was used, respectively. After that, the selected 147,497 particles were further used as non-uniform refinement with optimizing per-particle defocus. As the result, the density map for the spike protein was obtained at 3.16 Å resolution. Local resolution of the obtained maps were estimated by Local resolution estimation job on cryoSPARC.

Model building and refinement

To generate the atomic model for the spike protein, the structure of NTD of Delta variant was predicted using AlphaFold2 (Jumper et al., 2021). For other domains, the model from previous study (PDBID; 7JJI) was used. These structures were fitted into the density map as rigid body using UCSF chimera (Pettersen et al., 2004). The initial model was extensively manually corrected residue by residue in COOT (Emsley et al., 2010) in terms of especially side-chain conformations. The corrected model was refined by the phenix.real_space_refine program (Liebschner et al., 2019) with secondary structure and Ramachandran restraints, then the resulting model was manually checked by COOT. This iterative process was performed for several rounds to correct remaining errors until the model was in good agreement with geometry, as reflected by the MolProbity score of 2.07 (Williams et al., 2018). For model validation against over-fitting, the built models were used for calculation of FSC curves against the final density map used for model building by phenix.refine program. The statistics of the obtained maps and the atomic model were summarized in Supplemental Table S1.

Data and statistical analysis

FlowJo version 10.7 (BD Biosciences, USA) was used to analyze the flow cytometry data, and Graphpad Prism version 7.0e was used for graph generation and statistical analysis.

References

- Amraei, R., Yin, W., Napoleon, M.A., Suder, E.L., Berrigan, J., Zhao, Q., Olejnik, J., Chandler, K.B., Xia, C., Feldman, J., *et al.* (2021). CD209L/L-SIGN and CD209/DC-SIGN act as receptors for SARS-CoV-2. *bioRxiv* 10.1101/2020.06.22.165803.
- Bepler, T., Morin, A., Rapp, M., Brasch, J., Shapiro, L., Noble, A.J., and Berger, B. (2019). Positive-unlabeled convolutional neural networks for particle picking in cryo-electron micrographs. *Nat Methods* 16, 1153-1160.
- Brouwer, P.J.M., Caniels, T.G., van der Straten, K., Snitselaar, J.L., Aldon, Y., Bangaru, S., Torres, J.L., Okba, N.M.A., Claireaux, M., Kerster, G., *et al.* (2020). Potent neutralizing antibodies from COVID-19 patients define multiple targets of vulnerability. *Science* 369, 643-650.
- Cai, Y., Zhang, J., Xiao, T., Peng, H., Sterling, S.M., Walsh, R.M., Jr., Rawson, S., Rits-Volloch, S., and Chen, B. (2020). Distinct conformational states of SARS-CoV-2 spike protein. *Science* 369, 1586-1592.
- Callaway, E. (2021). Delta coronavirus variant: scientists brace for impact. *Nature* 595, 17-18.
- Cele, S., Gazy, I., Jackson, L., Hwa, S.H., Tegally, H., Lustig, G., Giandhari, J., Pillay, S., Wilkinson, E., Naidoo, Y., *et al.* (2021). Escape of SARS-CoV-2 501Y.V2 from neutralization by

convalescent plasma. *Nature* 593, 142-146.

Chi, X., Yan, R., Zhang, J., Zhang, G., Zhang, Y., Hao, M., Zhang, Z., Fan, P., Dong, Y., Yang, Y., *et al.* (2020). A neutralizing human antibody binds to the N-terminal domain of the Spike protein of SARS-CoV-2. *Science* 369, 650-655.

Collier, D.A., De Marco, A., Ferreira, I., Meng, B., Datir, R.P., Walls, A.C., Kemp, S.A., Bassi, J., Pinto, D., Silacci-Fregni, C., *et al.* (2021). Sensitivity of SARS-CoV-2 B.1.1.7 to mRNA vaccine-elicited antibodies. *Nature* 593, 136-141.

Davies, N.G., Abbott, S., Barnard, R.C., Jarvis, C.I., Kucharski, A.J., Munday, J.D., Pearson, C.A.B., Russell, T.W., Tully, D.C., Washburne, A.D., *et al.* (2021). Estimated transmissibility and impact of SARS-CoV-2 lineage B.1.1.7 in England. *Science* 372.

Doria-Rose, N., Suthar, M.S., Makowski, M., O'Connell, S., McDermott, A.B., Flach, B., Ledgerwood, J.E., Mascola, J.R., Graham, B.S., Lin, B.C., *et al.* (2021). Antibody Persistence through 6 Months after the Second Dose of mRNA-1273 Vaccine for Covid-19. *N Engl J Med* 384, 2259-2261.

Emsley, P., Lohkamp, B., Scott, W.G., and Cowtan, K. (2010). Features and development of Coot. *Acta Crystallogr D Biol Crystallogr* 66, 486-501.

Greaney, A.J., Loes, A.N., Gentles, L.E., Crawford, K.H.D., Starr, T.N., Malone, K.D., Chu, H.Y., and Bloom, J.D. (2021a). Antibodies elicited by mRNA-1273 vaccination bind more broadly to the receptor binding domain than do those from SARS-CoV-2 infection. *Sci Transl Med* 13, eabi9915.

Greaney, A.J., Starr, T.N., Barnes, C.O., Weisblum, Y., Schmidt, F., Caskey, M., Gaebler, C., Cho, A., Agudelo, M., Finkin, S., *et al.* (2021b). Mapping mutations to the SARS-CoV-2 RBD that escape binding by different classes of antibodies. *Nat Commun* 12, 4196.

Greaney, A.J., Starr, T.N., Gilchuk, P., Zost, S.J., Binshtein, E., Loes, A.N., Hilton, S.K., Huddleston, J., Eguia, R., Crawford, K.H.D., *et al.* (2021c). Complete Mapping of Mutations to the SARS-CoV-2 Spike Receptor-Binding Domain that Escape Antibody Recognition. *Cell Host Microbe* 29, 44-57 e49.

Gupta, N., Kaur, H., Yadav, P., Mukhopadhyay, L., Sahay, R.R., Kumar, A., Nyayanit, D.A., Shete, A.M., Patil, S., Majumdar, T., *et al.* (2021). Clinical characterization and Genomic analysis of COVID-19 breakthrough infections during second wave in different states of India. *medRxiv* 10.1101/2021.07.13.21260273.

Hoffmann, M., Kleine-Weber, H., Schroeder, S., Kruger, N., Herrler, T., Erichsen, S., Schiergens, T.S., Herrler, G., Wu, N.H., Nitsche, A., *et al.* (2020). SARS-CoV-2 Cell Entry Depends on ACE2 and TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor. *Cell* 181, 271-280 e278.

Hu, J., Gao, Q., He, C., Huang, A., Tang, N., and Wang, K. (2020). Development of cell-based

pseudovirus entry assay to identify potential viral entry inhibitors and neutralizing antibodies against SARS-CoV-2. *Genes Dis* 7, 551-557.

Jackson, L.A., Anderson, E.J., Roupheal, N.G., Roberts, P.C., Makhene, M., Coler, R.N., McCullough, M.P., Chappell, J.D., Denison, M.R., Stevens, L.J., *et al.* (2020). An mRNA Vaccine against SARS-CoV-2 - Preliminary Report. *N Engl J Med* 383, 1920-1931.

Johnson, M.C., Lyddon, T.D., Suarez, R., Salcedo, B., LePique, M., Graham, M., Ricana, C., Robinson, C., and Ritter, D.G. (2020). Optimized Pseudotyping Conditions for the SARS-COV-2 Spike Glycoprotein. *J Virol* 94, e01062-01020.

Jumper, J., Evans, R., Pritzel, A., Green, T., Figurnov, M., Ronneberger, O., Tunyasuvunakool, K., Bates, R., Zidek, A., Potapenko, A., *et al.* (2021). Highly accurate protein structure prediction with AlphaFold. *Nature* 10.1038/s41586-021-03819-2.

Kondo, Y., Larabee, J.L., Gao, L., Shi, H., Shao, B., Hoover, C.M., McDaniel, J.M., Ho, Y.C., Silasi-Mansat, R., Archer-Hartmann, S.A., *et al.* (2021). L-SIGN is a receptor on liver sinusoidal endothelial cells for SARS-CoV-2 virus. *JCI Insight* 6, 10.1172/jci.insight.148999.

Li, D., Edwards, R.J., Manne, K., Martinez, D.R., Schafer, A., Alam, S.M., Wiehe, K., Lu, X., Parks, R., Sutherland, L.L., *et al.* (2021). In vitro and in vivo functions of SARS-CoV-2 infection-enhancing and neutralizing antibodies. *Cell* 184, 4203-4219 e4232.

Liebschner, D., Afonine, P.V., Baker, M.L., Bunkoczi, G., Chen, V.B., Croll, T.I., Hintze, B., Hung, L.W., Jain, S., McCoy, A.J., *et al.* (2019). Macromolecular structure determination using X-rays, neutrons and electrons: recent developments in Phenix. *Acta Crystallogr D Struct Biol* 75, 861-877.

Lim, W.W., Mak, L., Leung, G.M., Cowling, B.J., and Peiris, M. (2021). Comparative immunogenicity of mRNA and inactivated vaccines against COVID-19. *The Lancet Microbe* 10.1016/S2666-5247(21)00177-4.

Liu, C., Ginn, H.M., Dejnirattisai, W., Supasa, P., Wang, B., Tuekprakhon, A., Nutalai, R., Zhou, D., Mentzer, A.J., Zhao, Y., *et al.* (2021a). Reduced neutralization of SARS-CoV-2 B.1.617 by vaccine and convalescent serum. *Cell* 184, 4220-4236 e4213.

Liu, L., Wang, P., Nair, M.S., Yu, J., Rapp, M., Wang, Q., Luo, Y., Chan, J.F., Sahi, V., Figueroa, A., *et al.* (2020). Potent neutralizing antibodies against multiple epitopes on SARS-CoV-2 spike. *Nature* 584, 450-456.

Liu, Y., Soh, W.T., Kishikawa, J.I., Hirose, M., Nakayama, E.E., Li, S., Sasai, M., Suzuki, T., Tada, A., Arakawa, A., *et al.* (2021b). An infectivity-enhancing site on the SARS-CoV-2 spike protein targeted by antibodies. *Cell* 184, 3452-3466 e3418.

Lopez Bernal, J., Andrews, N., Gower, C., Gallagher, E., Simmons, R., Thelwall, S., Stowe, J., Tessier, E., Groves, N., Dabrera, G., *et al.* (2021). Effectiveness of Covid-19 Vaccines against the

B.1.617.2 (Delta) Variant. *N Engl J Med* 385, 585-594.

Madhi, S.A., Baillie, V., Cutland, C.L., Voysey, M., Koen, A.L., Fairlie, L., Padayachee, S.D., Dheda, K., Barnabas, S.L., Bhorat, Q.E., *et al.* (2021). Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant. *N Engl J Med* 384, 1885-1898.

McCallum, M., Bassi, J., De Marco, A., Chen, A., Walls, A.C., Di Iulio, J., Tortorici, M.A., Navarro, M.J., Silacci-Fregni, C., Saliba, C., *et al.* (2021). SARS-CoV-2 immune evasion by the B.1.427/B.1.429 variant of concern. *Science* 373, 648-654.

Muik, A., Wallisch, A.K., Sanger, B., Swanson, K.A., Muhl, J., Chen, W., Cai, H., Maurus, D., Sarkar, R., Tureci, O., *et al.* (2021). Neutralization of SARS-CoV-2 lineage B.1.1.7 pseudovirus by BNT162b2 vaccine-elicited human sera. *Science* 371, 1152-1153.

Nimmerjahn, F., and Ravetch, J.V. (2008). Fcγ receptors as regulators of immune responses. *Nat Rev Immunol* 8, 34-47.

Pettersen, E.F., Goddard, T.D., Huang, C.C., Couch, G.S., Greenblatt, D.M., Meng, E.C., and Ferrin, T.E. (2004). UCSF Chimera--a visualization system for exploratory research and analysis. *J Comput Chem* 25, 1605-1612.

Planas, D., Bruel, T., Grzelak, L., Guivel-Benhassine, F., Staropoli, I., Porrot, F., Planchais, C., Buchrieser, J., Rajah, M.M., Bishop, E., *et al.* (2021a). Sensitivity of infectious SARS-CoV-2 B.1.1.7 and B.1.351 variants to neutralizing antibodies. *Nat Med* 27, 917-924.

Planas, D., Veyer, D., Baidaliuk, A., Staropoli, I., Guivel-Benhassine, F., Rajah, M.M., Planchais, C., Porrot, F., Robillard, N., Puech, J., *et al.* (2021b). Reduced sensitivity of SARS-CoV-2 variant Delta to antibody neutralization. *Nature* 596, 276-280.

Polack, F.P., Thomas, S.J., Kitchin, N., Absalon, J., Gurtman, A., Lockhart, S., Perez, J.L., Perez Marc, G., Moreira, E.D., Zerbini, C., *et al.* (2020). Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. *N Engl J Med* 383, 2603-2615.

Priem, B., van Leent, M.M.T., Teunissen, A.J.P., Sofias, A.M., Mourits, V.P., Willemsen, L., Klein, E.D., Oosterwijk, R.S., Meerwaldt, A.E., Munitz, J., *et al.* (2020). Trained Immunity-Promoting Nanobiologic Therapy Suppresses Tumor Growth and Potentiates Checkpoint Inhibition. *Cell* 183, 786-801 e719.

Punjani, A., Rubinstein, J.L., Fleet, D.J., and Brubaker, M.A. (2017). cryoSPARC: algorithms for rapid unsupervised cryo-EM structure determination. *Nat Methods* 14, 290-296.

Robbiani, D.F., Gaebler, C., Muecksch, F., Lorenzi, J.C.C., Wang, Z., Cho, A., Agudelo, M., Barnes, C.O., Gazumyan, A., Finkin, S., *et al.* (2020). Convergent antibody responses to SARS-CoV-2 in convalescent individuals. *Nature* 584, 437-442.

Saito, F., Hirayasu, K., Satoh, T., Wang, C.W., Lusingu, J., Arimori, T., Shida, K., Palacpac, N.M.Q., Itagaki, S., Iwanaga, S., *et al.* (2017). Immune evasion of *Plasmodium falciparum* by RIFIN via inhibitory receptors. *Nature* 552, 101-105.

Schafer, A., Muecksch, F., Lorenzi, J.C.C., Leist, S.R., Cipolla, M., Bournazos, S., Schmidt, F., Maison, R.M., Gazumyan, A., Martinez, D.R., *et al.* (2021). Antibody potency, effector function, and combinations in protection and therapy for SARS-CoV-2 infection in vivo. *J Exp Med* 218.

Shrotri, M., Navaratnam, A.M.D., Nguyen, V., Byrne, T., Geismar, C., Fragaszy, E., Beale, S., Fong, W.L.E., Patel, P., Kovar, J., *et al.* (2021). Spike-antibody waning after second dose of BNT162b2 or ChAdOx1. *The Lancet* 398, 385-387.

Soh, W.T., Liu, Y., Nakayama, E.E., Ono, C., Torii, S., Nakagami, H., Matsuura, Y., Shioda, T., and Arase, H. (2020). The N-terminal domain of spike glycoprotein mediates SARS-CoV-2 infection by associating with L-SIGN and DC-SIGN. *bioRxiv* 10.1101/2020.11.05.369264.

Suryadevara, N., Shrihari, S., Gilchuk, P., VanBlargan, L.A., Binshtein, E., Zost, S.J., Nargi, R.S., Sutton, R.E., Winkler, E.S., Chen, E.C., *et al.* (2021). Neutralizing and protective human monoclonal antibodies recognizing the N-terminal domain of the SARS-CoV-2 spike protein. *Cell* 184, 2316-2331 e2315.

Tegally, H., Wilkinson, E., Giovanetti, M., Iranzadeh, A., Fonseca, V., Giandhari, J., Doolabh, D., Pillay, S., San, E.J., Msomi, N., *et al.* (2021). Detection of a SARS-CoV-2 variant of concern in South Africa. *Nature* 592, 438-443.

Thepaut, M., Luczkowiak, J., Vives, C., Labiod, N., Bally, I., Lasala, F., Grimoire, Y., Fenel, D., Sattin, S., Thielens, N., *et al.* (2021). DC/L-SIGN recognition of spike glycoprotein promotes SARS-CoV-2 trans-infection and can be inhibited by a glycomimetic antagonist. *PLoS Pathog* 17, e1009576.

Voss, W.N., Hou, Y.J., Johnson, N.V., Delidakis, G., Kim, J.E., Javanmardi, K., Horton, A.P., Bartzoka, F., Paresi, C.J., Tanno, Y., *et al.* (2021). Prevalent, protective, and convergent IgG recognition of SARS-CoV-2 non-RBD spike epitopes. *Science* 372, 1108-1112.

Wang, P., Nair, M.S., Liu, L., Iketani, S., Luo, Y., Guo, Y., Wang, M., Yu, J., Zhang, B., Kwong, P.D., *et al.* (2021a). Antibody resistance of SARS-CoV-2 variants B.1.351 and B.1.1.7. *Nature* 593, 130-135.

Wang, Z., Schmidt, F., Weisblum, Y., Muecksch, F., Barnes, C.O., Finkin, S., Schaefer-Babajew, D., Cipolla, M., Gaebler, C., Lieberman, J.A., *et al.* (2021b). mRNA vaccine-elicited antibodies to SARS-CoV-2 and circulating variants. *Nature* 592, 616-622.

Weisblum, Y., Schmidt, F., Zhang, F., DaSilva, J., Poston, D., Lorenzi, J.C., Muecksch, F., Rutkowska, M., Hoffmann, H.H., Michailidis, E., *et al.* (2020). Escape from neutralizing antibodies by SARS-CoV-2 spike protein variants. *Elife* 9, e61312.

Widge, A.T., Roupheal, N.G., Jackson, L.A., Anderson, E.J., Roberts, P.C., Makhene, M., Chappell, J.D., Denison, M.R., Stevens, L.J., Pruijssers, A.J., *et al.* (2021). Durability of Responses after SARS-CoV-2 mRNA-1273 Vaccination. *N Engl J Med* 384, 80-82.

Williams, C.J., Headd, J.J., Moriarty, N.W., Prisant, M.G., Videau, L.L., Deis, L.N., Verma, V., Keedy, D.A., Hintze, B.J., Chen, V.B., *et al.* (2018). MolProbity: More and better reference data for improved all-atom structure validation. *Protein Sci* 27, 293-315.

Winkler, E.S., Gilchuk, P., Yu, J., Bailey, A.L., Chen, R.E., Chong, Z., Zost, S.J., Jang, H., Huang, Y., Allen, J.D., *et al.* (2021). Human neutralizing antibodies against SARS-CoV-2 require intact Fc effector functions for optimal therapeutic protection. *Cell* 184, 1804-1820 e1816.

Xu, C., Wang, Y., Liu, C., Zhang, C., Han, W., Hong, X., Wang, Y., Hong, Q., Wang, S., Zhao, Q., *et al.* (2021). Conformational dynamics of SARS-CoV-2 trimeric spike glycoprotein in complex with receptor ACE2 revealed by cryo-EM. *Sci Adv* 7, eabe5575.

Yurkovetskiy, L., Wang, X., Pascal, K.E., Tomkins-Tinch, C., Nyalile, T.P., Wang, Y., Baum, A., Diehl, W.E., Dauphin, A., Carbone, C., *et al.* (2020). Structural and Functional Analysis of the D614G SARS-CoV-2 Spike Protein Variant. *Cell* 183, 739-751 e738.

Zost, S.J., Gilchuk, P., Chen, R.E., Case, J.B., Reidy, J.X., Trivette, A., Nargi, R.S., Sutton, R.E., Suryadevara, N., Chen, E.C., *et al.* (2020). Rapid isolation and profiling of a diverse panel of human monoclonal antibodies targeting the SARS-CoV-2 spike protein. *Nat Med* 26, 1422-1427.

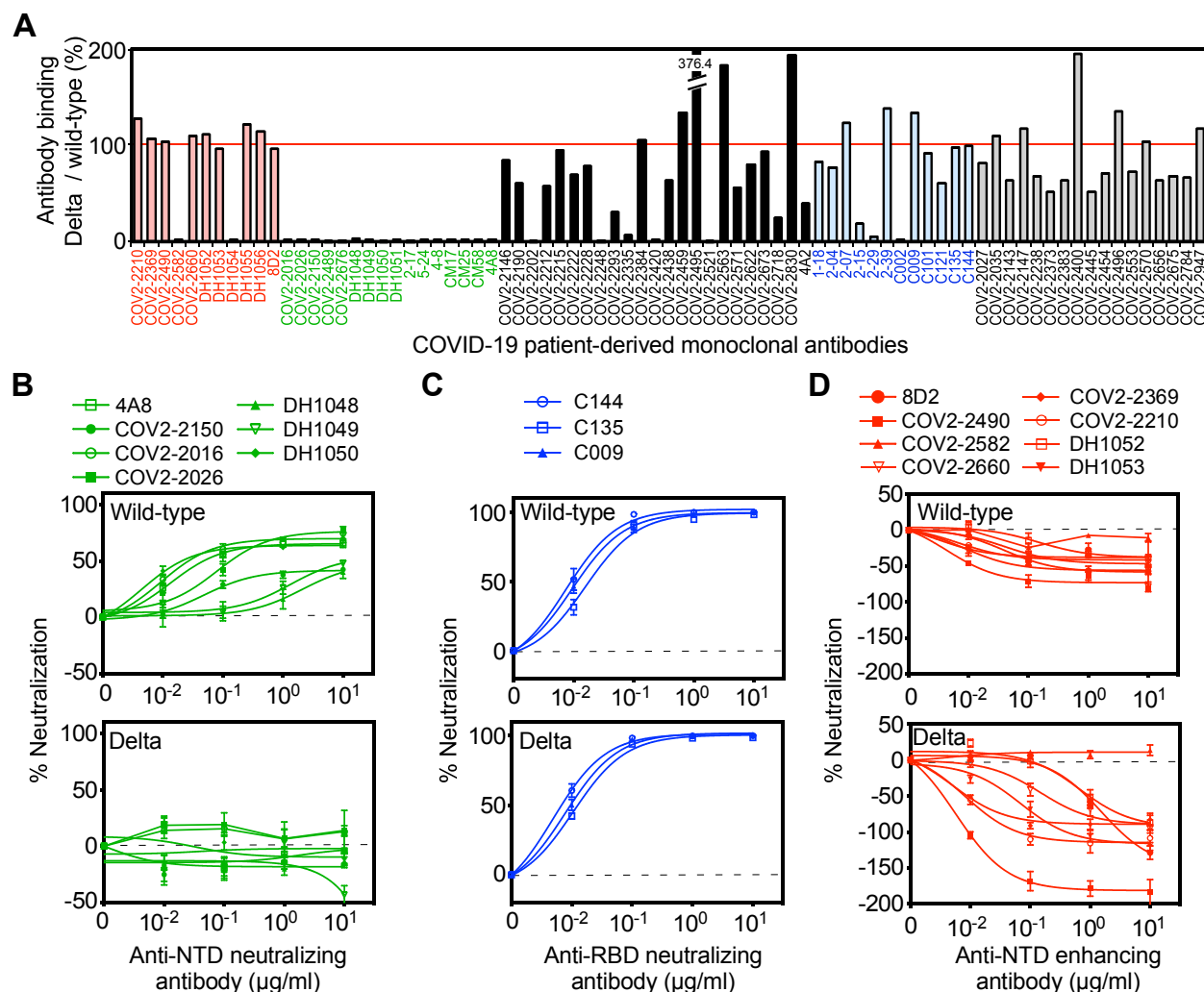
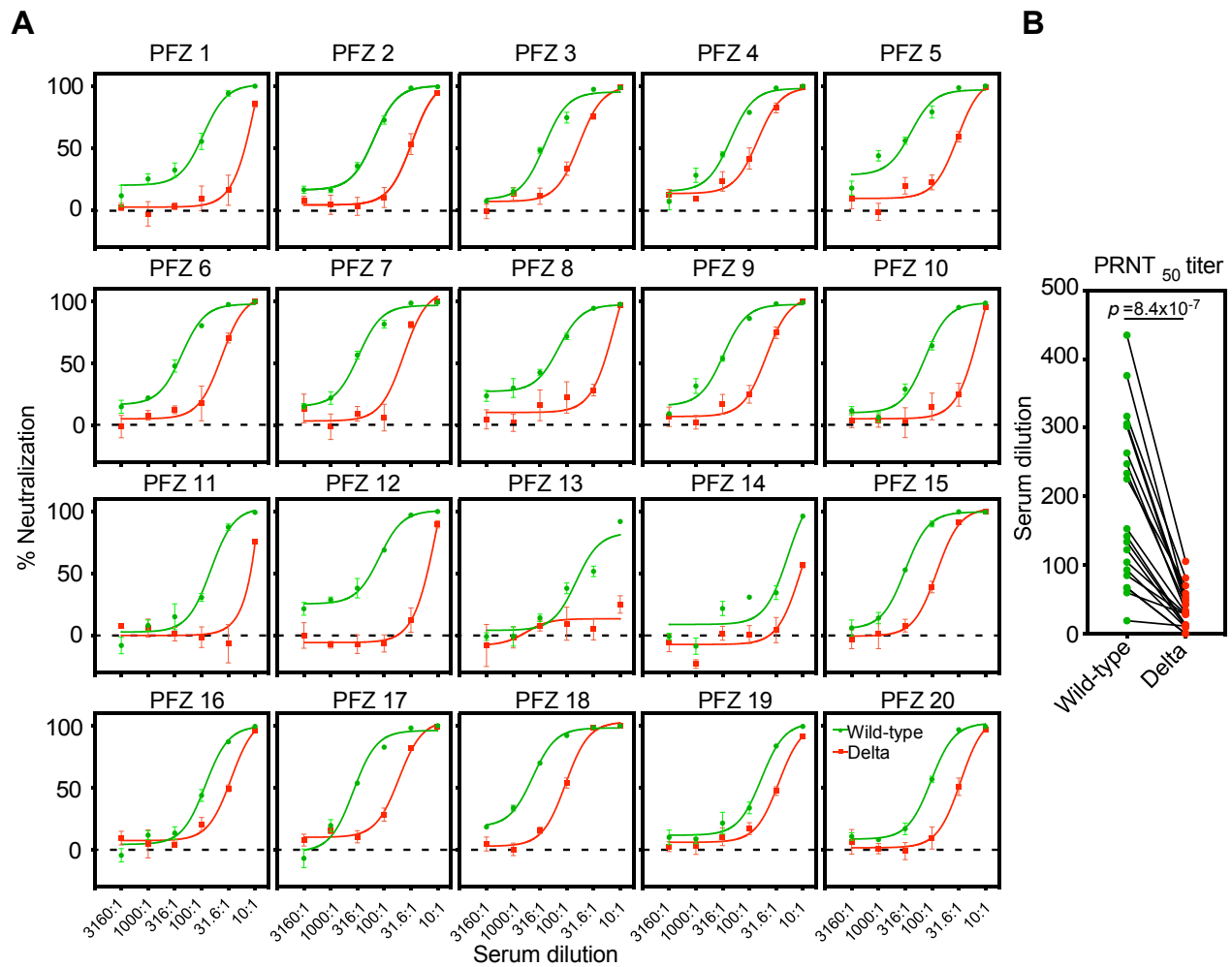


Figure 1. Neutralizing and enhancing effects against the wild-type and Delta spike pseudovirus by anti-spike monoclonal antibodies from COVID-19-patients.

(A) The HEK293 cells transfected with the wild-type or the Delta spike were stained with anti-NTD enhancing antibodies (red), anti-NTD neutralizing antibodies (green), anti-NTD non-enhancing, non-neutralizing antibodies (black), anti-RBD neutralizing antibodies (blue) and anti-S2 antibodies (gray) (1 μg/ml). The stained cells were analyzed by flow cytometer. The relative mean fluorescence intensities (MFI) of antibodies binding to the Delta spike were compared with that for the wild-type spike.

(B-D) The ACE2-expressing HEK293 cells were infected with the wild-type (upper) or the Delta (lower) pseudovirus in the presence of the anti-NTD neutralizing antibodies (B), anti-RBD neutralizing antibodies (C) and anti-NTD enhancing antibodies (D). A negative value for % neutralization indicates enhanced infectivity. The data from quadruplicates are presented as mean ± SEM. The representative data from three independent experiments are shown. See also Figure S1.



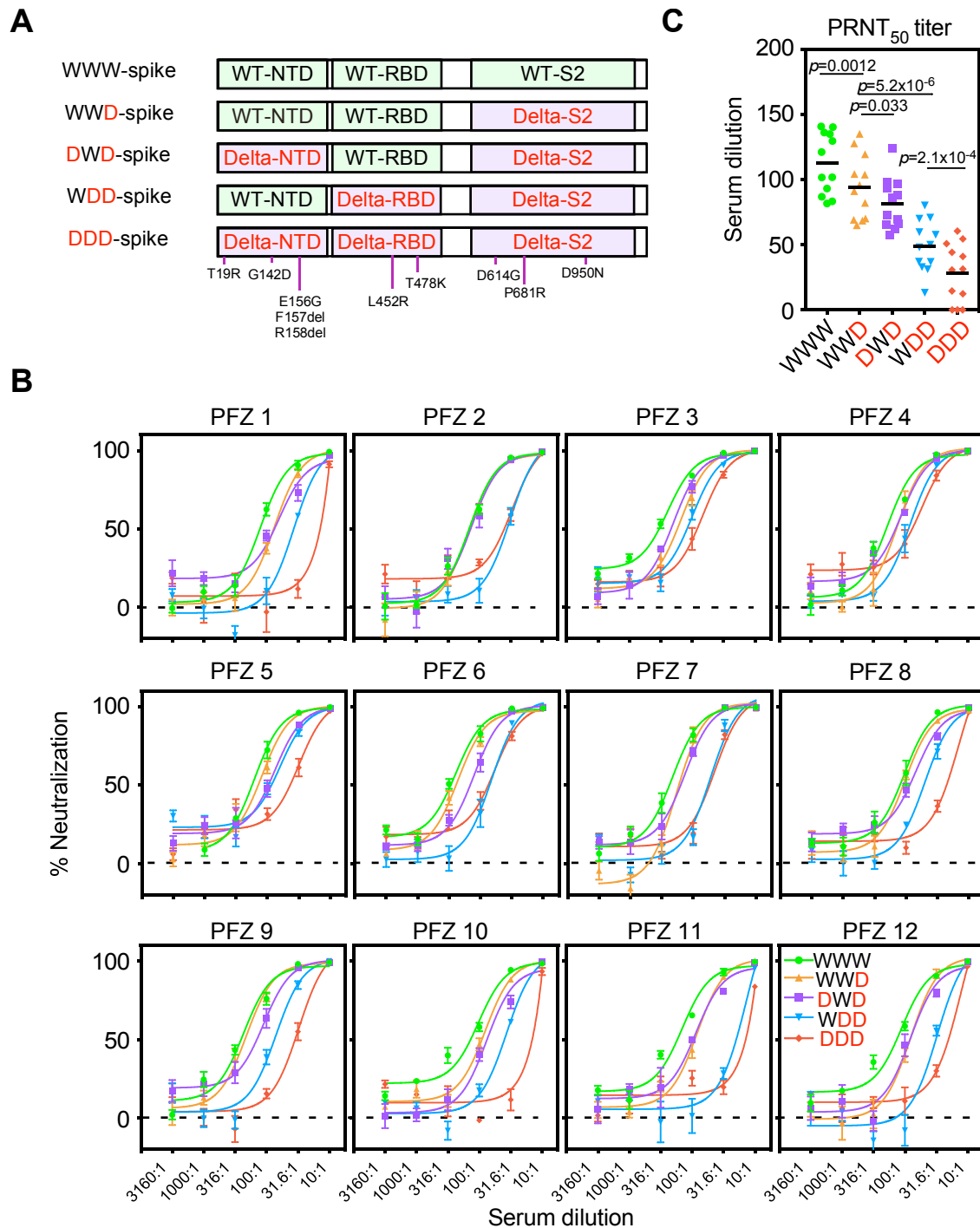


Figure 3. Neutralizing activity of BNT162b2-immune sera against the pseudovirus with chimeric spike protein of the wild-type and Delta variants.

(A) The chimeric spike proteins between the wild-type (W) and Delta variant (D). Mutations of the Delta spike are indicated.

(B) Neutralizing activity of BNT162b2-immune sera against the pseudoviruses with chimeric spike proteins. The data from quadruplicates are presented as mean \pm SEM.

(C) PRNT50 titers of BNT162b2-immune sera against the pseudoviruses with chimeric spike proteins. *p* values determined by paired t-test were indicated. The representative data from 2 independent experiments are shown. See also Figure S1 and S2.

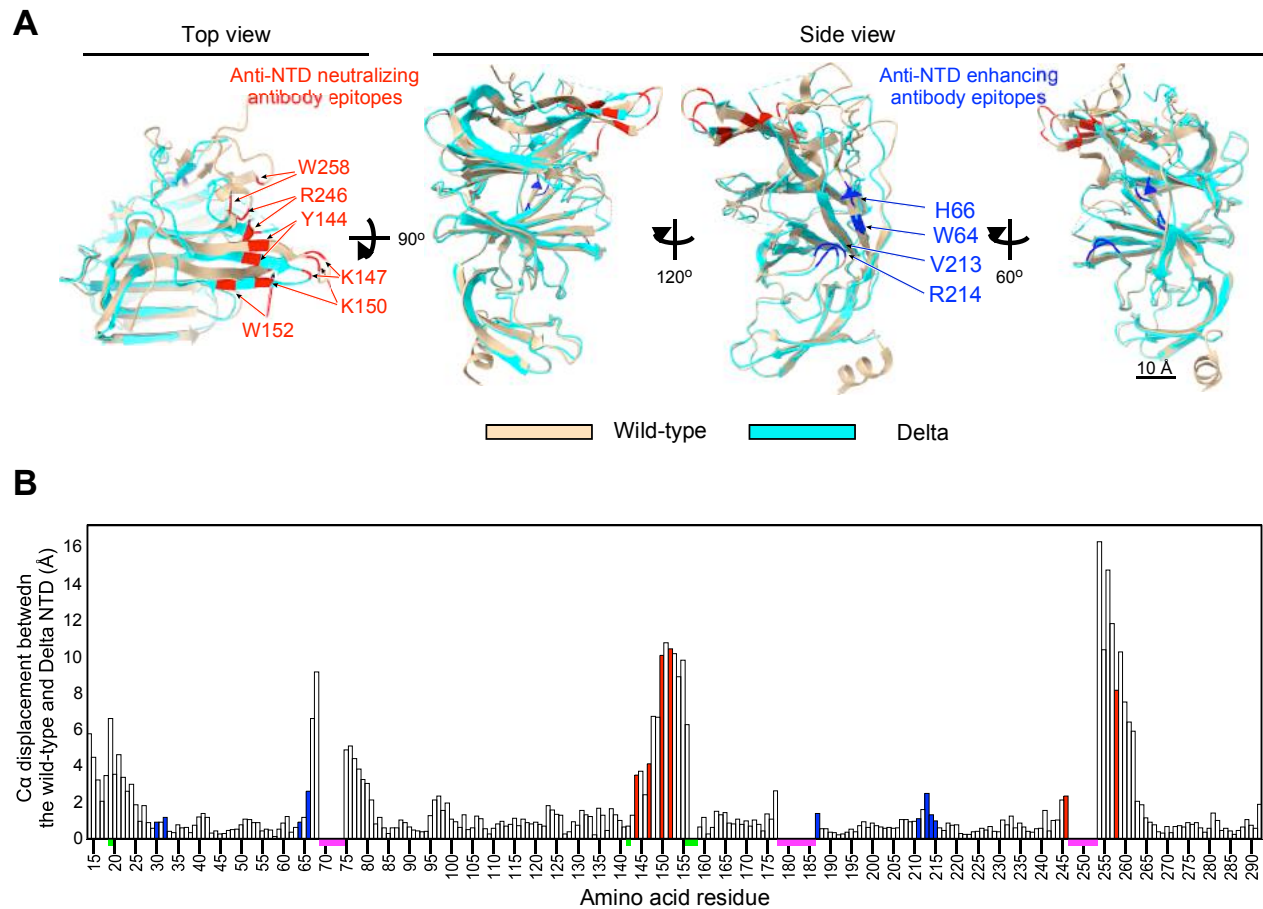


Figure 4. Cryo-EM analysis of the Delta NTD

(A) Structure of the Delta NTD (light blue) analyzed by the Cryo-EM were superimposed with the wild-type NTD (light brown, PDB: 7LY3). Major anti-NTD enhancing antibody epitopes (blue) and anti-NTD neutralizing antibody epitopes (red) were indicated in the figure.

(B) Cα displacement between the wild-type and the Delta NTD was shown. The value was calculated by UCSF chimera. All known anti-NTD enhancing antibody epitopes (blue) and anti-NTD neutralizing antibody epitopes (red) were indicated. The regions where structures of wild-type or Delta NTD were not determined (magenta), and mutations in the Delta NTD (green) are indicated on the axis. See also Figure S3 and Table S1.

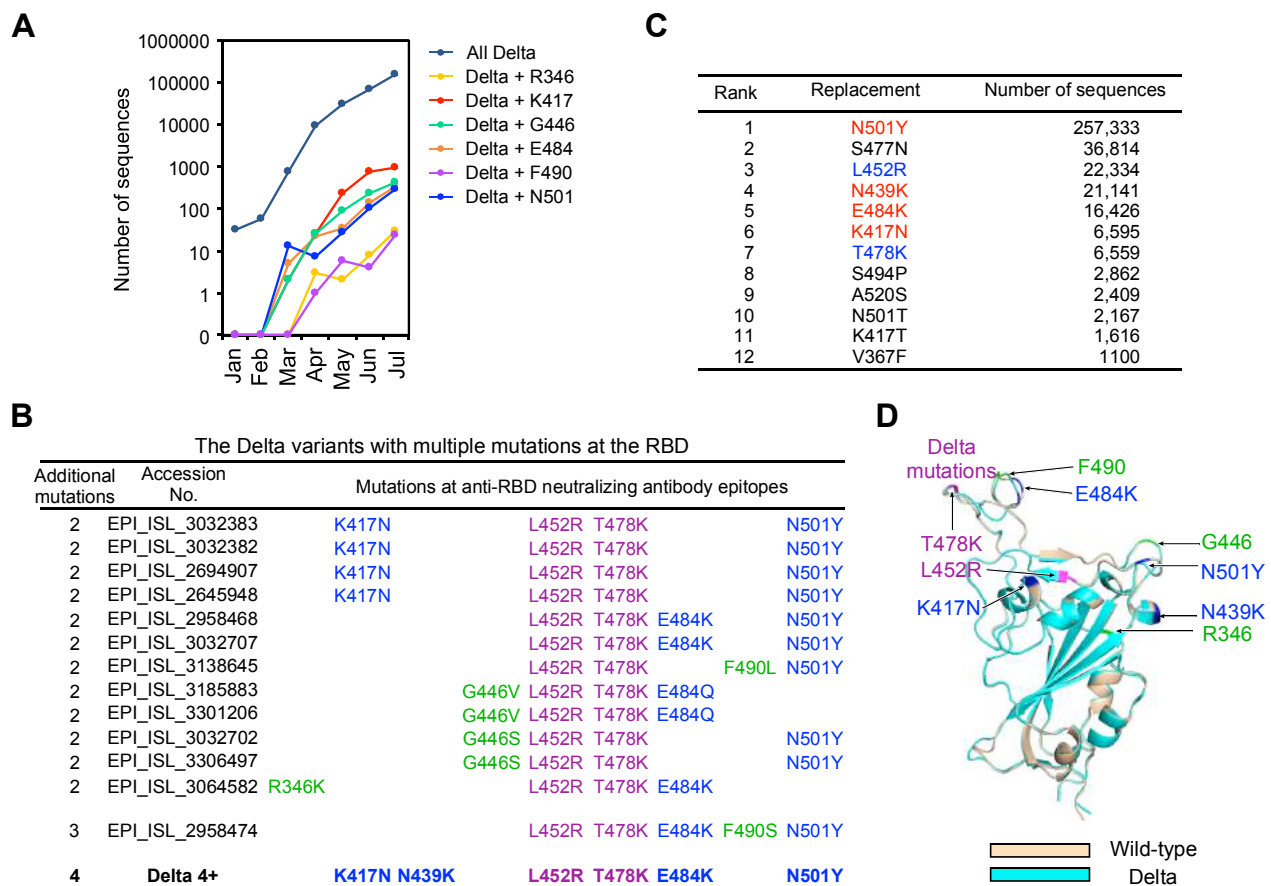


Figure 5. Possible mutations that may be acquired by the Delta variant

(A) Number of the Delta variants with additional mutations at the RBD registered in the GISAID database in each month from January, 2021 to July, 2021. The data registered at July are not enough and will be increased later.

(B) The Delta variants with additional mutations at multiple epitopes of the anti-RBD neutralizing antibodies. L452R and T478K mutations are observed in all the Delta variants (purple). Anti-RBD neutralizing antibody epitopes introduced into the Delta 4+ (blue), and anti-RBD neutralizing antibody epitopes observed in the natural Delta variants but not introduced into the Delta 4+ (green) are shown with the respective GISAID accession number.

(C) Number of the major RBD mutations acquired by all SARS-CoV-2 variants. L452R and T478K are mutations observed for the representative Delta variant (blue). N501Y, N439K, E484K and K417N were selected to generate the Delta 4+ variant (red).

(D) Location of additional mutations introduced into the Delta RBD. Structures of the RBD of the wild-type (light brown) and the Delta variant (light blue) predicted by AlphaFold2 were superimposed. Mutations of the Delta variant (purple), anti-RBD neutralizing antibody epitopes to generate the Delta 4+ (blue), and anti-RBD neutralizing antibody epitopes observed in the natural Delta variants but not introduced into the Delta 4+ (shown in C; green) are indicated in the figure. See also Figure S4.

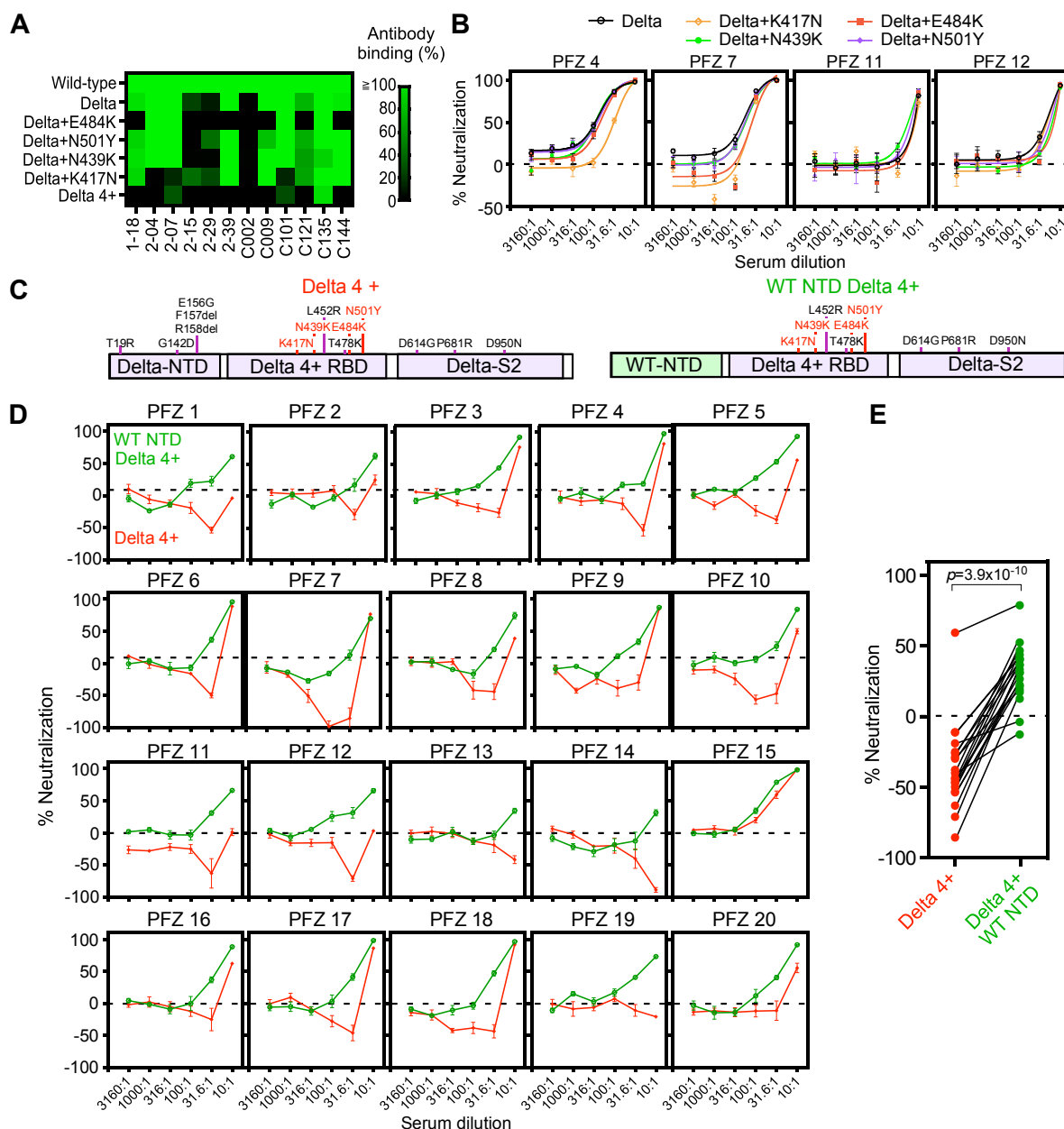


Figure 6. Enhanced infectivity of the Delta 4+ pseudovirus by the BNT162b2-immune sera
(A) Anti-RBD antibody binding to the Delta spike with additional mutations at the RBD. Anti-RBD mAb binding (1 μ g/ml) to the mutant spike was compared to that of the wild-type spike. The Delta 4+ spike contains additional mutations of K417N, N439K, E484K and N501Y.
(B) Neutralizing activity of BNT162b2-immune sera against the Delta pseudoviruses with a single additional mutation at the RBD as indicated in the figure. The data from quadruplicates are presented as mean \pm SEM.
(C) The construct of the Delta 4+ and Delta 4+ with wild-type (WT) NTD. Mutations in the original Delta variant (black) and the four mutations added to the Delta RBD (red) were shown.
(D) Neutralizing activity of BNT162b2-immune sera against the pseudovirus with Delta 4+ spike (red) and Delta 4+ spike with wild-type NTD (green).
(E) Neutralizing activity of 31.6 times diluted BNT162b2-immune sera. p value determined by paired t-test were indicated. Negative values for % neutralization indicates enhanced infectivity (B, D, E). The data from quadruplicates are presented as mean \pm SEM. The representative data from three independent experiments are shown.

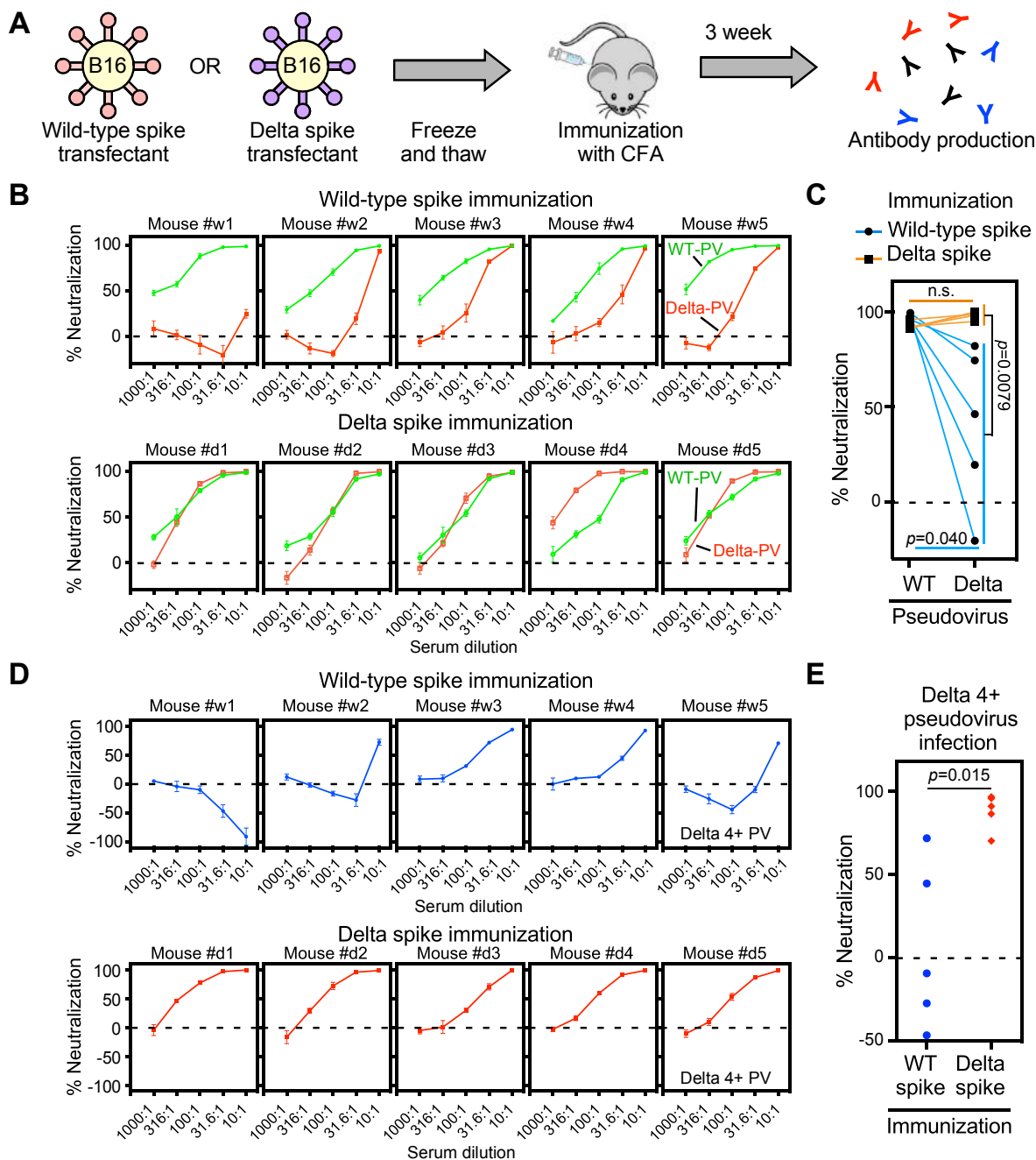


Figure 7. Sera from delta spike-immunized mice do not show enhanced infectivity

(A) Freeze and thawed wild-type and Delta spike-B16 transfectants were immunized to the mice with complete Freund's adjuvant (CFA).

(B) Neutralizing activity against the wild-type (green) or Delta (red) pseudovirus (PV) by sera from the wild-type spike (upper column) or Delta spike (lower column) spike-immunized mice.

(C) Neutralizing activity against the wild-type and Delta pseudovirus by 31.6 times-diluted sera from wild-type (light blue line) or Delta (orange line) spike-immunized mice.

(D) Neutralizing activity against the Delta 4+ pseudovirus by sera from the wild-type spike (upper column, blue) or Delta spike (lower column, red) immunized mice.

(E) Neutralizing activity against the Delta 4+ pseudovirus by the 31.6 times-diluted sera from the wild-type spike (blue) or Delta spike (red) immunized mice. n.s.: not statistical significance, p value was determined by t-test. A negative values for % neutralization indicates enhanced infectivity. All data from quadruplicates are presented as mean \pm SEM. See also Figure S1 and S5.

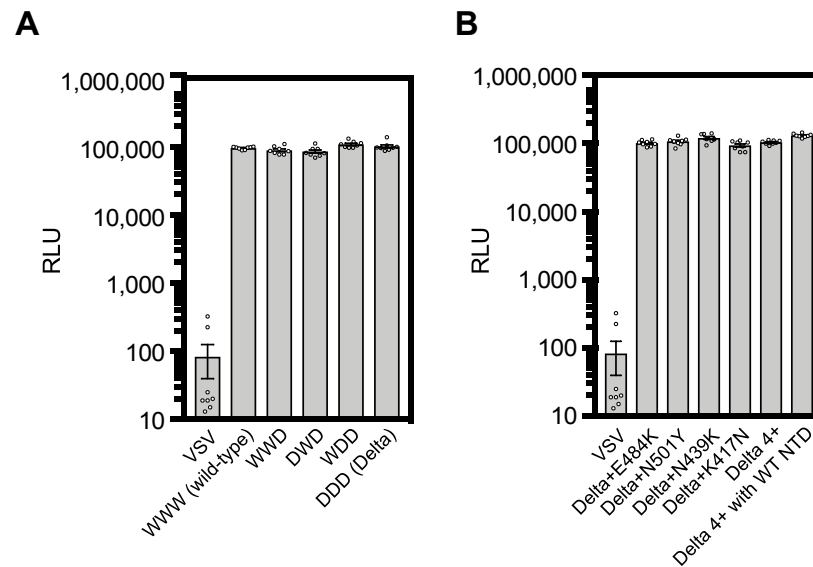


Figure S1. Viral titers of pseudotyped viruses, related to Figure 1, 2, 3, 6 and 7.

The viral titer for each pseudovirus was measured by infection of ACE2-transfected HEK293T cells as described in Methods.

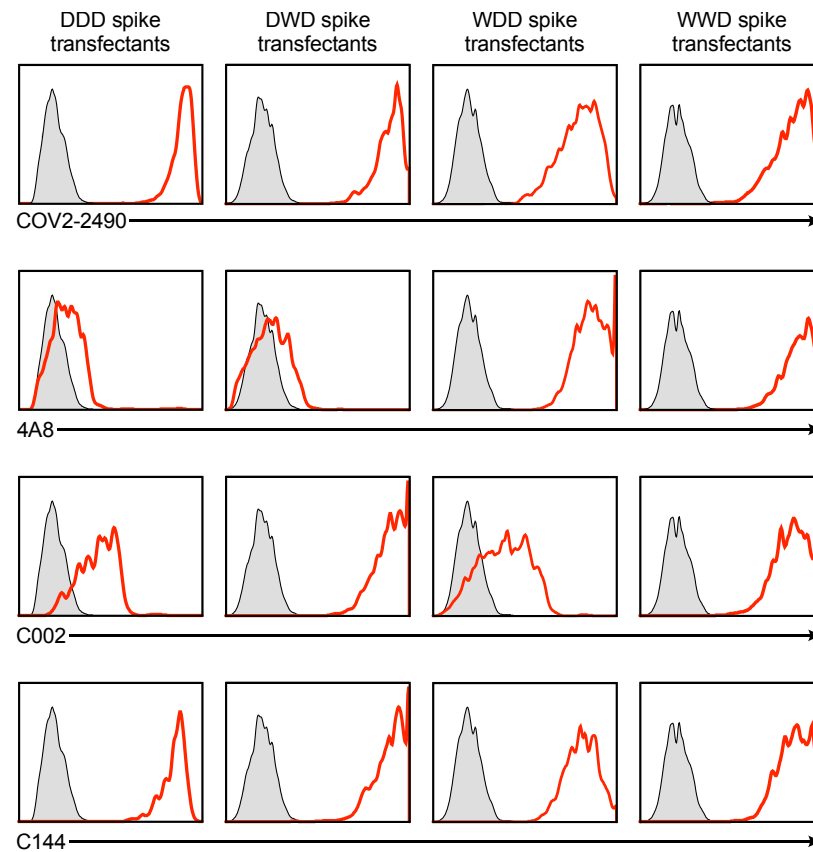


Figure S2 Anti-spike monoclonal antibody binding to the chimeric spike proteins, related to Figure 3.

Chimeric spike proteins DDD, DWD, WDD and WWD were transfected with GFP to HEK293T cells and the transfectants were stained with 1 μ g/ml COV2-2490, 4A8, C002, and C144 antibodies. Antibody bound to the GFP positive cells are shown (red histogram). Control staining: shaded histogram.

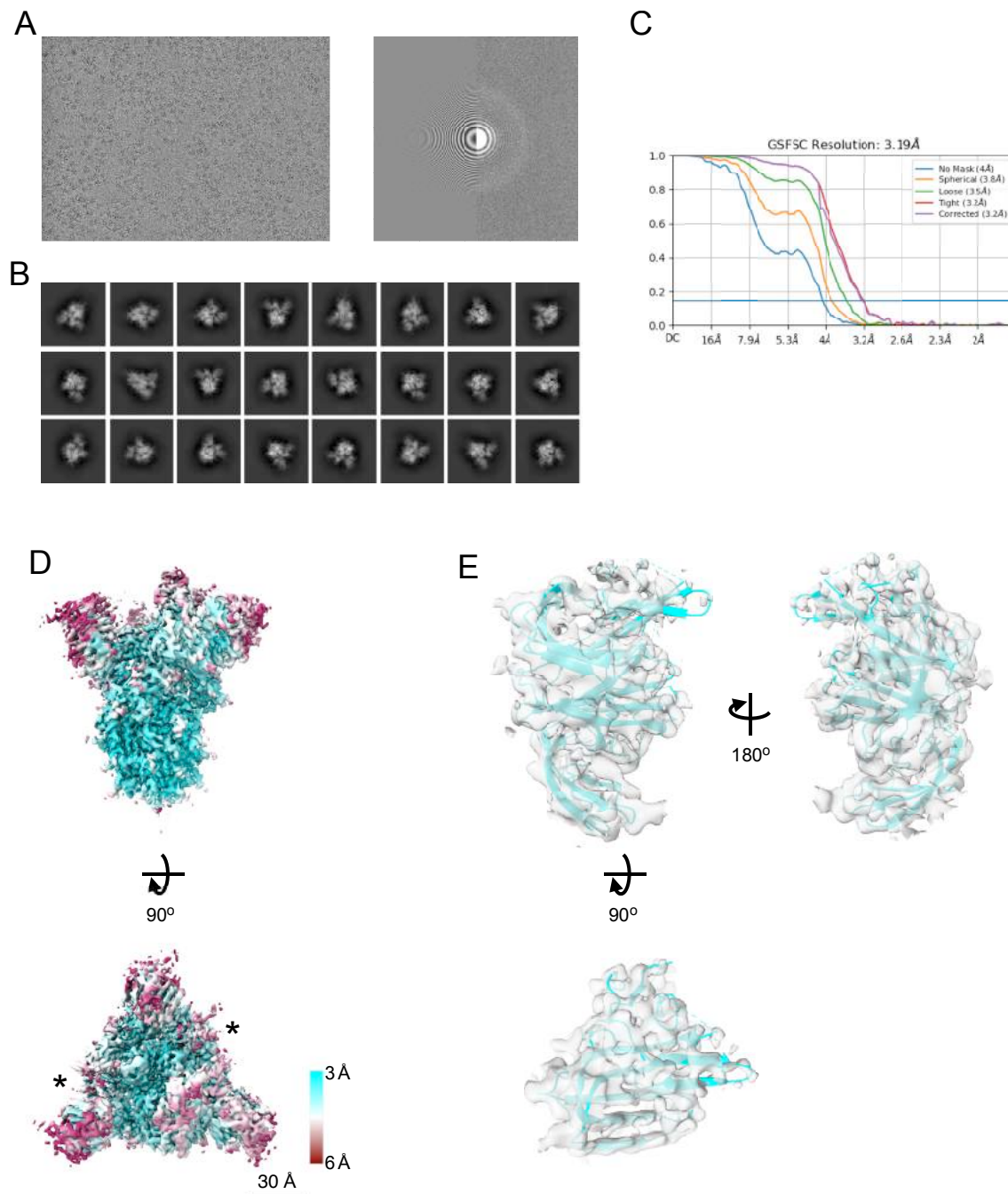


Figure S3. Cryo-EM density map of spike of SARS-CoV-2 Delta variant, related to Figure 4.

(A) A representative micrographs (left), CTF estimation of a micrograph on left panel (right).

(B) Typical 2D class averages.

(C) The GS-FSC curves for the obtained map from cryoSPARC software are shown. Blue flat line indicates FSC=0.143 criteria.

(D) The density map of spike protein from Delta strain (EMDBID: 31731). The map is colored with local resolution. Asterisks indicate the up form of RBDs. Scale bars are 30 Å.

(E) The structure of NTD from spike protein of Delta variant. The density map and the model are shown as semi-transparent surface and cartoon, respectively (PDBID: 7V5W).

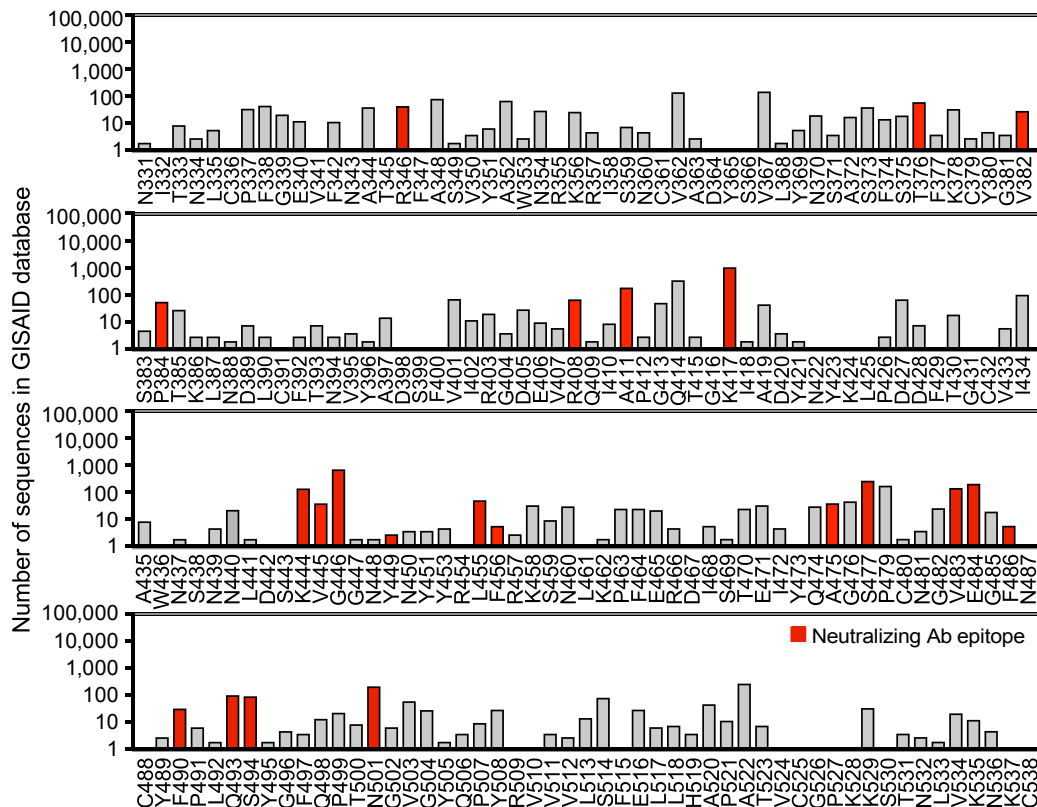


Figure S4. RBD mutations acquired by the Delta variant, related to Figure 5.

Number of RBD mutations acquired by the Delta variant. The numbers of mutations at each residue registered in the GISAID database are shown. L452 and T478 mutations included in all the Delta variant were excluded. The red bars indicate the known epitopes for anti-RBD neutralizing antibodies.

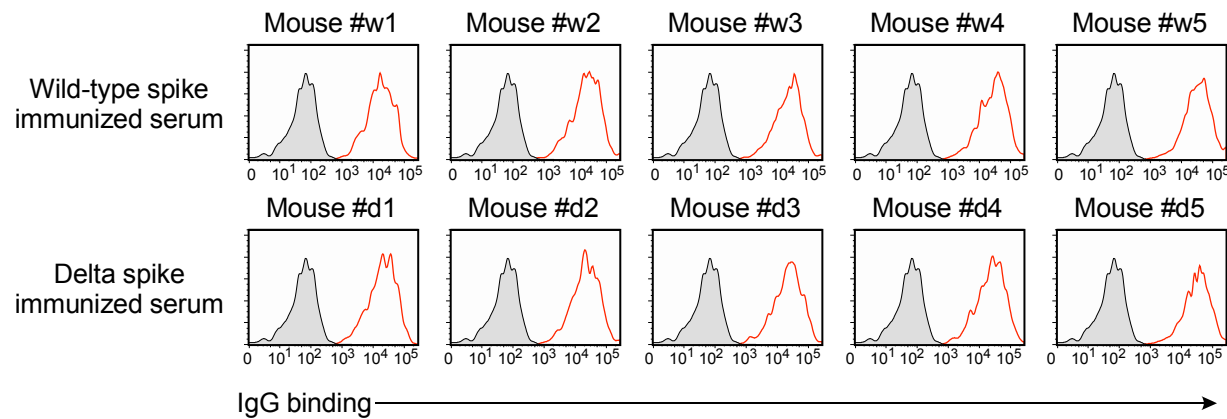


Figure S5 Anti-spike antibodies of the wild-type and delta spike-immunized mice, related to Figure 7.

IgG antibody binding of the 100 times diluted spike-immunized mouse sera to the wild-type spike transfectants were analyzed by flow cytometer. Red: IgG binding. Gray: Control staining.

Table S1. Cryo-EM data collection and processing statistics, related to Figure 4.

Data collection		
Sample	Spike protein of SARS-CoV2 Delta strain	
Micorscope	Titan Krios	
Acc. Voltage (kV)	300	
Total electron dose (e ⁻ /Å)	50	
Pixel size (Å)	0.88	
Defocus range (µm)	-0.8 – -2.0 (0.15)	
Magnification	81,000	
Corrected Cs (mm)	0.064	
Data processing		
Software	CryoSparc v3.2.0	
# of Micrographs	15,000	
# of particles	147,497	
Symmetry	C1	
Resolution (Å, GS-FSC=0.143)	3.19	
EMDB ID	31731	
Model building		
Method	Rigid body fitting & Coot	
Template model	AlphaFold2 prediction, 7JJI, 7N01	
# of Atoms	21,634 (2,725 residues)	
modification	NAG: 27	
MolProbity score	2.07	
Map vs model resolution (FSC = 0.5)	3.3 (masked)	
Ramachandran (%)	Favored	90.54
	Allowed	9.16
	Outlier	0.30
Clash score	10.42	
CaBLAM outeliars (%)	4.15	
RMSZ bound length (Å)	0.006	
RMSZ bound angle (°)	0.814	
PDBID	7V5W	

VAERS COVID-19 Vaccine Adverse Events Data

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

All VAERS COVID Reports ☒ US/Territories/Unknown

983,756 Reports
Through December 17, 2021

20,622

DEATHS

108,572

HOSPITALIZATIONS

107,860

URGENT CARE

153,971

DOCTOR OFFICE VISITS

8,590

ANAPHYLAXIS

12,317

BELL'S PALSY

3,365

Miscarriages

10,429

Heart Attacks

20,560

Myocarditis/Pericarditis

34,615

Permanently
Disabled

4,907

Thrombocytopenia/
Low Platelet

23,405

Life Threatening

35,997

Severe Allergic
Reaction

11,292

Shingles

Letters

RESEARCH LETTER

Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children: A Randomized Clinical Trial

Many governments have made nose and mouth covering or face masks compulsory for schoolchildren. The evidence base for this is weak.^{1,2} The question whether nose and mouth covering increases carbon dioxide in inhaled air is crucial. A large-scale survey³ in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings.

The normal content of carbon dioxide in the open is about 0.04% by volume (ie, 400 ppm). A level of 0.2% by volume or 2000 ppm is the limit for closed rooms according to the German Federal Environmental Office, and everything beyond this level is unacceptable.⁴

Methods | We measured carbon dioxide content in inhaled air with and without 2 types of nose and mouth coverings in a well-controlled, counterbalanced, short-term experimental study in volunteer children in good health (details are in the eMethods in [Supplement 1](#)). The study was conducted according to the Declaration of Helsinki and submitted to the ethics committee of the University Witten/Herdecke. All children gave written informed consent, and parents also gave written informed consent for children younger than 16 years. A 3-minute continuous measurement was taken for baseline carbon dioxide levels without a face mask. A 9-minute measurement for each type of mask was allowed: 3 minutes for measuring the carbon dioxide content in joint inhaled and exhaled air, 3 minutes for measuring the carbon dioxide content during inhalation, and 3 minutes for measuring the carbon dioxide content during exhalation. The carbon dioxide content of ambient air was always kept well under 0.1% by volume through multiple ventilations. The sequence of masks was randomized, and randomization was blinded and stratified by age of children. We analyzed data using a linear model for repeated measurements with $P < .05$ as the significance threshold. The measurement protocol (trial protocol in [Supplement 2](#)) is available online.⁵ Data were collected on April 9 and 10, 2021, and analyzed using Statistica version 13.3 (TIBCO).

Results | The mean (SD) age of the children was 10.7 (2.6) years (range, 6-17 years), and there were 20 girls and 25 boys. Measurement results are presented in the **Table**. We checked potential associations with outcome. Only age was associated with carbon dioxide content in inhaled air ($y = 1.9867 - 0.0555 \times x$; $r = -0.39$; $P = .008$; **Figure**). Hence, we added age as a continuous covariate to the model. This revealed an association (partial $\eta^2 = 0.43$; $P < .001$). Contrasts showed that this was attributable to the difference between the baseline value and the values of both masks jointly. Contrasts between the 2 types of masks were not significant. We measured means (SDs) between 13 120 (384) and 13 910 (374) ppm of carbon dioxide in inhaled air under surgical and filtering facepiece 2 (FFP2) masks, which is higher than what is already deemed unacceptable by the German Federal Environmental Office by a factor of 6. This was a value reached after 3 minutes of measurement. Children under normal conditions in schools wear such masks for a mean of 270 (interquartile range, 120-390) minutes.³ The **Figure** shows that the value of the child with the lowest carbon dioxide level was 3-fold greater than the limit of 0.2 % by volume.⁴ The youngest children had the highest values, with one 7-year-old child's carbon dioxide level measured at 25 000 ppm.

Table. Carbon Dioxide Values Under Various Conditions

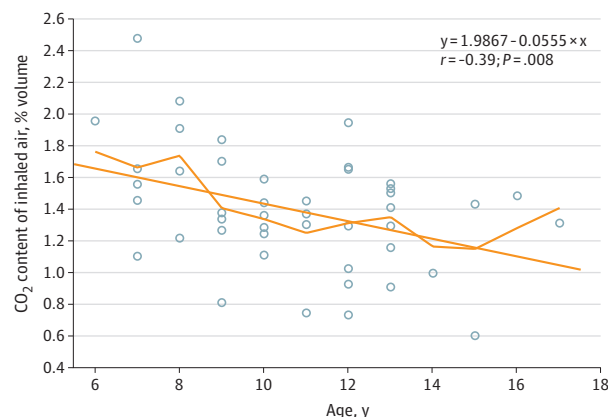
Measurement	Participants, No.	Carbon dioxide, % by volume	
		Mean (SD) [95% CI]	Range
Baseline			
Pretest	45	0.268 (0.108) [0.235-0.300]	0.100-0.628
Posttest ^a	39	0.281 (0.105) [0.247-0.316]	0.100-0.525
Main outcome			
Inhaled air with surgical mask	45	1.312 (0.384) [1.197-1.427]	0.577-2.554
Inhaled air with FFP2 mask	45	1.391 (0.374) [1.279-1.504]	0.600-2.475
Additional outcome			
Joint exhaled and inhaled air with surgical mask	45	2.650 (0.486) [2.504-2.796]	1.33-3.41
Exhaled air with surgical mask	44	3.847 (0.678) [3.641-4.053]	1.783-4.754
Joint inhaled and exhaled air with FFP2 mask	45	2.677 (0.386) [2.561-2.793]	1.660-3.418
Exhaled air with FFP2	45	3.846 (0.547) [3.682-4.011]	2.592-5.24
Carbon dioxide content in ambient air	NA	0.074 (0.003) [0.073-0.075]	0.067-0.083

Abbreviations: FFP, filtering facepiece; NA, not applicable.

^a Posttest scores were missing in 6 children because they stopped the measurement after wearing the masks.

This article has been retracted

Figure. Scatterplot of Carbon Dioxide Content in Inhaled Air Under Filtering Facepiece Mask by Age



Linear regression line with locally weighted scatterplot smoothing.

Discussion | The limitations of the study were its short-term nature in a laboratory-like setting and the fact that children were not occupied during measurements and might have been apprehensive. Most of the complaints reported by children³ can be understood as consequences of elevated carbon dioxide levels in inhaled air. This is because of the dead-space volume of the masks, which collects exhaled carbon dioxide quickly after a short time. This carbon dioxide mixes with fresh air and elevates the carbon dioxide content of inhaled air under the mask, and this was more pronounced in this study for younger children.

This leads in turn to impairments attributable to hypercapnia. A recent review⁶ concluded that there was ample evidence for adverse effects of wearing such masks. We suggest that decision-makers weigh the hard evidence produced by these experimental measurements accordingly, which suggest that children should not be forced to wear face masks.

Harald Walach, PhD
 Ronald Weigl, MD
 Juliane Prentice, BA
 Andreas Diemer, PhD, MD
 Helmut Traindl, PhD
 Anna Kappes, MA
 Stefan Hockertz, PhD

Author Affiliations: Poznan University of the Medical Sciences, Pediatric Clinic, Poznań, Poland (Walach); Obstetric, Gynecological, and General Practice, Passau, Germany (Weigl); Psychotherapeutic Practice, Müllheim, Germany

(Prentice); General Practice, Gernsbach, Germany (Diemer); Traindl Consult, Vienna, Austria (Traindl); Psychotherapeutic Practice for Children and Youth, Müllheim, Germany (Kappes); tpi consult GmbH, Bollschweil, Germany (Hockertz).

Accepted for Publication: June 7, 2021.

Published Online: June 30, 2021. doi:10.1001/jamapediatrics.2021.2659

Retraction: A notice of retraction was published on July 16, 2021.

Corresponding Author: Harald Walach, PhD, Poznan University of the Medical Sciences, Pediatric Clinic, ul. Szpitalna 27/33, PL-60-572 Poznań, Poland (harald.walach@uni-wh.de).

Author Contributions: Dr Walach (principal investigator) had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: All authors.

Acquisition, analysis, or interpretation of data: Walach, Weigl, Diemer, Traindl, Kappes, Hockertz.

Drafting of the manuscript: Walach, Traindl.

Critical revision of the manuscript for important intellectual content: Walach, Weigl, Prentice, Diemer, Kappes, Hockertz.

Statistical analysis: Walach.

Administrative, technical, or material support: Weigl, Prentice, Diemer, Traindl, Kappes, Hockertz.

Supervision: Weigl, Diemer, Traindl, Kappes, Hockertz.

Other-liaising with all other authors: Walach.

Conflict of Interest Disclosures: None reported.

Funding/Support: Mediziner und Wissenschaftler für Gesundheit, Freiheit und Demokratie eV, a public charity, has organized this study and covered only essential expenses, such as travel.

Role of the Funder/Sponsor: The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

Data Sharing Statement: See [Supplement 3](#).

1. Xiao J, Shiu EYC, Gao H, et al. Nonpharmaceutical measures for pandemic influenza in nonhealthcare settings—personal protective and environmental measures. *Emerg Infect Dis*. 2020;26(5):967-975. doi:10.3201/eid2605.190994
2. Matuschek C, Moll F, Fangerau H, et al. Face masks: benefits and risks during the COVID-19 crisis. *Eur J Med Res*. 2020;25(1):32. doi:10.1186/s40001-020-00430-5
3. Schwarz S, Jenetzky E, Krafft H, Maurer T, Martin D. Corona children studies "Co-Ki": first results of a Germany-wide registry on mouth and nose covering (mask) in children. Published 2021. Accessed June 15, 2021. <https://www.researchsquare.com/article/rs-124394/v1>
4. Mitteilungen der Ad-hoc-Arbeitsgruppe Innenraumrichtwerte der Innenraumluftthygiene-Kommission des Umweltbundesamtes und der Obersten Landesgesundheitsbehörden. [Health evaluation of carbon dioxide in indoor air]. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2008; 51(11):1358-1369. doi:10.1007/s00103-008-0707-2
5. Walach H, Weigl R, Traindl H, et al. Is carbon dioxide content under nose-mouth covering in children without potential risks? a measurement study in healthy children. Published April 14, 2021. Accessed June 15, 2021. https://osf.io/yh97a/?view_only=df003592db5c4bd1ab183dad8a71834f
6. Kisielski K, Giboni P, Prescher A, et al. Is a mask that covers the mouth and nose free from undesirable side effects in everyday use and free of potential hazards? *Int J Environ Res Public Health*. 2021;18(8):4344. doi:10.3390/ijerph18084344



Circulation

This site uses cookies. By continuing to browse this site you are agreeing to our use of cookies.

[Click here for more information.](#)



 **FREE ACCESS** | **ABSTRACT**

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY

SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

This article has an expression of concern 

Expression of Concern: Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF) which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score. The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients. This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the

previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35 \pm 20 above the norm to 82 \pm 75 above the norm post-vac; sFas increased from 22 \pm 15 above the norm to 46 \pm 24 above the norm post-vac; HGF increased from 42 \pm 12 above the norm to 86 \pm 31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

Footnotes

Author Disclosures: For author disclosure information, please visit the AHA Scientific Sessions 2021 [Online Program Planner](#) and search for the abstract title.



[^ Back to top](#)



Circulation

AHA Journals

Arteriosclerosis, Thrombosis, and Vascular Biology (ATVB)

Circulation

Circ: Arrhythmia and Electrophysiology

Circ: Genomic and Precision Medicine

Circ: Cardiovascular Imaging

Circ: Cardiovascular Interventions

Circ: Cardiovascular Quality & Outcomes

Circ: Heart Failure

Circulation Research

Hypertension

Stroke



Journal Information



About
Editorial Board
Reprints
Customer Service and Ordering Information
AHA Journals RSS Feeds
For International Users
Institutions/Librarians FAQ
For Subscribers
Subscriber Help
Wolters Kluwer Privacy Policy

Subjects



All Subjects
Arrhythmia and Electrophysiology
Basic, Translational, and Clinical Research
Critical Care and Resuscitation
Epidemiology, Lifestyle, and Prevention
Genetics
Heart Failure and Cardiac Disease
Hypertension
Imaging and Diagnostic Testing
Intervention, Surgery, Transplantation
Quality and Outcomes
Stroke
Vascular Disease

Features



Bridging Disciplines
Circulation at Major Meetings
Special Themed Issues
Global Impact of the 2017 ACC/AHA Hypertension Guidelines
Circulation Supplements
Cardiovascular Case Series
ECG Challenge
Hospitals of History
On My Mind
Podcast Archive

- Circulation on the Run
 - Subscribe to Circulation on the Run
 - #FITFAVES
- Circulation Doodle

Resources & Education



[AHA Guidelines and Statements](#)

[Circulation CME](#)

[Information for Advertisers](#)

For Authors & Reviewers



[Instructions for Authors](#)

[Submission Site](#)

[Author Reprints](#)



American Heart Association®

National Center

7272 Greenville Ave.
Dallas, TX 75231

Customer Service

1-800-AHA-USA-1
1-800-242-8721

[Local Info](#)

[Contact Us](#)

ABOUT US

About the AHA/ASA	>
2016-17 Annual Report	>
AHA Financial Information	>
Careers	>
SHOP	>
Latest Heart and Stroke News	>
AHA/ASA Media Newsroom	>
Global Programs	>

OUR SITES

American Heart Association	>
American Stroke Association	>
Professional Heart Daily	>
More Sites	>

TAKE ACTION

Advocate	>
Donate	>
Planned Giving	>
Volunteer	>

ONLINE COMMUNITIES

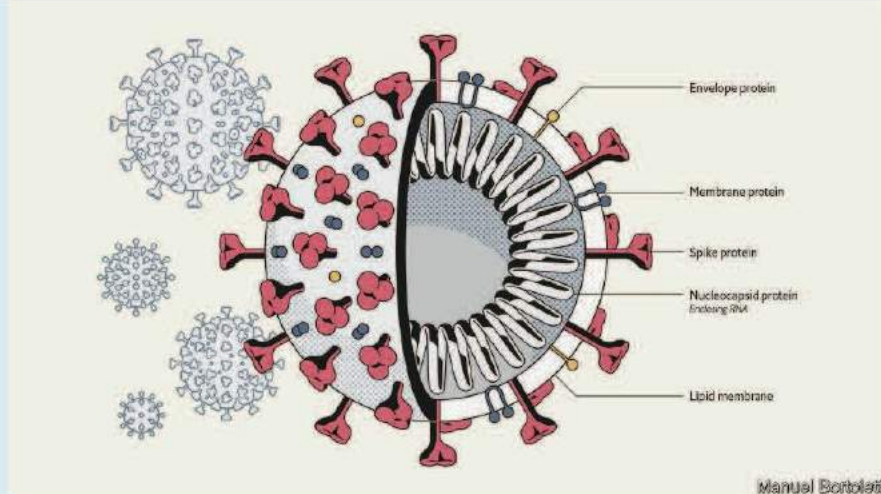
AFib Support	>
Garden Community	>
Patient Support Network	>

[Privacy Policy](#) | [Copyright](#) | [Ethics Policy](#) | [Conflict of Interest Policy](#) | [Linking Policy](#) | [Diversity](#) | [Careers](#) | [Suppliers & Providers](#) | [Accessibility Statement](#) | [State Fundraising Notices](#)

© American Heart Association, Inc. All rights reserved. Unauthorized use prohibited. The American Heart Association is qualified 501(c)(3) tax-exempt organization.

*Red Dress [™] DHHS, Go Red [™]; AHA; National Wear Red Day [®] is registered trademark.





Depiction of Novel Corona Virus Infectious Disease 2019 (CoVid 19 aka SARS CoV 2)

Problem: CV19 Inhibits Human Body's Immune Regulatory Response/Defense System.

Where: Primary Lungs and Secondary other major organs and nervous system.

When: 2-14 days after Initial infection date.

Significance : The human body's immune defense is compromised leading to prolonged illness and high mortality in populations with previous underlying inflammatory, immunosuppressive diseases/conditions: Elderly, Afro/Native Americans ; Obesity, Smokers, Alcoholics, Addicts, HBP, Diabetes, Arthritis, Heart Disease, Arteriosclerosis, Stroke/Ischemia, Blood vessel inflammation, Cycle Cell Anemia, Cancer, Lupus, MS, AIDs, Nephritis, Kawasaki disease, etc.

Zinc is vital to promoting healthy hair, skin, and nails and is required for a proper sense of taste and smell. Zinc plays an integral role in immune function, protein synthesis, wound healing, DNA synthesis and cell division and is involved in over 300 regulatory processes. Zinc is also important for lipid, carbohydrate, and protein metabolism, as well as cell signal transduction, and reduction/oxidation (redox) regulation. In males, zinc has been shown to protect the prostate gland from infection and enlargement, which has been linked to being a risk for prostate cancer. In females, zinc can help treat menstrual problems and alleviate associated symptoms. Zinc may also protect from night blindness and prevent the development of cataracts. Children need zinc to grow, maintain a healthy body weight, fight off diseases such as pneumonia, diarrhea and diabetes, as well as shorten the length of the common cold.

Evidence: shown Zinc transported across SARS CoV 1 infected cell membranes using non protein, synthetic ionophore , carrier molecules has been to inhibit viral RNA reverse transcriptase (RT) enzyme and prevent virion reproduction in vitro.

Hypothesis: CV19 inhibits zinc transport across infected cell membranes leading to Zinc Immuno regulatory deficiencies causing initial acute exacerbation of chronic obstructive pulmonary disease and secondary acute exacerbation of heart, kidney, blood vessels, brain, large intestine, skin, joints, and nervous system exemplified by cytokine storm and inflammation.

Causes: Low blood serum zinc concentration/availability.

Inhibition of zinc zip protein carrier "ionophores" which transport zinc across cell membranes for human DNA/RNA synthesis, cellular control, and immune response.

Solutions : Increase blood serum zinc through proper diet, digestion, and gut flora; avoid phytate rich foods; eat zinc rich foods; supplement zinc.

Supplement/administer "non protein" Zinc ionophore carrier molecules:

A. Synthetic, Big Pharma Drugs like Pyrithione, Hydroxychloriquine, and/or other synthetic zinc ligand-ionophores.

B. Natural fruit and vegetable polyphenol flavenoid ionophores like Quercetin, Reseveratrol, Curcumin, ECGC.

Effective: Timely Solutions Implement Zinc plus non protein ionophores to transport zinc across infected cell membranes and inhibit viral RT, prevent virion reproduction, and restore human cell DNA and RNA synthesis, cellular control, and immune regulatory response/defense.

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

July 19, 2021

SENT VIA EMAIL

Mr. Xavier Becerra
HHS Office of the Secretary
Secretary, Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
c/o Sean McCluskie
Email: sean.mccluskie@hhs.gov

Dr. Rochelle P. Walensky
Director, Centers for
Disease Control and
Prevention
1600 Clifton Road
Atlanta, GA 30329
Email: Aux7@cdc.gov

Dr. Janet Woodcock
Interim Commissioner,
Food & Drug Administration
10903 New Hampshire
Avenue Silver Spring, MD
20993
janet.woodcock@fda.hhs.gov

Dr. Peter Marks
Director, Center for Biologics
Evaluation and Research
Food & Drug Administration
10903 New Hampshire Avenue
W071-3128
Silver Spring, MD 20993-0002
Email: Peter.Marks@fda.hhs.gov

Dr. Tom Shimabukuro
CDC COVID-19 Vaccine
Task Force
1600 Clifton Road, NE
Corporate Square, Bldg 12
Atlanta, GA 30329
Email: ayv6@cdc.gov

Re: Underreporting to VAERS & Violation of COVID-19 Vaccine EUAs

Dear Mr. Becerra, Dr. Walensky, Dr. Woodcock, Dr. Marks, and Dr. Shimabukuro:

We write with urgency to provide a first-hand report from Ms. Deborah Conrad, a Physician Assistant at a regional New York hospital, of serious injuries from COVID-19 vaccines and her hospital system's failure to report to VAERS.

Ms. Conrad's hospital serves a community in which less than 50% of individuals have received the COVID-19 vaccine yet approximately 90% of individuals admitted to her hospital are documented to have received the COVID-19 vaccine. Even more troubling is the fact that many individuals being admitted are presenting with complication months after vaccination and the hospital has more admitted patients now on average than it had last year during the pandemic. Even worse is that Ms. Conrad attests that even injuries occurring directly after COVID-19 vaccination are *not* being reported to the CDC and FDA's Vaccine Adverse Events Reporting System ("VAERS").

In fact, after she began assisting doctors and nurses in her hospital with submission of VAERS reports, she was prohibited by the hospital from doing so for a majority of the reports. Ms. Conrad's first-hand experience reinforces the serious concerns previously raised that there is

an incredible level of underreporting to VAERS of adverse events following the COVID-19 vaccine. Please advise forthwith what steps you intend to take to (1) inform all health care providers that all serious adverse events they observe after COVID-19 vaccination should be reported to VAERS and (2) punish hospitals and health care professionals that fail to file VAERS reports.

I. Underreporting to VAERS

As you are aware, an AHRQ-funded study by Harvard Medical School of 715,000 patients tracked reporting to VAERS over a three-year period at Harvard Pilgrim Health Care. It concluded that “fewer than 1% of vaccine adverse events are reported.”¹

This disturbingly low rate is confirmed by the rate at which anaphylaxis after COVID-19 vaccine is reported to VAERS. The CDC Director claims that “Anaphylaxis after COVID-19 vaccination is **rare** and occurred in approximately **2 to 5 people per million** vaccinated in the United States based on events reported to VAERS.”² That claim is contradicted by a recent study at Mass General Brigham that assessed anaphylaxis in a clinical setting after the administration of COVID-19 vaccines and found “severe reactions consistent with anaphylaxis occurred at a rate of **2.47 per 10,000 vaccinations**.”³ This is equivalent to 50 to 120 times more cases than what VAERS and the CDC are reporting.

The underreporting of anaphylaxis by the CDC and VAERS is particularly troubling because it is mandatory for medical providers to report anaphylaxis after any COVID-19 vaccine to VAERS,⁴ most of these reactions occur within 30 minutes of vaccination,⁵ and there has been an intense campaign by health authorities to inform medical providers that they need to report anaphylaxis after COVID-19 vaccination to VAERS. Nonetheless, the rate of reporting still appears to be only around 0.8 to 2 percent of all cases of anaphylaxis.

This raises serious concerns regarding the underreporting of adverse events following COVID-19 vaccination to VAERS, especially for adverse events that do not occur immediately after vaccination and where health care providers have not been specifically directed to report such adverse events to VAERS.

II. Confirmation from the Front Line

The first-hand observation of Deborah Conrad, a Physician Assistant from a New York regional hospital (“**Hospital**”), confirms this concerning and dangerous underreporting to VAERS. Her direct daily observation over the last two years of hospital admissions and vaccination status

¹ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>. See also a U.S. House Report similarly stated: “Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent only a fraction of the serious adverse events.” <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf>.

² <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

³ <https://jamanetwork.com/journals/jama/fullarticle/2777417>

⁴ See, e.g., <https://www.fda.gov/media/144413/download>.

⁵ See <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>; see also <https://jamanetwork.com/journals/jama/fullarticle/2777417> (mean time to reaction is 17 minutes post-vaccination).

also confirm that the COVID-19 vaccine has caused a surge of admissions to her hospital exceeding even that which occurred at the height of the pandemic.

Ms. Conrad raised these concerns to her superiors at the Hospital. After they failed to act, she reached out Dr. Shimabukuro on March 26, 2021 and to the Food and Drug Administration (“FDA”) via email on April 15, 2021, April 30, 2021, and May 24, 2021 explaining that she was seeing concerning adverse events that were not being reported to VAERS, including pericarditis. These messages were never acknowledged. Ms. Conrad also raised the issue with the New York State Department of Health (“NYSDOH”) and with the Office of Professional Medical Conduct. She has, to date, not received satisfactory answers nor has she seen any steps taken by the Hospital to remediate the issues.

i. Ms. Conrad Assists Hospital Staff to File VAERS Reports

Ms. Conrad is in constant communication with patients, patients’ families, and other hospital staff and has knowledge of numerous serious post-COVID-19 vaccine adverse events, including breakthrough cases and deaths, as well as other adverse events on the CDC’s “adverse events of special interest” list⁶ that have not been reported to either VAERS or the NYSDOH. Among other serious conditions following COVID-19 vaccination, Ms. Conrad has observed: clotting events, myocarditis cases, type one diabetes new onset, Acute myelogenous leukemia, breakthrough COVID-19 cases, death, and more.

For the past few months, on her own time, Ms. Conrad has been assisting doctors and other medical professionals at the hospital to report such events to VAERS. Instead of praising her efforts, numerous individuals at the Hospital ordered Ms. Conrad to stop reporting to VAERS altogether unless she was submitting a report for her direct patient. Since being given this order, Ms. Conrad has knowledge of dozens of patients whose conditions necessitate a VAERS report and whose treating nurses and doctors have not filed a VAERS report. This was entirely predictable as Ms. Conrad was, to her knowledge, the only health care provider at the Hospital submitting reports.

ii. Requirement to Submit VAERS Reports

Health care workers are mandated by federal law to report certain medical events arising after vaccination to VAERS. Pursuant to 42 U.S.C. § 300aa-25:

Each health care provider and vaccine manufacturer **shall report** to the Secretary—

- (A) the occurrence of any event set forth in the Vaccine Injury Table, including the events set forth in section 300aa-14(b) of this title which occur within 7 days of the administration of any vaccine set forth in the Table or within such longer period as is specified in the Table or section,

⁶ See <https://www.bestinitiative.org/wp-content/uploads/2021/02/C19-Vaccine-Safety-AESI-Background-Rate-Protocol-FINAL-2020.pdf> at 12-13.

- (B) the occurrence of any contraindicating reaction to a vaccine which is specified in the manufacturer's package insert, and
- (C) such other matters as the Secretary may by regulation require.⁷

Additionally, pursuant to the FDA and its emergency use authorizations (“EUA”), all vaccine and health care providers “must report the following information associated with the administration of ... COVID-19 Vaccine of which they become aware to VAERS in accordance with the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers)⁸:

- Vaccine administration errors whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to vaccination)
- Cases of Multisystem Inflammatory Syndrome in children and adults
- Cases of COVID-19 that result in hospitalization or death.”⁹

“Serious adverse events” are defined by the FDA to include:

- Death;
- A life-threatening adverse event;
- Inpatient hospitalization or prolongation of existing hospitalization;
- A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
- A congenital anomaly/birth defect;
- An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.¹⁰

Health care providers are also strongly encouraged to report to VAERS “*any adverse event that occurs after the administration of a vaccine* licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event.”¹¹ The importance of filing VAERS reports is acute with regard to COVID-19 vaccines which were developed based on novel technology and which have only been granted emergency use authorization.

⁷ <https://www.law.cornell.edu/uscode/text/42/300aa-25> (emphasis added).

⁸ Ms. Conrad's Hospital is a vaccine provider.

⁹ <https://www.fda.gov/media/144412/download> (Pfizer); <https://www.fda.gov/media/144636/download> (Moderna), <https://www.fda.gov/media/146303/download> (Johnson & Johnson); <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html>.

¹⁰ <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html>.

¹¹ <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/reportingaes.html> (emphasis added).

iii. Hospital Prevents Ms. Conrad From Filing VAERS Reports

When Ms. Conrad observed that serious adverse events occurring directly after COVID-19 vaccination were not being reported to VAERS, she volunteered to submit the necessary reports to VAERS on her and her colleagues' behalf. Ms. Conrad was doing so after her paid shifts ended because she understands the critical importance of the task. In response, the Hospital told Ms. Conrad they were going to audit the VAERS reports that Ms. Conrad submitted because, "in [her] clinical role and as a leader in the organization," she was to "support [the Hospital's] approach to the vaccine," and submitting reports to VAERS apparently is contrary to its "approach to the vaccine."

It is alarming that the Hospital's "approach to the vaccines" does not and has not included educating health care providers about VAERS and encouraging them to efficiently and consistently file reports. Instead, its apparent approach is to actively deter them from doing so.

As Ms. Conrad told the Hospital, she has personally treated at least five patients that presented with new, unprovoked deep vein thrombosis or pulmonary embolisms within 6 weeks of COVID-19 vaccination. She has also seen patients who, after receipt of COVID-19 vaccination, presented with a new stroke, bleed, autoimmune hepatitis, sudden bilateral pneumonia or COVID-19 infection, as well as syncope with head injury, STEMI, new arrhythmias, new seizure disorders, new chorea movement disorder, and more. In one day alone, Ms. Conrad had four patients with sudden bilateral pneumonia within a week of their COVID-19 vaccination. Ms. Conrad understands that it is not her responsibility to determine any causation but that it is her duty to report these instances to VAERS so that the FDA and CDC have adequate data by which to detect potential safety signals. The Hospital has prohibited Ms. Conrad from filing a VAERS reports for any of these serious events after COVID-19 vaccination unless she directly treats the patient.

In auditing the VAERS reports submitted by Ms. Conrad for a four-week period – totaling 50 adverse event reports, which includes 4 deaths – the Hospital's Chief Quality Officer stated that she has "not heard this level of reporting from anywhere else and didn't hear similar reports from [another hospital in the system]." This is Ms. Conrad's precise concern: if she is not submitting the VAERS reports, they are not being submitted. The Hospital did not take issue with the reports themselves, which were all valid, but rather that unlike other hospitals, Ms. Conrad is actually causing the Hospital to submit reports to VAERS. The Hospital told Ms. Conrad: "we need to make sure we are providing a consistent message to our team and we need to make sure that that is also in alignment with what our health system is asking us to do."

The Hospital's conclusion was therefore, quizzically, that Ms. Conrad only be permitted to report to VAERS for her own patients:

From what our risk team is telling us, really you can only be reporting on the patients that you are providing direct care for and so you cannot, and I know you've been volunteering and trying to be helpful, but we need you to try to kind of dial it back and focus on the patients that you are directly responsible for ...

Ms. Conrad reiterated that the reason she took this task on is because no one else wants to do it nor are they doing it. However, the Hospital dismissed that with the statement that:

The approach has been that this is the responsibility of the individual provider who believes they have identified a potential adverse event and that has been our approach... You can't control, and I know this is frustrating, but you can't control whether someone else is putting the report in... and we do need to follow how the system is approaching this currently.

When Ms. Conrad again explained why she has the concerns she has about underreporting, she was called an anti-vaxxer by the Hospital:

I don't want us to go down any kind of rabbit hole here but the thing I think we need to be clear about and I am just going to be frank with you ...in reading the few emails you sent me and reading the email that went out to the provider, it does come across a bit...uh very vaccine...ugh I won't say very but it comes out quite, it comes out quite almost anti-vaxxy, right, and you know, clearly as an organization, as a health system, right and as ... an organization that is working on following CDC guidelines and following the guidance of the department of health, we are very much advocating for patients to receive the vaccine. And we are very much working on the ... effort to work to try and reduce vaccine hesitancy... We want people to understand that on the whole this is a very safe vaccine and that the science supports that.

Of course, the assessment of "safe" is based on reports of adverse reactions and if such reports are not being made, this conclusion could be false.

Ms. Conrad voiced additional concerns of adverse events following the emergency use vaccines and was told:

Yes, just like other vaccines, there are folks that are going to be negatively impacted but, on the whole, we have seen a tremendous benefit to the vaccine ... you and I are not individual providers, we're employee providers and we do on some level need to kind of .. for lack of a better way of saying it, we tow the company line. That is part of our responsibility is to be supporting the mission of the organization.

"Towing the company line" does not relieve the Hospital of its obligations.

Ms. Conrad's voiced concern that the Hospital was not even bothering to inform its personnel about VAERS and filing reports was, incredible, to state that "the providers should

educate *themselves* when they are dealing with patients related to COVID vaccination. That information is out there, it is available.”

We reached out to the Hospital and asked it to please forthwith confirm that the Hospital’s mission is consistent with taking all necessary steps to fulfill its legal and ethical obligations to report the mandated medical events following COVID-19 vaccination to VAERS pursuant to federal law, including: (i) educating the staff about their responsibility to report to VAERS, (ii) creating internal policies and procedures ensuring that VAERS reports will be made and establishing the process for doing so, and (iii) allowing Ms. Conrad and any other health care professional employees to submit VAERS reports without repercussions or hostility. We have received no response.

iv. Hospital Admissions Increase Dramatically & Approximately 90% of All Admitted Patients Have Received the COVID-19 Vaccine Even Though Less than 50% of the Community the Hospital Serves is Vaccinated

Ms. Conrad notes that hospital admissions are higher now than they were during the pandemic and are increasing every day. Despite the fact that the county served by the Hospital has less than a 50% vaccination rate, approximately 90% of the patients in the hospital have received the COVID-19 vaccine. What makes this particularly troubling is that many of these patients are considerably young, often in their 30s, 40s, and 50s and hence are from an age group where the vaccination rate is far lower than 50 percent in the community served by the Hospital.

The only reason that the Hospital even has this data is because Ms. Conrad insisted repeatedly that the Hospital note the COVID-19 vaccination status of each new patient. This provided the Hospital and Ms. Conrad a unique insight into the reason that hospital admissions were surging beyond the level seen during the pandemic.

The purpose of deploying the COVID-19 vaccine is to improve overall public health. The first-hand daily observation of Ms. Conrad over the last two years, including the last six months that the COVID-19 vaccine has been deployed, does not support that these products are improving the overall health of those in her community, at least with regard to hospital admissions for serious health issues.

III. Conclusion

If nothing else, the first-hand account of Ms. Conrad reflects that the reporting requirements of the EUAs for the COVID-19 vaccines are not being adhered to. Without robust post-authorization and post-licensure safety monitoring, many Americans may end up being harmed by improperly tested products. To avoid this potentially calamitous outcome, and to address any issues that arise as quickly as possible, health care facilities must be educated and held responsible to track and report all adverse events following vaccination, including breakthrough

cases. The above also contradicts Dr. Fauci and Dr. Walensky's repeated, but still unsupported, claim that "over 97 percent of people who are entering the hospital right now are unvaccinated."¹²

This should seriously concern HHS, CDC, and FDA but, given the response to our previous letters addressing this topic, it does not appear there is any concern. There are serious safety signals that are likely being missed and for the ones that are identified, such as anaphylaxis, CVST in conjunction with thrombocytopenia, myocarditis, and Guillain-Barre Syndrome, the actual rate seen in VAERS may be only the tip of the iceberg. Ignoring and casting aside these issues in the drive to vaccinate and promote vaccine confidence may eventually be the undoing of the very confidence you seek to instill.

As explained before, unless and until underreporting to VAERS is addressed, underreporting to a passive signal detection system will continue to blind health agencies, medical professionals, and patients from what is really occurring in the clinic and will render true informed consent impossible. With the drive to vaccinate every single American with COVID-19 vaccines, the safety of all Americans, literally, depends on this broken system. Fix it.

The first step to fix it is, at the least, to automate hospital and clinical medical records to automatically send VAERS reports for all clinically significant events occurring within a window of time after vaccination. This already exists for other purposes. It can be done for vaccines as well, which is clear from the CDC's own publications on this topic and pages 31 to 34 of a letter exchange with HHS on this issue available here: <https://icandecide.org/hhs/vaccines-safety-12-31-18.pdf>. Additionally, the FDA should be enforcing its EUAs to the fullest extent of the law.

Please confirm that you will fulfill your duties as public servants and implement these simple but critical corrections needed to convert VAERS from a passive, broken system to an active, useful system that generates data that can quickly and confidentially identify and address safety issues. In the end, the more robust the system, the more it will increase vaccine confidence.

Very truly yours,
/s/ Aaron Siri
Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.
Caroline Tucker, Esq.

¹² <https://www.whitehouse.gov/briefing-room/press-briefings/2021/07/16/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-45/>; <https://www.nbcnews.com/meet-the-press/meet-press-july-4-2021-n1273065>

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

Diphtheria }
 Tetanus } DTP
 Pertussis }
 Polio III
 Measles (3)
 Mumps } MMR combo
 Rubella }

Diphtheria }
 Tetanus } DTaP
 Pertussis }
 Measles }
 Mumps } MMR (10)
 Rubella }
 Polio
 Hib
 Hepatitis B
 Varicella (Chicken Pox)
 Hepatitis A
 Pneumococcal
 (Influenza) optional
 Rotavirus

COVID 19 - Full PPA
 approval 8/23/2021

Public School
 @1983

	1977	2014	2019
Diphtheria 1926	51	88	93
Tetanus 1938	79	76	81
Pertussis 1914	3	100	105
Polio 1955	22	59	64
Measles 1963	14	51	56
Mumps 1967	10	47	52
Rubella 1969	8	45	50
Hib 1988	-11	26	31
Hep B 1981	-4	33	38
Varicella 1995	-18	19	24
Hep A 1981	-4	33	38
Pneumococcal 1977	0	37	42
(Influenza) optional 1945	-32	69	74
Rotavirus 1998	-21	16	21

Members: Washington State Board of Health

Re: "Overview – Immunization Criteria"

Date: December 29, 2020 virtual meeting

I am one of the 732 members of the public that attended the virtual meeting and would like to thank you for giving me this opportunity to comment regarding possible vaccine mandates for school age children.

I have diligently been following and researching Covid-19 for the past two years discovering more about viruses than I ever wanted to, but nevertheless I believe I am well informed enough to have some serious concerns about mandating this particular vaccine for children.

One of my consistent sources for information is from the CDC's VAERS website. Given the adverse effects for children that are publicly recorded, I am alarmed that the vaccine was ever approved by the FDA . The following is copied from the CDC's VAERS website:

U.S. VAERS data from Dec. 14, 2020, to Dec. 3, 2021 for 5- to 11-year-olds show:

- 3,301 adverse events, including 58 rated as serious and 2 reported deaths. One death occurred in an 11-year-old girl from Georgia vaccinated Sept. 14, 2021 prior to the authorization of Pfizer's COVID vaccine in the 5 to 11 age group.

The second death (VAERS I.D. 1890705) occurred in a 5-year-old girl who died four days after receiving her first dose of Pfizer.

U.S. VAERS data from Dec. 14, 2020, to Dec. 3, 2021 for 12- to 17-year-olds show:

- 24,359 adverse events, including 1,474 rated as serious and 33 reported deaths.

The most recent deaths involve a 13-year-old girl from Texas (VAERS I.D. 1913198) who died 31 days after receiving her COVID vaccine. According to her VAERS report, the girl received her first dose of Pfizer on Aug. 1, 2021. Two weeks later, she complained of vague upper back pain and was diagnosed with a rare soft tissue cancer located on her heart despite having no previous medical history. Parents requested a VAERS report be filed in case her cancer was related to the vaccine. Her cancer and heart condition rapidly and progressively worsened and she died Dec 1, 2021.

The second death involves a 17-year-old girl from Minnesota (VAERS I.D. 1912785) who experienced cardiac arrest and died at home after receiving her first dose of Pfizer's COVID vaccine.

- 60 reports 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.

- 567 reports of myocarditis and pericarditis (heart inflammation) with 557 cases attributed to Pfizer's vaccine.
- 141 reports of blood clotting disorders, with all cases attributed to Pfizer.

One more important point I wish to bring to your attention, in case you were unable to watch the U.S. Senate hearings (Nov. 4 & Nov. 7, 2021), Doctor Walensky (CDC Director) was asked by one of the Senators why the majority of her staff (75%) were working remotely? She could not answer. He then pressed her about the number of lab workers who were not in the labs although they have the best safety accommodations available to them. Again, she could not answer. At the Nov. 7 Senate hearing, Walensky was asked how many of her staff were vaccinated. She said she didn't know for sure because of the Heppa laws. Dr. Fauci was asked the same question and stated that about 50% of his staff had been vaccinated. The obvious question one should be asking is WHY?

Given the above facts, this should raise serious considerations by anyone who is truly interested in truthful science, not "scientific-politics. Pause and consider the possibility of terrible outcomes for our children who are not being given the choice about their health. They are being used as a scientific experiment. Are you willing to accept liability for any adverse health effects of the children you are requiring to get vaccinated?

My own personal experience with the Covid vaccine relates to a recent family function in which all attendees were fully vaccinated, including the teenagers. However, only one person was not vaccinated, a 5 year old who had had Covid a year before. We discovered the next day that two people at this function had tested positive for Covid despite being fully vaccinated.

The vaccines are not working for everyone despite what the "experts" are promising and in too many cases they are causing great harm and even death. What is obvious is the treatment (vaccines) is worse than the virus for healthy children (and adults).

As unbiased health care workers, you should be willing to acknowledge that.

Sincerely,

Constance Borgomainerio

Transmissibility of SARS-CoV-2 among fully vaccinated individuals

Vaccine effectiveness studies have conclusively demonstrated the benefit of COVID-19 vaccines in reducing individual symptomatic and severe disease, resulting in reduced hospitalisations and intensive care unit admissions.¹ However, the impact of vaccination on transmissibility of SARS-CoV-2 needs to be elucidated. A prospective cohort study in the UK by Anika Singanayagam and colleagues² regarding community transmission of SARS-CoV-2 among unvaccinated and vaccinated individuals provides important information that needs to be considered in reassessing vaccination policies. This study showed that the impact of vaccination on community transmission of circulating variants of SARS-CoV-2 appeared to be not significantly different from the impact among unvaccinated people.^{2,3} The scientific rationale for mandatory vaccination in the USA relies on the premise that vaccination prevents transmission to others, resulting in a “pandemic of the unvaccinated”.⁴ Yet, the demonstration of COVID-19 breakthrough infections among fully vaccinated health-care workers (HCW) in Israel, who in turn may transmit this infection to their patients,⁵ requires a reassessment of compulsory vaccination policies leading to the job dismissal of unvaccinated HCW in the USA. Indeed, there is growing evidence that peak viral titres in the upper airways of the lungs and culturable virus are similar in vaccinated and unvaccinated individuals.^{2,3,5-7} A recent investigation by the US Centers for Disease Control and Prevention of an outbreak of COVID-19 in a prison in Texas showed the equal presence of infectious virus in the nasopharynx of vaccinated and unvaccinated individuals.⁶ Similarly, researchers in California observed no major differences between vaccinated and unvaccinated individuals in

terms of SARS-CoV-2 viral loads in the nasopharynx, even in those with proven asymptomatic infection.⁷ Thus, the current evidence suggests that current mandatory vaccination policies might need to be reconsidered, and that vaccination status should not replace mitigation practices such as mask wearing, physical distancing, and contact-tracing investigations, even within highly vaccinated populations.

I declare no competing interests.

Carlos Franco-Paredes
carlos.franco-paredes@cuanschutz.edu

Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora, CO 80045, USA; Hospital Infantil de México, Federico Gómez, Mexico City, Mexico

- 1 Thompson MG, Stenehjem E, Grannis S, et al. Effectiveness of COVID-19 vaccines in ambulatory and inpatient care settings. *N Engl J Med* 2021; **385**: 1355–71.
- 2 Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4).
- 3 Wilder-Smith A. What is the vaccine effect on reducing transmission in the context of the SARS-CoV-2 delta variant? *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00690-3](https://doi.org/10.1016/S1473-3099(21)00690-3).
- 4 Tayag Y. Stop calling it a pandemic of the unvaccinated. *The Atlantic*. Sept 21, 2021. <https://www.theatlantic.com/ideas/archive/2021/09/persuade-unvaccinated-protect-unvaccinated/620091/> (accessed Sept 30, 2021).
- 5 Bergwerk M, Gonen T, Lustig Y, et al. COVID-19 breakthrough infections in vaccinated health care workers. *N Engl J Med* 2021; **385**: 1474–84.
- 6 Hagan LM, McCormick DW, Lee C, et al. Outbreak of SARS-CoV-2 B.1.617.2 (delta) variant infections among incarcerated persons in a federal prison—Texas, July–August 2021. *MMWR Morb Mortal Wkly Rep* 2021; **70**: 1349–54.
- 7 Acharya CB, Schrom J, Mitchell AM, et al. No significant difference in viral load between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 delta variant. *medRxiv* 2021; published online Sept 29. <https://doi.org/10.1101/2021.09.28.21264262> (preprint).

With interest we read the paper by Anika Singanayagam and colleagues¹ assessing the secondary attack rate (SAR) of SARS-CoV-2 in 204 vaccinated and unvaccinated household contacts exposed to

138 vaccinated and unvaccinated index cases. Here, we want to point out the importance of adjusting for age when comparing vaccinated and unvaccinated individuals.

The authors report a similar SAR among household contacts exposed to fully vaccinated and unvaccinated index cases (25% and 23%). Although not explicitly stated by the authors, this finding hints towards no effect of vaccination on transmission and was reported as such by the media in the UK and the Netherlands—and possibly other countries.^{2,3} However, age is a confounding factor in this observation if age is associated with both vaccination status and the risk of transmitting SARS-CoV-2. Indeed, the study indicates a higher peak viral load with increasing age, consistent with lower infectiousness in children. In addition, although the age distribution of all included index cases and contacts is not presented, table S2 in the appendix to the Article provides data for a subset of participants testing positive for SARS-CoV-2, showing that a large proportion (78%) of unvaccinated participants were younger than 18 years, whereas none of the vaccinated participants were. These findings together suggest that the infectiousness of the included unvaccinated index cases was lower than that of the included vaccinated participants because of younger age. Therefore, the presumed lack of vaccine effect on transmission might be largely due to confounding by age, which the authors did not address. In our analysis of vaccine effectiveness against transmission in the Netherlands, adjustment for age of index cases and contacts indeed had a large effect on vaccine effectiveness estimates.⁴ Therefore, vaccine effectiveness against transmission reported by Singanayagam and colleagues is probably an underestimate.

Also, the reported vaccine effectiveness against SARS-CoV-2 infection (34%) is likely confounded

by age, as vaccination status is associated with age, and younger age is associated with reduced susceptibility to acquiring SARS-CoV-2 infection.⁵

In these times, when evidence-based confidence in vaccines is crucial to reduce the impact of the COVID-19 pandemic on mortality and morbidity, data on effects of vaccination should be adequately and unambiguously reported by the scientific community in order to avoid misinterpretation of the data by the public and the media.

We declare no competing interests.

Mirjam J Knol, Jantien A Backer,
Hester E de Melker, Susan van den Hof,
*Brechtje de Gier
brechtje.de.gier@rivm.nl

Center for Infectious Disease Control, National
Institute for Public Health and the Environment,
Bilthoven 3720BA, Netherlands

- 1 Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4).
- 2 Roberts M. Covid: double vaccinated can still spread virus at home. Oct 29, 2021. <https://www.bbc.com/news/health-59077036> (accessed Oct 30, 2021).
- 3 @RTLnieuws. Oct 28, 2021. <https://twitter.com/RTLnieuws/status/1453806095693225984> (accessed Oct 30, 2021).
- 4 de Gier B, Andeweg S, Backer JA, et al. Vaccine effectiveness against SARS-CoV-2 transmission to household contacts during dominance of delta variant (B.1.617.2), August–September 2021, the Netherlands. *Euro Surveill* 2021; **26**: 2100977.
- 5 Viner RM, Mytton OT, Bonell C, et al. Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults: a systematic review and meta-analysis. *JAMA Pediatr* 2021; **175**: 143–56.

The important analysis by Anika Singanayagam and colleagues¹ demonstrated that individuals fully vaccinated against SARS-CoV-2 with breakthrough infections have similar peak viral loads to unvaccinated people and might infect other fully vaccinated individuals within the same household. Of particular concern, vaccines that permit transmission do not confer sterilising

immunity, thus potentially resulting in accumulation of large viral loads and increased risk of immune escape.² By mainly targeting the SARS-CoV-2 spike protein, vaccines can favour propagation of variants with immune-escape mutations.³ Single point mutations in the receptor-binding domain of the viral spike protein are sufficient to facilitate the immune escape and transmission of resistant viruses.² By further examining the unpublished whole-genome sequencing data of vaccinated and unvaccinated participants in the study by Singanayagam and colleagues,¹ invaluable information could be gleaned about whether the current first-generation COVID-19 vaccines potentially exerted selective pressure for resistant SARS-CoV-2 variants.

Tracing the whole-genome sequencing data of all unvaccinated participants chronologically from the pre-alpha-variant (B.1.1.7) phase (September–November, 2020), to the alpha-variant phase (December, 2020, to March, 2021), and to the delta-variant (B.1.617.2) period (May 25–Sept 15, 2021) would likely reveal a trend of increasing number of mutations that converge towards the resultant whole-genome sequence aligned with delta lineage-defining mutations presented in figure 2 of the Article.¹ To determine if vaccines possibly contributed to this genetic drift, the whole-genome sequencing data from patients who tested PCR positive (vaccinated and unvaccinated) can be compared with data from their respective contacts over time from the pre-alpha to the delta phases.

Identical whole-genome sequences between PCR-positive participants and their respective contacts demonstrates direct viral transmission without mutation. Clearly distinct whole-genome sequences between both groups indicate cross-infection of contacts by a different viral lineage. Slight variations in whole-genome sequences between both groups

show mutation has occurred, in which case the vaccination status of the contact should be examined. If mutation occurred predominantly among vaccinated contacts but not within unvaccinated contacts, it suggests vaccine-induced mutation has developed. Because the sample size in the research by Singanayagam and colleagues¹ is relatively small, it will be worrisome if a fair number of vaccinated contacts of PCR-positive participants are identified with mutations, especially with the amino acid mutations summarised in the appendix.

The earliest detection of the delta variant was in India on Oct 14, 2020,⁴ before India's vaccination commencement on Jan 16, 2021.⁵ However, with fastidious propagation of these variants over time by non-sterilising vaccines targeting the spike protein, it is still reasonably plausible that selective pressure could have contributed to the current dominance of the delta variant.

It would be much appreciated if Singanayagam and colleagues would consider analysing their unpublished whole-genome sequencing data as suggested above. If theoretical risk of evolutionary escape from the existing COVID-19 vaccines² translates into real-life evidence, which could be verified via whole-genome sequencing data from this study,¹ then it will be prudent to expedite resources towards second-generation COVID-19 vaccines that exert sterilising immunity, in addition to non-pharmacological interventions.

I declare no competing interests.

Humphrey HT Ko
humphrey.ko@health.wa.gov.au

Department of Pharmacy, Rockingham
General Hospital, Rockingham, WA 6168,
Australia

- 1 Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis* 2021; published online Oct 29. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4).

See Online for appendix





A pharmacist prepares a COVID-19 vaccine booster shot in San Rafael, Calif, on Oct. 1, 2021. (Justin Sullivan/Getty Images)

PREMIUM **VACCINES & SAFETY**

WHO: ‘No Evidence’ Boosting Entire Population Offers Greater Protection to Healthy Individuals

By [Jack Phillips](#) | December 3, 2021 Updated: December 3, 2021

A⁺  Print

A top World Health Organization (WHO) official said there is “no evidence” to suggest that CCP virus booster doses would offer “greater protection” to healthy people.

Dr. Mike Ryan, the WHO’s emergency director, questioned the logic of some countries trying to produce more booster doses to vaccinate anyone aged 18 and older.

Grant full access to
another user for free

[Add User](#)



Earn up to \$11 for every friend who reads this article.

You can earn points by sharing articles to friends. With points, you can redeem for gift cards from 100+ top brands, or other benefits. [Learn more](#)

“Right now, there is no evidence that I’m aware of that would suggest that boosting the entire population is going to necessarily provide any greater protection for otherwise healthy individuals against hospitalization and death,” Ryan said.

“The real risk of severe disease, hospitalization, and death lies, in particularly, in at-risk and vulnerable individuals,” he said, “who do require protection against all variants of COVID-19,” the illness caused by the Chinese Communist Party (CCP) virus. Health agencies around the world generally consider older individuals, those with compromised immune systems, and people who work in high-risk settings to be vulnerable.

The United Kingdom recently announced that it secured 114 million vaccine doses for 2022 and 2023. Those doses will be provided to everyone aged 18 and older by the end of January 2022.

On Monday, President Joe Biden called on Americans aged 18 and older to get a booster shot due to the emergence of the Omicron COVID-19 variant in southern Africa that has been detected in at least five U.S. states for far.

South African health officials said in interviews this week that those who have contracted the Omicron variant, named by the WHO last week, are presenting “extremely mild” symptoms. There have been no deaths associated with the COVID-19 strain, which officials described as heavily mutated, and WHO officials cautioned is not enough data so far to determine whether it can cause more severe disease or breach the protection afforded by natural immunity or vaccination.

In some countries, it’s required to get a booster dose six months after the initial vaccination regimen in order to be considered “fully vaccinated.” Already, officials in the United States, including the governors of New Mexico and Connecticut, are claiming that one cannot be considered fully vaccinated unless they’ve obtained a

Grant full access to
another user for free

Add User



Earlier this year, Israel attached receiving the booster dose as a condition to using that country's "green pass" COVID-19 vaccine passport to enter certain businesses. Meanwhile, pharmaceutical giant Pfizer told BBC that vaccine boosters will be likely needed every year from now on.

Ryan's comments come as other WHO officials criticized the United States, European countries, Israel, and others for imposing travel bans on southern African nations due to the Omicron variant. Previously, WHO's leader, Tedros Adhanom Ghebreyesus, urged wealthier countries to provide initial vaccine doses to poorer nations, rather than focusing on giving booster doses to their own population.

Utilizing Repurposed Drugs to Treat COVID-19 Virus

By E.J. Ledet and Dean L. Gano

January 1, 2021

In the latest edition of The World Health Organization's [*Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews*](#),¹ they say there are more than 200 therapeutic options or combinations thereof that are being investigated in more than 1,700 clinical trials treating COVID-19 infection. In this November 30, 2020 review they examined 58 of these therapeutic options. Among the therapeutics being studied are Vitamins C & D, and manmade drugs like Hydroxychloroquine, Remdesivir, and Ivermectin.

So typical of everything our trusted health care institutions do, their analysis is anything but objective or scientific. At the core of their failures is the total lack of evidenced based causal analysis, but it is much more than that. They provide declaratory statements like: "the body of evidence on hydroxychloroquine (HCQ), showed no benefit in terms of mortality reduction." But, when we look more closely at their evidence for this statement, we find they only looked at 30 studies and of those, only 6 showed that HCQ worked to prevent infection. So, given their "body of evidence," this is a valid statement.

However, had they looked at the entire body of scientific evidence, and performed a simple search for "hydroxychloroquine effective treatment for coronavirus," at the National Institute of Health (NIH) website, PubMed they would find over [800 scientific papers](#)² have been written on this subject and most of them show it works. When you find a review that says it doesn't work, you nearly always find the study patients are in the late stages of COVID-19 infection, where no antiviral drug can be expected to have much effect, and/or no Zinc was administered. As [Dr. Zelenko](#)³ has said, Hydroxychloroquine is the gun and Zinc is the bullet, yet these people don't seem to know anything about these causes.

So, given this clear observation that they cherry-picked their evidence, what's going on and where can we find the real science on this subject?

The Real Science

First and foremost, the problem here is the total failure of all the government-controlled health organizations to provide the simple causal relationships surrounding these viruses so you, the normal citizen, can make up your own mind. This is how life works! From the time we start learning about the world as small children, we observe, test, and determine the many causal relationships that guide us down the path to success. Like learning that fire is hot and will burn you if you don't avoid it. Or, that if people lie to you, you can't trust them in future interactions.

So, what are the causal relationships of a coronavirus so we can act accordingly and prevent infection? Just like we learned to avoid fire to prevent getting burned. It can't be that complicated, can it?

Indeed, it is not that complicated, but you have to be curious and look for all the causes, not just the ones that support preconceived ideas or support political propaganda. When a coronavirus enters the body, it tries to get inside a cell somewhere on the surface of the respiratory tract so it can reproduce, and we know that nose cells are likely the [key infection source for COVID-19](#).⁴ If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself. As the immune system responds with too many killer T-Cells, your lungs fill with fluid and you suffocate. But this doesn't happen to healthy young people, so what's going on?

Our natural immune system defense against all viruses occurs when compounds in the foods we eat (called ionophores), from Vitamins like C, D, and E, flavonoids like Quercetin, or hormones like Melatonin create a slightly basic/alkaline environment in and around the cell. This alkaline environment disassembles the virus proteins rendering them harmless. Also, the body is made up of many [epithelial cells](#)⁵ found on the surfaces of our bodies that act like gatekeepers; keeping out environmental problems like dirt and pathogens but allowing healthy cell biology to function. One of the mechanisms these special cells use is to allow zinc to attach to a specific receptor site on the cell's surface, like a little door entrance, called an ACE-2 receptor site. (ACE stands for Angiotensin-converting enzyme which acts as a biological catalyst in normal cell biology.)

This site is used as a primary defense to prevent a virus from entering a cell, by keeping it in the alkaline environment long enough to disassemble the virus. The Zinc transporters, called ionophores, that create this alkaline environment also help Zinc get inside the cells through this "door." Once inside, the zinc acts as a backup defense mechanism to disassemble the virus if they get inside.

But this is only one way Zinc is used to protect us. As defined in this NIH study, [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#),⁶ July 2020, Zinc works in nine different ways to prevent a viral infection and maintain a healthy immune system. Making sure we have enough blood serum zinc is most important in the elderly and patients with various inflammatory and autoimmune diseases. And obesity, which is present in 40% of Americans, causes Zinc deficiency and may account for why deaths are so high in the US.

So, because Zinc is so important to a healthy immune system we can see why older and unhealthy people, who are zinc deficient, are so much more likely to die. All of the COVID-19 [co-morbidity causes identified by the CDC involve Zinc-deficiencies](#).⁷ They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc supplements. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, in summary, the cause of death is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung cells. This failure

is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

When 97.5% of the COVID-19 deaths are people over 45 years old and 94% of those who die have an average of 2.6 comorbidity causes linked to zinc deficiency you know there has to be a causal connection and now you know what it is, so take action to protect yourself from this horrible disease.

Prevention

Now that we know how the immune system works to prevent infection, we know that the first line of defense is Zinc and zinc ionophores on the outside of our cells. Please note, you do not “kill” a virus, because it is not a living organism; it is just a protein molecule made of Ribonucleic acid (RNA), a basic building block of life, and by subjecting it to a low-acid environment called a “base compound” it disassembles and falls apart. This occurs when enough zinc ionophores like Vitamins C, D, and E and/or Zinc are present in the blood stream.

But there are other kinds of Zinc ionophores. In fact, there are over two billion of them and they have been identified in the [ZINC20 database](#)⁸ provided by the American Chemical Society funded by a subsidiary of NIH (National Institute of Health). When you look at this database you will find that nearly all of the proposed synthetic drug treatments for the COVID-19 virus, like Hydroxychloroquine, Chloroquine, Remdesivir, and Ivermectin and other natural substances are all listed as zinc ligand (metal transporter) ionophores. And they work by first disassembling the virus via pH modifications on the outside of the cell or if that fails, they take zinc inside the cell to stop the replication process. In effect, you have two compounds, zinc and zinc ionophores fighting both outside and inside our cells. When you are young, this all happens naturally and is why to date, [only 147 children under the age of 18](#)⁹ have died from COVID-19 in the US.

While we have heard a lot about drugs like Hydroxychloroquine and Remdesivir, we haven't heard much about Ivermectin, which is a repurposed drug normally used as a medical preparation that effectively copes with many kinds of parasites. It is a prescription drug used to treat lice, scabies, as well as onchocerciasis (river blindness) and other nematodes in humans and animals. It is applied externally in a cream and internally as a pill, depending on the disease.

Appearing as a witness on Dec. 8, 2020, before the Senate Committee on Homeland Security and Governmental Affairs—which held a hearing on “Early Outpatient Treatment: An Essential Part of a COVID-19 Solution”—Dr. Pierre Kory, President of the [Frontline COVID-19 Critical Care Alliance \(FLCCC\)](#),¹⁰ called for the government to swiftly review the already expansive and still rapidly emerging medical evidence on Ivermectin.

The data shows the ability of the drug Ivermectin to prevent COVID-19, to keep those patients with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients recover. [Dr. Kory testified](#) ¹¹ that Ivermectin is effectively a “miracle drug” against COVID-19 and called upon the government’s medical authorities—the NIH, CDC, and FDA—to urgently review the latest data and then issue guidelines for physicians, nurse-practitioners, and physician assistants to prescribe Ivermectin for COVID-19.

In the process of learning about Ivermectin, the Frontline COVID-19 Critical Care Alliance created, based on feedback from doctors from around the world who were treating COVID-19 patients, a protocol for treatment called MATH+ and published a paper in the Journal of Intensive Care Medicine titled: [Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19](#). ¹²

MATH+” stands for Methylprednisolone, which is a corticosteroid and zinc ionophore; Ascorbic acid (Vitamin C), which is a zinc ionophore; Thiamine (Vitamin B1) also a zinc ionophore; Heparin, which is a blood thinner and zinc ligand/ionophore; and the “+” stands for hospital care and co-interventions including Ivermectin, which is a strong zinc ionophore; Vitamin D and Melatonin, which are also zinc ionophores; Zinc, and Famotidine which is an antacid and zinc ligand/ionophore.

Notice how all of these therapeutics provide the exact causal defense our natural immune system uses (Zinc and Zinc Ionophores) to effectively fight the virus when you are young and healthy! It should be no surprise then, that they are highly effective at treating and preventing COVID-19 infection in the rest of the population. However, Big Pharma does not disclose that all of these synthetic drugs are zinc ligand ionophores because they can’t make big money selling zinc or these repurposed existing drugs that have been around for decades.

Given this causal evidence that supports the use of the MATH+ protocol, it begs the question of why our trusted scientific institutions have failed to follow the science and instead provide obfuscation and non-causal narratives focused on personalities and politics. Remember how the corporate media attacked the use of Hydroxychloroquine simply because President Trump said it works after hearing the real science? Instead of following the evidenced-based science, they proceeded to sell fear and hate and killed hundreds of thousands of people in the process.

Incompetence or Planned?

In every negative analysis of these repurposed drugs, the authors totally fail to acknowledge the causal relationships between the virus and immune system like we just laid out for you. Instead, they focus on presenting a narrative about outcomes of specific studies that have nothing to do with the causes of the problem. So, the question becomes: how can you possibly provide a solution to any problem if you don’t understand and state the causal relationships of the event? You can’t, and that means they are grossly incompetent or deliberately deceiving us. This is not rocket science.

We all know, as a basic human strategy, that to solve a problem you first have to know what the causes are; and they never do this in these phony studies.

Also, given that effective problem-solving is not taught by our education system, it is possible that these people are just ill-trained incompetents, but there is another possibility and we need to explore it.

Just ask yourself, if the anti-HCQ or anti-Ivermectin papers were actually peer reviewed why didn't the peer scientists ask the same simple questions we have? Like, why did they ignore the causal relationships we have presented; that are common knowledge, supported by hundreds of studies? Why didn't they check the blood-serum Zinc level of the patients in their study? Because if they had, they would have probably found that most of those who responded well to HCQ or Ivermectin, had high blood serum Zinc levels and those who did not respond well, had low levels of Zinc.

And why didn't they question the supposed adverse effects of HCQ, when we know that not only is HCQ not dangerous, it is safer than Aspirin. A [study at Oxford University](#) ¹³ of 956,000 people from all over the world showed no deleterious effects when recommended doses are used.

And why are our trusted medical journals printing false information? For example, the Journal of the American Medical Association (JAMA) [published an article](#) ¹⁴ claiming HCQ didn't work and also could cause heart rate problems and should not be used without medical supervision. Problem is, they used 400mg twice a day and **did not use Zinc** in their treatment. Toxic doses that are 14 times what is recommended equals toxic results.

And once again, on May 22, 2020, *The Lancet*, a highly respected online medical journal also published a paper saying HCQ was ineffective and dangerous. Because both *The Lancet* and JAMA studies reported that HCQ is dangerous, the FDA rescinded its emergency order allowing HCQ to be prescribed for COVID-19. This also caused several state governors to issue orders to local pharmacies not to fill HCQ prescriptions ordered by many board-certified Doctors for their COVID-19 patients. Something that has never happened before and certainly resulted in more unnecessary deaths.

Also, *The Lancet* finally asked for a detailed peer review regarding the article they published on May 22, 2020 and as reported in [WebMD](#) ¹⁵ they retracted the article because the authors would not provide data that could be adequately peer reviewed, and it was eventually found to be completely false; so at least someone is following scientific protocol. But it speaks volumes to how corrupt the scientific peer review process is. Let's look a little closer.

Whistle Blowers

Several Family Doctors, who have successfully treated many COVID-19 patients, came out in public to question the path our government officials have led us down. One of

them is Dr. Simone Gold, who [exposes the truth about Coronavirus and Hydroxychloroquine](#).¹⁶ These doctors fully understand the causal relationships and hence know the truth.

Also, there are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the [Great Barrington Declaration](#)¹⁷ asking our government officials to wake up and focus on preventing death. Among other things they state:

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Also, in an article by the [Alliance For Human Research Protection](#)¹⁸ on June 5, 2020, they report that Dr. Philippe Dousty-Blazy, the former French Health Minister, publicly stated that *The Lancet* and the *New England Journal of Medicine* editors admitted to being pressured by pharmaceutical companies to publish certain results.

When *The Lancet* editor Dr. Richard Horton was asked why it initially published the discredited article discussed above, he said: “*If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful; they are able to pressure us to accept papers that are apparently methodologically perfect, but their conclusion is what pharmaceutical companies want.*”

Also, Marcia Angell, former Editor-In-Chief of the NEJM writes in her 2004 book "The Truth About the Drug Companies": “*The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.*”

In a recent [open letter](#)¹⁹ to Sir. Anthony Fauci, three board certified doctors made it very clear that he has grossly mishandled the pandemic response by asking him 122 very pointed questions highlighting his inconsistencies, and concluded the following:

“Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus. We are confident that thousands of lives would be saved with early treatment of high-risk

individuals with a cocktail of hydroxychloroquine, Zinc, and azithromycin. Americans must not live in fear. As Dr. Harvey Risch's [Newsweek article](#)²⁰ declares, "The key to defeating COVID-19 already exists. We need to start using it."

More evidence to support what these leading Physicians said can be found in what the Big Pharma Company "Gilead Sciences" has done. Their magic medicine, which the very reverend Dr. Anthony Fauci wholeheartedly endorses, is Remdesivir and they have put a lot of money pressure on MDs, Medical Journals, Press, Academia, NIH, WHO, and the CDC to discredit HCQ - even though it has 65 years of safe use as a malaria drug and 40 years of safe use to treat lupus and some forms of arthritis.

[Gilead contributes big money](#)²¹ to the [income of 20% of the National Institute of Health](#)²² (NIH) Board Members and since Dr. Fauci heads the NIAID, one of 27 institutes that make up the NIH it might be hard for him to contradict them. And, oh-by-the-way, he is [not required to disclose any ties to Big Pharma](#).²³ Gilead also funds Academic Medical Research and as we learned above, cleverly influences Medical Journal Publishers.

Gilead, being focused on money not saving lives, has spent hundreds of millions of dollars in research, marketing, and propaganda, to sell its 5-day injection treatment for \$2,340 versus \$25 or less for HCQ pills that can be bought over-the-counter in most of the world.

Bottom Line

Given what we know about how simple it is to treat and prevent COVID-19 infections using off label medicines and easily available compounds that mimic how a healthy immune system works, why are our trusted leaders not telling us this? Who created and spread this virus and why? And while we don't have evidenced based causes to answer these questions, we do know one thing. We still live in a free country, for now, but if "we the people" continue to act like sheep, all of our freedoms will be taken away, so we must act now. Please do everything you can to get this simple solid science out to everyone you know and let your leaders at every level of government know we are not going to accept their phony narratives and lying anymore!

To Learn More, Go To: <https://fact-checked.org>

¹ Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews; https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19200029_eng.pdf?sequence=14&isAllowed=y

² National Library of Medicine Search for Effective Treatment of COVID-19; <https://pubmed.ncbi.nlm.nih.gov/?term=hydroxychloroquine%20effective%20treatment%20for%20coronavirus>

³ Dr. Zelenko's Website: <https://www.vladimirzelenkomd.com>

⁴ Key nose cells identified as likely COVID-19 virus entry points; Science Daily, April 23, 2020; <https://www.sciencedaily.com/releases/2020/04/200423130420.htm>

⁵ Epithelial Cells: Sciencing; <https://sciencing.com/epithelial-cells-definition-function-types-examples-13718055.html>

⁶ The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis; PubMed, November 2020; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/>

-
- ⁷ COVID-19 and Real Science; https://factcheckedorg.files.wordpress.com/2020/12/covid19-and-real-science.m3_2.pdf
- ⁸ ZINC20—A Free Ultra large-Scale Chemical Database for Ligand Discovery, American Chemical Society; <https://pubs.acs.org/doi/10.1021/acs.jcim.0c00675>
- ⁹ Provisional COVID-19 Death Counts by Sex, Age, and State, CDC: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>
- ¹⁰ Frontline COVID-19 Critical Care Alliance; <https://covid19criticalcare.com>
- ¹¹ Senate Testimony Of Dr. Pierre Kory - Ivermectin - Miracle Drug To Treat Covid-19?; Why Doesn't Anyone But Us Gives A Darn... WTF?, The Auto Channel; <https://www.theautochannel.com/news/2020/12/10/922677-senate-testimony-dr-pierre-kory-ivermectin-miracle-drug-to-treat.html>
- ¹² Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19, Pierre Kory, December 2020; <https://covid19criticalcare.com/wp-content/uploads/2020/12/MATH-plus-Rationale-Journal-of-Intensive-Care-Medicine-Dec2020.pdf>
- ¹³ Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study; Jennifer C. E. Lane, et.al. May 31, 2020. <https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v2>
- ¹⁴ Risk of QT Interval Prolongation Associated With Use of Hydroxychloroquine With or Without Concomitant Azithromycin Among Hospitalized Patients Testing Positive for Coronavirus Disease 2019 (COVID-19); Nicholas J. Mercuro, et.al., May 1, 2020. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2765631>
- ¹⁵ The Lancet Retracts Hydroxychloroquine Study; Ralph Ellis, June 4, 2020. <https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>
- ¹⁶ Dr. Simone Gold Exposes the Truth About Coronavirus and Hydroxychloroquine; <https://www.youtube.com/watch?v=poOGJ-wH-Fw>
- ¹⁷ The Great Barrington Declaration; <https://gbdeclaration.org>
- ¹⁸ Lancet Editor Spills the Beans and Britain’s PM Surrenders to the Gates Vaccine Cartel; John Stone, June 5, 2020. <https://ahrp.org/lancet-editor-spills-the-beans-and-britains-pm-surrenders-to-the-gates-vaccine-cartel/>
- ¹⁹ Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19; George C. Fareed, MD, Michael M. Jacobs, MD, Donald C. Pompan, MD, August 12, 2020. https://www.thedesertreview.com/opinion/columnists/open-letter-to-dr-anthony-fauci-regarding-the-use-of-hydroxychloroquine-for-treating-covid-19/article_31d37842-dd8f-11ea-80b5-bf80983bc072.html
- ²⁰ The Key to Defeating COVID-19 Already Exists. We Need to Start Using It | Opinion; Harvey A. Risch, MD, PhD, July 23, 2020. <https://www.newsweek.com/key-defeating-covid-19-already-exists-we-need-start-using-it-opinion-1519535>
- ²¹ Experts on NIH COVID Panel Have Financial Ties to Gilead; By ADAM, August 12, 2020. <https://americanannouncement.com/2020/08/experts-on-nih-covid-panel-have-financial-ties-to-gilead/>
- ²² Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics; <https://www.covid19treatmentguidelines.nih.gov/panel-financial-disclosure/>
- ²³ 10 Experts Setting NIH COVID Treatment Guidelines Financially Tied to Firms Selling Cures Touted by Fauci – Fauci Not Subject to Disclosure Requirement; Michael Thau, August 11, 2020. https://www.redstate.com/michael_thau/2020/08/11/10-on-nih-covid-treatment-advisory-panel-have-financial-ties-to-firms-selling-cures-touted-by-fauci—his-name-curiously-absent-from-disclosure-list/

VAERS COVID-19 Vaccine Adverse Events Data

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

All VAERS COVID Reports ☒ U.S./Territories/Unknown

983,756 Reports
Through December 17, 2021

20,622

DEATHS

108,572

HOSPITALIZATIONS

107,860

URGENT CARE

153,971

DOCTOR OFFICE VISITS

8,590

ANAPHYLAXIS

12,317

BELL'S PALSY

3,365

Miscarriages

10,429

Heart Attacks

20,560

Myocarditis/Pericarditis

34,615

Permanently
Disabled

4,907

Thrombocytopenia/
Low Platelet

23,405

Life Threatening

35,997

Severe Allergic
Reaction

11,292

Shingles

I, **Dr. Jane Ruby**, being duly sworn, depose and state as follows:

1. I make this affidavit in support of the above-referenced MOTION as expert testimony in support thereof. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit under penalties of perjury. I have read these statements in this affidavit, these statements are my understanding of the facts and my opinion provided is based upon a reasonable degree of medical and pharmaceutical industry processes certainty. I am providing this affidavit as I have serious, grave concerns for the United States military and the public-at-large.

2. The expert opinions expressed here are my own and arrived at from my personal, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports and other information relevant to the subject matter.

Experience & Credentials

3. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my *curriculum vitae* is attached hereto as **Exhibit A**.

4. I have personal knowledge and understanding of these matters and I make this affidavit in support of the truth of the contents contained herein.

5. After receiving a bachelor's degree from Alfred University, I completed my master's degree as a Sigma Theta Tau, cum laude graduate from the University of Rochester, Rochester, NY. I went on to complete my nurse practitioner residency at the University of Rochester, Internal Medicine, with a sub-specialty in Medical and Surgical Cardiology. My clinical experiences include being on the staffs of Rochester General Hospital and the University of Rochester Medical Center.

6. I taught undergraduate and graduate nursing curricula at Nazareth College of Rochester. I served on the faculty of the Margaret Warner Graduate School of Education and Human Development of the University of Rochester where I taught doctoral research methods. I hold a second master's degree in International Health Economics and Pharmacoeconomics from Universitat Pompeu Fabra in Barcelona, Spain. I have two earned doctorates, an EdD and a PhD.

7. I was the managing Director of the Scharf Institute for Neuroscience and Sleep Research in Rochester, New York. In that capacity I managed all personnel including medical doctors, psychologists, medical technicians, polysomnographers, and nurses. My main role was to oversee the execution of multicenter pharmaceutical Phase 2 and Phase 3 human research studies with approved protocols and to follow a patient informed consent process as directed by any number of Institutional Review Boards (IRB), some of which were privately based and others that

were situated in universities and colleges, both certified by the federal government. I also created and wrote original research protocols and informed consent documents for industry and IRB review and approval, as I am highly trained in the requisite elements of a human study protocol. I am also familiar with human subjects' safety during clinical trials.

8. I have over twenty years of experience in pharmaceutical drug development and medical affairs, including the prior experience described as a principal investigator for multi-center randomized, placebo-controlled trials in the United States and ROW. My experience extends to interfacing with FDA guidance documents, regulations, and submission reviews. My experience in the pharmaceutical industry extends to medical affairs functions, regulatory functions, animal and human subjects research study methodology and health economic and patient outcomes research.

Opinion

9. Since the outset of the pandemic, I have been an advocate of good health and health practices and evaluated the health effects of these products that I believe have been authorized and approved prematurely. I believe within a reasonable degree of medical certainty that the COVID-19 vaccines available and under mandate in the United States are not safe generally; and particularly dangerous for military personnel. It is my belief, based upon a reasonable degree of medical certainty, that the injection could cause serious and permanent injury and the deaths of military personnel in the course of their duties to protect the American people, the American homeland and the U.S. Constitution.

10. I believe within a reasonable degree of medical certainty that the data upon which Department of Defense has based its mandate is flawed and/or inaccurate; and imposing these injections is dangerous and could cause harm to military members.

11. It is my opinion that the processes undertaken for all of the Emergency Use Authorizations and specifically for the recent FDA approval of the Comirnaty (including the Pfizer-BioNTech Covid 19 Vaccine injections deemed by both the FDA and the Pfizer Inc., to be "the same formulation" and "interchangeable," – please see <https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna> and <https://www.pfizer.ca/COMIRNATY-Now-Health-Canada-Approved>) are incomplete and missing key standard study data, FDA required data to establish safety and efficacy, and all safety surveillance and pharmacovigilance processes.

**COVID-19 Vaccine Research and Development – Inherent Dangers and Omission of
Standard Safety Structures for Investigational Trials**

12. In the Pfizer COMIRNATY and Pfizer-BioNTech Covid 19 Vaccination Series package insert, (See Exhibit B), the label states that on December 11, 2020, during the randomized, placebo-controlled pivotal trial (the research design required for FDA approval), “participants were “unblinded to offer placebo participants COMIRNATY,” which in my expert opinion, immediately transformed the study (as the company itself indicated in its registry on ClinicalTrials.gov, NCT04368728) into **a modified-open label, observational, variable dose trial with no informed consent** as to the status change, the exact dosage, or full disclosure of ingredients and completely compromised the requisite data for license application and that should render the study data insufficient and inappropriate to file for or be considered for review for FDA approval. What resulted was the distribution of an incomplete marketing label out to the public. In my expert opinion this is an egregious and fraudulent misrepresentation of the **Safe and Effective** statements made to the public.

13. The COVID-19 genetic modification injections (Pfizer, Moderna, J&J) failed to test for standard parameters in human studies. The areas missing critical study results include genotoxicity, mutagenicity, teratogenicity, and oncogenicity. In other words, it is not certain if these products will permanently change human genetic material, cause birth defects, reduce fertility, or cause cancer. Pfizer and Moderna claim to use similar mRNA technology and Moderna has stated that the mRNA does indeed intermingle and modify the recipient’s genetic code, characterizing it as the patient’s “operating system,” (see <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). Of concern, the manufacturer publicly declares on their website that the mechanism of action of their mRNA is as follows: “[g]enerally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.” (Source: <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). To my knowledge, there is no informed consent, nor anything stamped with the approval of a human subjects’ review board, to the public advising that they are submitting to a permanent change in their native genetic sequencing or any of their natural genetic material.

14. When compared to other, standard package inserts/labeling of FDA approved drugs, biologics, and medical devices, there is also an absence of a description of the molecular structure of the biologic. This is a further failure to disclose to medical prescribers, the formula and molecular weight. These disclosures are critical because they determines the fate of a

compound regarding molecular interactions in the body generally and in the presence of concomitant medication therapy.

15. In the human trial for Comirnaty / Pfizer-BioNTech Covid-19, the protocol lists a significant number of exclusions whereby subpopulations of people and those with certain medical comorbidity or conditions could not enter the trial; this results in the absence of controlled trial data for both safety and efficacy. In my expert opinion, this should render any mandates for those populations as **contraindications**. These populations or conditions are missing from the final Approval label (See **Exhibit B**). Taken from the Pfizer protocol for Comirnaty / Pfizer-BioNTech Covid Vaccine protocol (Clinicaltrials.gov, see Study NCT04368728) are as follows:

- a. Medical or psychiatric condition including recent (within the past year) or active suicidal ideation/behavior or laboratory abnormality that may increase the risk of study participation or, in the investigator's judgment, make the participant inappropriate for the study.
- b. Known infection with human immunodeficiency virus (HIV), hepatitis C virus (HCV), or hepatitis B virus (HBV).
- c. History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (e.g., anaphylaxis) to any component of the study intervention(s).
- d. Receipt of medications intended to prevent COVID 19.
- e. Previous clinical (based on COVID-19 symptoms/signs alone, if a SARS-CoV-2 NAAT result was not available) or microbiological (based on COVID-19 symptoms/signs and a positive SARS-CoV-2 NAAT result) diagnosis of COVID 19.
- f. Individuals at high risk for severe COVID-19, including those with any of the following risk factors:
 - i. Hypertension
 - ii. Diabetes mellitus
 - iii. Chronic pulmonary disease
 - iv. Asthma
 - v. Current vaping or smoking
 - vi. History of chronic smoking within the prior year
 - vii. BMI >30 kg/m²
- g. Anticipating the need for immunosuppressive treatment within the next 6 months.
- h. Individuals currently working in occupations with high risk of exposure to SARS-CoV-2 (e.g., healthcare worker, emergency response personnel).
- i. Immunocompromised individuals with known or suspected immunodeficiency, as determined by history and/or laboratory/physical examination.

- j. Individuals with a history of autoimmune disease or an active autoimmune disease requiring therapeutic intervention.
- k. Bleeding diathesis or condition associated with prolonged bleeding that would, in the opinion of the investigator, contraindicate intramuscular injection.
- l. **Women who are pregnant or breastfeeding.**
- m. Previous vaccination with any coronavirus vaccine. *(These did not exist at the time).*
- n. Individuals who receive treatment with immunosuppressive therapy, including cytotoxic agents or systemic corticosteroids, e.g., for cancer or an autoimmune disease, or planned receipt throughout the study.
- o. Regular receipt of inhaled/nebulized corticosteroids.
- p. Receipt of blood/plasma products or immunoglobulin, from 60 days before study intervention administration or planned receipt throughout the study.
- q. Participation in other studies involving study intervention within 28 days prior to study entry through and including 6 months after the last dose of study intervention, with the exception of non-Pfizer interventional studies for prevention of COVID 19, which are prohibited throughout study participation.
- r. Previous participation in other studies involving study intervention containing lipid nanoparticles.
- s. Positive serological test for SARS-CoV-2 IgM and/or IgG antibodies at the screening visit.
- t. Any screening hematology and/or blood chemistry laboratory value that meets the definition of a \geq Grade 1 abnormality.
- u. Positive test for HIV, hepatitis B surface antigen (HBsAg), hepatitis B core antibodies (HBc Abs), or hepatitis C virus antibodies (HCV Abs) at the screening visit.
- v. SARS-CoV-2 NAAT-positive nasal swab within 24 hours before receipt of study intervention.
- w. Less than 12 years of age. *this is particularly significant because Pfizer-BioNTech companies have requested EUA for <12 years of age, including 2-11 year olds with no randomized, controlled study data and no proof of Human Subjects Review Board evaluation and approval.*

16. The COVID-19 genetic modification vaccines (Pfizer, Moderna, J&J) failed to disclose or conduct and/or include any study results for standard pre-licensing safety that would adequately and at a minimum, inform prescribers and patients of serious considerations. These findings are, by good standard practices, included in the Prescriber's Information / Package Insert, commonly referred to as the Label. The missing studies and results include key information such as:

- a. Pharmacokinetics – studies on the fate of the drug after administration:
 - i. Drug Half Life
 - ii. Drug-Drug Interactions (against standard metric drugs)
 - iii. Absorption
 - iv. Elimination
 - v. Receptor Affinity
 - vi. Tissue and Body Fluid Mass and Volume
 - vii. Drug Metabolism
 - viii. Maximum Drug Concentration
 - ix. Time to Concentration
 - x. CYP450 Isoenzyme Impact on Liver and Drug: Identification of the microsomes in this system that are affected by this biologic and how that may interfere with or enhance effect on liver function. Interaction with this human enzyme system of concern can increase or decrease the mechanism of action of other medications or endogenous hormones and enzymes.
- b. Pharmacodynamics – the entity's actions on the body
 - i. Receptor Binding – a critical component for drug-drug interactions and safety issues related to mechanism of action.
 - ii. Drug Effect at Receptor Binding, *particularly Angiotensin Converting Enzyme-2 Receptors, the key receptor for the resulting Subunit 1 pathogen, the Spike Protein resulting from the Pfizer, Moderna, and J&J self-proclaimed mechanism of action (MOA).*
 - iii. Concentration of the Drug at the Receptor Sites

17. There are four phases to human trials in drug development and Phase 3 is most critical as it comprises the last phase of testing to be completed before the drug's details and clinical trial results are submitted to the regulatory authorities for approval of the drug's release on the open market. See Exhibit C, Phases of Human Trials). While Phase 1 focuses on tolerability and safety in a small number of healthy subjects and Phase 2 establishes efficacy and optimal dosing regimen, Phase 3 should demonstrate and confirm the preliminary evidence gathered in the previous trials that the entity is, a safe, beneficial and effective treatment for the intended indication. The absence of findings from this part of the study as well as from the missing elements enumerated in Sections 15 and 16 violate FDA Guidance Expectations for proper review submission and approval.

18. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) are currently conducting Phases 1, 2 & 3 simultaneously which is dangerous and unprecedented in drug development. My expert position is that this departure from standard human trial phases conduct whereby FDA is allowing Phases 1/2/3 of human trials to run consecutively,

(without Subjects' Informed Consent), is a serious departure from standard human trial phases, which should run *consecutively*, because each Phase must incorporate the results in order to inform the subsequent Phase on next steps for safety and efficacy. See Exhibit C, Phases of Clinical Drug Trials)

19. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) failed to study the following standard good practice subpopulations for the effects enumerated in the exclusion criteria sufficiently with a placebo control arm:

- a. Age
- b. Gender
- c. Race
- d. Liver Impairment
- e. Kidney/Renal Impairment

20. The COVID-19 genetic vaccines (Pfizer) claim in the labeling (See **Exhibit B**, page 6, section 6.1) that “because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.” The manufacturer uses this unorthodox proclamation to justify failure to conduct safety evaluation that it had planned to do in the manufacturer’s own protocol and in its Pharmacovigilance Plan, both submitted to the FDA and that currently sits on ClinicalTrials.gov, the U.S. government website repository for trial registration. (<https://clinicaltrials.gov/ct2/show/NCT04368728?cond=NCT04368728&draw=2&rank=1>).

- a. Prior to COMIRNATY’s full FDA approval, the FDA issued a Warning regarding the rates of heart inflammation and heart failure in teenagers; but that Warning did not translate equally to the product labeling, no Black Box Warning transferred to the Label, and in fact did not even translate to Contraindications Section for these products.
- b. It is good standard practice to include studies for any entity administered concomitantly with monoamine oxidase inhibitors (MAOIs) and/or include a contraindication for simultaneous use.
- c. Prescribers and medical providers are not only not discouraged, but they are affirmatively encouraged, to proceed with injecting this series into populations that were either excluded in the study or who subsequently reported serious life-threatening adverse events as reported by the federal government’s tracking sites Vaccine Adverse Reporting System (VAERS) and V-Safe.
- d. In direct contradiction to the FDA/CDC Safety meeting in October 2020, prior to the vaccination roll out program, there are no warning or precautions included in the Label relative to the FDA’s known and prior warnings.

- e. The Serious Adverse Event Section in the Label is devoid of data already known to the public through the VAERS and V-SAFE reporting systems, both the only sources for the public to be informed of risks. This raises the question as to why the reported rates of cardiac injury, sudden cardiac death, blood clot caused strokes, teen heart attacks, paralysis and serious permanent motor impairment and blood dyscrasias (as demonstrated by numerous scientists including UK physician Dr. Philippe VanWelbergen, Dr. Barbel Ghitalla, and Dr. Robert Young among others) are absent from the Label. Dr. Robert Young has provided recent evidence that vials of Pfizer, Moderna, Johnson & Johnson, & AstraZeneca properly constituted for individual use per the manufacturers' instructions yielded visual microscopy evidence of lethal parasites, stainless steel aggregations, graphene oxide, and "nanoparticles of bismuth, titanium, vanadium, iron, copper, silicon, aluminum embedded in Pfizer vials." (See **Exhibit D**, Blood smears, Dr. VWB & Dr. BG); Source: <https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>
- f. Teratogenicity is a primary concern in all experimental medical interventions and drugs under review, and unless it is studied (after human subjects' review board approval), it is a de facto contraindication to give, much less mandate, any medical intervention to a woman of child bearing years, a pregnant woman, or newborn baby. In fact, the reason there is no guidance in the Label for use in pregnant women is because pregnant women were not studied. Women of child-bearing age were also excluded; therefore, no safety data is included in the Label and the Label only indicates that "Available data on COMIRNATY administered to pregnant women is insufficient to inform vaccine-associated risks in pregnancy." If the data is insufficient by the Companies' and the P-B Label, then it should be contraindicated in that population.
 - i. Similarly, the Label states, "It is not known whether COMIRNATY is excreted in human milk." Pursuant to good and standard clinical research practices this would constitute a de facto contraindication.
- g. There is no information or data to guide prescribers on whether to use this and what the degree of safety would be for use in those with concomitant illnesses, otherwise known as medical comorbidity.
- h. There is no information on how to consider dose adjustment for special populations and those already medically compromised.
- i. The Label is missing data and guidance information on Carcinogenesis, Mutagenesis, and Impairment on Fertility – despite the disclosure by Pfizer that researchers during the trial were warned to avoid contact between people of child-bearing age and those who have gotten this entity. (See **Exhibit E**, Pfizer Protocol, page 132).

21. The COMIRNATY product that has been deemed (<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-covid-19-vaccine-COMIRNATYr-receives-full>) to “have the same formulation [as the Pfizer-BioNTech Covid-19 Vaccine] and can be used interchangeably to provide the Covid-19 vaccination series,” was granted full FDA approval, licensed, and labeled with the Indication “to prevent Covid-19 in individuals 16 years of age and older.” This is in contrast to the a priori primary endpoint in the study protocol (See **Exhibit E**). The primary endpoint is the measure used to validate the entity’s separation from placebo which indicates the degree of efficacy and if the entity statistically separates from placebo, this constitutes the basis for the FDA approved indication or otherwise known as the legal marketing authorization. In the Pfizer protocol NCT04368728 on Clinicaltrials.gov, the primary endpoint was less severe symptoms and lower rates of hospitalizations. Upon FDA approval on August 23, 2021, both the company and the FDA announced the approval of Comirnaty/ Pfizer-BioNTech Covid 19 Vaccine for the indication “to prevent Covid 19.” See Label Exhibit B)

22. The companies declare that the COMIRNATY product, while the same formulation, is currently “unavailable,” in direct contradiction to Pfizer’s statement that COMIRNATY was used in over 20,000 people in 2021. (See **Exhibit B**, Pfizer Package Insert).

23. The FDA approval letter for COMIRNATY, dated August 23, 2021, from RADM Denise Hinton to Pfizer that has been used by the Department of Defense to claim that there is now a “fully licensed vaccine”, constitutes a “deceptive or misleading statement” about a product as that term is used in regards to marketing or labeling a drug or vaccine. Until a vaccine has shown the requisite safety, efficacy, and potency requirements by rigorous scientific studies designed according to FDA’s established standard criteria, the vaccine, in my expert opinion has not been shown to meet the FDA’s own standards for FDA approval.

24. The FDA’s approval letter clearly states that a different vaccine, manufactured by BioNTech Manufacturing GmbH in Germany and known as COMIRNATY, is being approved as a fully licensed vaccine. In this same letter, RADM Hinton also extends the Emergency Use Authorization for the Pfizer BioNtech vaccine. Later in the same letter, RADM Hinton states that the BioNtech vaccine is the equivalent to the COMIRNATY vaccine, while they are “legally distinct”, that no safety or efficacy concerns are present, and that because of the lack of availability of the COMIRNATY vaccine that the Pfizer BioNtech is allowed to be substituted in place of the approved COMIRNATY vaccine. This is all done without any evidence as to how the BioNtech vaccine can be declared safe or effective when it has not even completed a successful Phase III trial. (See Exhibit F for FDA Guidance Document on requirements for Phase 3 trials; <https://www.fda.gov/media/87621/download>. Furthermore, in the Pfizer protocol (See Exhibit E) three formulations are enumerated, with no disclosures on the distinctions:

a. BNT 162b1

- b. BNT 162b2
- c. BNT 162SA
- d. The protocol indicates that injectees will randomly be injected with any one of at least 8 doses including one dose 100mcg, which is essentially >3 times the approved dose, 30 mcg in Comirnaty.

25. The COVID-19 genetic vaccine companies (Pfizer, Moderna, J&J) have not provided complete FDA or the public disclosure on their vaccine boxes, package inserts or labels for all of the ingredients within these injection vials. Vis a vis fundamental human rights, governed by International Law and the Nuremberg Code of 1947, the vaccine-specific ingredient information is critical, required and necessary to know so that any human can make an informed decision whether or not to consent to inoculation.

26. The Pfizer, Moderna, and J&J vaccines are considered “genetic vaccines”, or vaccines produced from gene therapy molecular platforms which, according to US FDA regulatory guidance, are classified as gene delivery therapies and should be under a **fifteen-year** regulatory cycle with annual visits for safety evaluation by the research sponsors. (*Long Term Follow-up After Administration of Human Gene Therapy Products. Guidance for Industry.* FDA-2018-D-2173. 2020. Accessed July 13, 2021, at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/long-term-follow-after-administration-human-gene-therapy-products>.

27. The FDA has “advised sponsors to observe subjects for delayed adverse events for as long as fifteen years following exposure to the investigational gene therapy product, specifying that the long-term follow-up observation should include a minimum of five years of annual examinations, followed by ten years of annual queries of study subjects, either in person or by questionnaire.” (emphasis added). Thus, the administration of the Moderna, Pfizer, and J&J vaccines should not be undertaken without the proper consent and arrangements for long-term follow-up which are currently not offered in the US. (See, EUA briefing documents for commitments as to follow up: Moderna, Pfizer, J&J).

28. Because the US FDA and CDC have offered no methods of risk mitigation or proof of continued safety surveillance for these serious adverse effects which can lead to permanent disability or death, no one should be pressured, coerced, receive the threat or reprisal, or be mandated to receive one of these investigational products against their will.

29. It is never good, nor standard, nor reasonable research practice to perform a large-scale clinical investigation without the necessary structures in place to ensure the safety and protection of human subjects. These structures include a critical event committee, data safety monitoring board and human ethics committee. These groups in large studies work to objectively assess the safety of the investigational product and research integrity. The goal is to mitigate risk

and protect human subjects. It is my understanding that the COVID-19 vaccine program sponsored by the CDC and FDA has implemented none of these crucial safety structures which, to my knowledge, have never before been omitted from any large-scale clinical investigation, not to mention that the subject clinical investigation is of far greater and unprecedented magnitude and complexity than any of its predecessors. It is my assessment that the COVID-19 clinical investigation has provided no meaningful risk mitigation for subjects (restricting groups, a special assessment of side effects, or follow-up visits) to ensure or improve the safety of the program.

30. According to expert medical opinion, there are emerging trends demonstrating that any Covid-19 vaccine is especially risky for those in the 12 – 29 year-old demographic, with resulting complications in the cardiovascular, neurological, hematologic, and immune systems. (See, Rose J, et al). Increasingly, the medical community is acknowledging the possible risks and side effects inclusive of myocarditis, Bell's Palsy, Pulmonary Embolus, Pulmonary Immunopathology and severe allergic reaction causing anaphylactic shock. See Chien-Te Tseng, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch, *Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus*, <https://pubmed.ncbi.nlm.nih.gov/22536382/> (last visited June 21, 2021); Centers for Disease Control and Prevention, *Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine*—United States, December 14–23, 2020 (Jan 15, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm> (last visited June 26, 2021).

31. The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis. It is known that myocarditis causes injury to heart muscle cells and may result in permanent heart damage culminating in heart failure, arrhythmias, and cardiac death. These conditions could call for a lifetime need for multiple medications, implantable cardio defibrillators, and heart transplantation. Heart failure has a five-year 50% survival and would markedly reduce the lifespan of a child or young adult who develops this complication after vaccine-induced myocarditis (McCullough PA, Philbin EF, Spertus JA, Kaatz S, Sandberg KR, Weaver WD; Resource Utilization Among Congestive Heart Failure (REACH) Study. Confirmation of a heart failure epidemic: findings from the Resource Utilization Among Congestive Heart Failure (REACH) study. *J Am Coll Cardiol*. 2002 Jan 2;39(1):60-9. doi: 10.1016/s0735-1097(01)01700-4.

32. COVID-19 vaccine-induced myocarditis has a predilection for young males below age 30 years, a substantial demographic of the US military. The Centers for Disease Control has held emergency meetings on this issue, the medical community is responding to the crisis, and the US FDA has issued a warnings on the Pfizer and Moderna vaccines “Fact Sheet for Patients and Caregivers,” the apparent substitute for an official, and comprehensive Informed Consent

document, for myocarditis. Given the prevalence of this event in younger males, no individual under age 30 under any set of circumstances should feel obliged to take this risk with the current genetic vaccines, particularly the Pfizer and Moderna products. <https://www.fda.gov/news-events/press-announcements/coronavirus-COVID-19-update-june-25-2021>.

33. Multiple recent studies and news reports detail young adults, ages 18-29, dying from myocarditis after receiving the COVID-19 vaccine. According to the CDC, 475 cases of pericarditis and myocarditis have been identified in vaccinated citizens aged 30 and younger. See FDA, *Vaccines and Related Biological Products Advisory Committee June 10, 2021, Meeting Presentation*, <https://www.fda.gov/media/150054/download#page=17> (last visited June 21, 2021).

34. The FDA found that young people ages 12-24 account for 8.8% of the vaccines administered; yet this demographic comprises 52% of the cases of myocarditis and pericarditis reported through May 31, 2021. *Id.*

Table 5: VAERS Report

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. (data thru May 31, 2021)

Age groups	Doses admin	Crude reporting rate*	Expected†,‡ Myocarditis/pericarditis cases	Observed† Myocarditis/pericarditis reports
12–15 yrs	134,041	22.4	0–1	2
16–17 yrs	2,258,932	35.0	2–19	79
18–24 yrs	9,776,719	20.6	8–83	196
25–39 yrs	26,844,601	5.0	23–228	124
40–49 yrs	19,576,875	3.0	17–166	51
50–64 yrs	36,951,538	1.3	31–314	39
65+ yrs	42,124,078	0.9	36–358	26
NR	—	—	—	11

8.8% of doses admin { 12–15 yrs, 16–17 yrs, 18–24 yrs } n=277 reports 52.5% of total reports

* Per million doses administered; † Assumes a 31-day post-vaccination observation window; ‡ 528 reports with symptom onset within 30 days of vaccination shown; † Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14;39(20):3788-3798.

35. Furthermore, the CDC announced on June 24, 2021, that the vaccine is “likely linked” to myocarditis. “Advisory Board, CDC panel reports ‘likely association’ of heart inflammation and mRNA COVID-19 vaccines in young people,” (June 24, 2021) <https://www.advisory.com/daily-briefing/2021/06/24/heart-inflammation>.

36. On July 12, 2021 the US FDA sent out an additional warning for Guillain-Barre Syndrome or ascending paralysis for the J&J vaccine which is not predictable and, when it occurs, can result in ascending paralysis, respiratory failure, the need for critical care and death. Not all

cases completely resolve, and some vaccine victims may require long term mechanical ventilation, or become quadra- or paraplegics. Prolonged neurological rehabilitation is commonly required, and this will call for time away from school and studies for those children injured from the J&J vaccine with Guillain-Barre Syndrome. <https://www.fda.gov/media/150723/download>

Risks of COVID-19 Vaccines for Those Recovered from COVID-19

37. There is recent research demonstrating that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by Pfizer, Moderna, and J&J. From these trials the safety profile was unknown when the products were approved for Emergency Use Authorization in 2020. There has been no study demonstrating clinical benefit with COVID-19 vaccination in those who have well documented or even suspected prior COVID-19 illness.

38. To my knowledge, there are no studies that demonstrate the clinical benefit of COVID-19 vaccination in COVID-19 survivors or those with suspected COVID-19 illness or subclinical disease who have laboratory evidence of prior infection.

Conclusion

I have reviewed the Complaint For Declaratory and Injunctive Relief which delineates the aforementioned significant departures from standard procedures, protocols and safety measures and conclude as follows:

39. It is my expert medical opinion that it is not good, nor standard, nor reasonable professional research or clinical practice to widely utilize these never-before-tested-in-human beings, biologic therapy (mRNA, adenoviral DNA COVID-19 vaccines) in populations where there is no information generated from fully completed, controlled registrational trials with the FDA, specifically COVID-19 survivors, suspected COVID-19-recovered, pregnant or women who could become pregnant at any time after investigational vaccines; and especially our military.

40. In my expert opinion, the risks associated with the investigational COVID-19 vaccines far outweigh any theoretical benefits, are not minor or unserious, and many of those risks are unknown and have not been adequately quantified; nor the duration of their consequences evaluated or shown to be calculable. Therefore, in my expert medical opinion, the Emergency Use Authorization and FDA Approval for the administration of COVID-19 vaccines creates an unethical, unreasonable, clinically unjustified, unsafe, and unnecessary risk to the military of the United States of America.

41. The gross deviations in conducting adequate safety and efficacy studies, the lack of disclosure on product content, the absence of informative trial data in good clinical research practices for basic categories and conditions, the absence of Human Subjects Review (HSRB)

oversight, the absence of Good Manufacturing Practices oversight created by the FDA, the lack of a full human subjects' review board approval stamped, informed consent for replaced only by an abbreviated patient one-page checklist, and the deviations and omissions from protocol to Label are of great concern to me. In my expert opinion, the foregoing constitutes a lack of scientific justification for the Approval, all Emergency Use Authorizations, and any mandated administration of both the COMIRNATY and Pfizer-BioNTech vaccine formulations, both of which have been declared by the companies as one and the same.

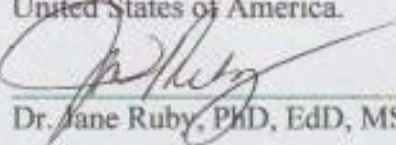
State of Florida

County of Palm Beach

The undersigned, being duly sworn, deposes and says:

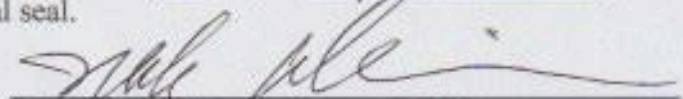
I, Jane Ruby, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

I am an adult of sound mind, over 21 years old, and declare that the information herein is true, correct and complete and that I have voluntarily affirmed this affidavit based upon my own personal knowledge, education, and experience, and under the penalty of perjury of the laws of the United States of America.



Dr. Jane Ruby, PhD, EdD, MS, MS Economics, NP

SUBSCRIBED AND SWORN TO BEFORE ME on the 27 day of September 2021,
to certify which witness my hand and official seal.


Notary Public for the State of Florida

My Commission Expires:



MARK F. WEISSMAN
Commission # HH 067532
Expires March 28, 2025
Bonded Thru Budget Notary Services

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

October 22, 2021

VIA EMAIL

Xavier Becerra
HHS Office of the Secretary
Secretary, Health & Human
Services
200 Independence Ave., S.W.
Washington, D.C. 20201
c/o Sean McCluskie
sean.mccluskie@hhs.gov

Dr. Rochelle P. Walensky
Director, Centers for Disease
Control and Prevention
1600 Clifton Road
Atlanta, GA 30329
Aux7@cdc.gov

Dr. Janet Woodcock
Interim Commissioner,
Food & Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993
janet.woodcock@fda.hhs.gov

Dr. Peter Marks
Director, Center for Biologics
Evaluation and Research
U.S. Food and Drug
Administration
10903 N.H. Ave. W071-3128
Silver Spring, MD 20993-0002
peter.marks@fda.hhs.gov

Dr. Tom Shimabukuro
CDC COVID-19 Vaccine
Task Force
1600 Clifton Road, NE
Corporate Square, Bldg 12
Atlanta, GA 30329
ayv6@cdc.gov

Re: *COVID-19 vaccination in pediatric populations*

Dear Mr. Becerra, Dr. Walensky, Dr. Woodcock, Dr. Marks, and Dr. Shimabukuro:

We write on behalf of Mr. Patrick de Garay, Mrs. Stephanie de Garay, and Maddie de Garay (“**the de Garay family**”) regarding one of the most important issues in this country right now: COVID-19 vaccination in pediatric populations. To date, Pfizer’s Comirnaty is approved for children ages 16 and 17 and authorized for emergency use in children 12 through 15, with authorization expected shortly for children 5 through 11. Before any additional authorizations or approvals for children are granted, it is imperative that you properly account for what occurred to Mr. and Mrs. de Garay’s 12-year-old daughter, Maddie, in Pfizer’s clinical trial.

The only rigorous way to ensure safety and efficacy is via appropriate clinical trials which do not ignore serious adverse events occurring in those trials. Pfizer’s clinical trial for children aged 12-15 included 2,260 participants, half of who received the vaccine and half who received a placebo. Meaning, only 1,131 children were vaccinated and at least one of those children, Maddie de Garay, suffered a devastating, life-altering injury which, despite incontrovertible proof and the

cries of both the victim and her parents, has not been acknowledged by the sponsor (“Pfizer”) or the Food and Drug Administration (“FDA”).

For a virus for which children have a 99.998% chance of surviving, the FDA must ensure there is an even more remote chance of a serious adverse event from any vaccine intended to prevent harm from the virus.¹ Therefore, we implore you to carefully consider the following information.

A. COVID-19 in Children

A research team at Johns Hopkins analyzed approximately 48,000 children under 18 years old diagnosed with COVID-19 and found a **mortality rate of zero** among children who did not have a pre-existing medical condition such as leukemia.² Neither the FDA nor the CDC have put forth data to dispute this.³

Despite what appears to be a continued effort to inflate COVID-19 numbers and induce fear among parents,⁴ according to one study, the infection fatality rate for those aged 5 to 9 is less

¹ See <https://pubmed.ncbi.nlm.nih.gov/33137809/>.

Age Group	Male Median% (95%CrI) [Individual serostudy range]	Female Median% (95%CrI) [Individual serostudy range]	Mean Median% (95%CrI) [Individual serostudy range]
0-4	0.003 (0.002-0.004) [0.001-0.006]	0.003 (0.002-0.003) [0.001-0.005]	0.003 (0.002-0.003) [0.001-0.006]
5-9	0.001 (0.000-0.001) [0.000-0.001]	0.001 (0.000-0.001) [0.000-0.001]	0.001 (0.000-0.001) [0.000-0.001]
10-14	0.001 (0.001-0.002) [0.000-0.002]	0.001 (0.000-0.001) [0.000-0.001]	0.001 (0.001-0.001) [0.000-0.002]
15-19	0.003 (0.002-0.003) [0.001-0.005]	0.002 (0.002-0.003) [0.001-0.005]	0.003 (0.002-0.003) [0.001-0.005]

Table S3. Ensemble model age- and sex-specific infection fatality ratio estimates and the respective ranges suggested by individual national-level seroprevalence surveys.

² <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

³ According to the Centers for Disease Control and Prevention (“CDC”), 605 children (under 19 years old) have died with a COVID-19 diagnosis (186 ages 0 through 4 years old, 419 ages 5 through 18 years old) in a 21.5-month period. See <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>. There has been no data released by the CDC showing whether these children died *from* COVID-19 or *with* COVID-19 or if these children had any pre-existing conditions. The data are for “deaths involving COVID-19.” There is also no further age stratification and no understanding of how many of the children that died were 18 years old vs how many were 5 years old.

⁴ CDC Director Walensky made the claim that vaccinating one million adolescents for COVID-19 would prevent 200 hospitalizations and 1 death over a four-month period. However, the hospitalization report relied upon for this analysis, just like the death count, does not distinguish whether the child hospitalizations are *for* COVID-19 or *with*

than 0.001 percent.⁵ A large new study from the U.K. examining the fatality rate among all those under 18 found it to be similarly incredibly rare — 0.005 percent.⁶ Based on data following the Delta variant, “[i]n states where data was available, less than 2% of all child COVID-19 cases required hospitalization and 0.00% to 0.03% were fatal.”⁷ This is not a severe or deadly pandemic for children as the data has clearly and consistently shown.

B. Potential Risks in Vaccinating Children for COVID-19

Since it is exceedingly rare for a child to have a permanent injury from being infected with SARS-CoV-2, it must be determined that the vaccine presents even less risk.

1. Maddie de Garay

Maddie de Garay was a typical 12-year-old little girl: full of energy, spunk, gymnastic moves, and TikTok dances. Maddie, along with her two brothers, took part in Pfizer’s pediatric clinical trial for the COVID-19 vaccine. Since the day she received the second dose of the vaccine, the vibrant girl Maddie’s parents once knew has disappeared, replaced with a girl who lives her life in agony.

Within 24 hours of arriving at the trial site with her dad and receiving her second shot, Maddie developed crippling, scream-inducing pain that landed her in the emergency room. She was experiencing abdominal, muscle, and nerve pain, described as the feeling of someone “ripping [her] heart out through [her] neck.”

Over the next three months, Maddie was admitted to the hospital three times, visited doctors and emergency rooms more than that, and developed additional life-changing symptoms including: gastroparesis, erratic blood pressure, erratic heart rate, memory loss, brain fog, dizziness, fainting, seizures, verbal tics, motor tics, loss of feeling from her waist through her toes, muscle weakness, drastic and adverse changes in her vision, urinary retention, loss of bladder control, and the start of and severely irregular menstrual cycles. Maddie currently has an NG tube and uses a wheelchair for assistance.

The list of “post-vaccination symptoms” that her mother has detailed and tracked in an effort to help her daughter is over 23 pages long (through only August 2021) and is heartbreaking

COVID-19. In other words, if a child gets hurt in an accident and brought to the hospital and is tested as part of hospital protocol and tests positive, that child may be counted as a child COVID-19 hospitalization even though the hospitalization could not be prevented regardless of how many people are vaccinated. Evidencing this issue with Walensky’s claims is the June 11, 2021 Morbidity and Mortality Weekly Report of that analysis which revealed that 45.7% of the admissions had to be analyzed separately “because their primary reason for admission might not have been directly COVID-19-related. See https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e1.htm?s_cid=mm7023e1_w.

⁵ See <https://www.nature.com/articles/s41586-020-2918-0>.

⁶ See <https://www.wsj.com/articles/in-children-risk-of-covid-19-death-or-serious-illness-remain-extremely-low-new-studies-find-11625785260>.

⁷ <https://www.npr.org/sections/coronavirus-live-updates/2021/08/10/1026375608/nearly-94-000-kids-got-covid-19-last-week-they-were-15-of-all-new-infections>; see also <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>.

to read. It tells the story of a 12-year-old girl's life being drastically altered by worsening symptoms that, at times, had her saying she "couldn't do this anymore" and that she "wanted to give up."

Pfizer, on the other hand, reported this in its trial documents to the FDA as follows:

"One participant experienced an SAE reported as generalized neuralgia, and also reported 3 concurrent non-serious AEs (abdominal pain, abscess, gastritis) and 1 concurrent SAE (constipation) within the same week. The participant was eventually diagnosed with functional abdominal pain. The event was reported as ongoing at the time of the cutoff date."⁸

The juxtaposition of Ms. de Garay's careful and tragic recording of her child's experience post-vaccination and Pfizer's description of same is shocking to the conscience. To equate Maddie's life-altering ailments that leave her unable to eat by mouth or to walk herself to the kitchen as "functional abdominal pain" is at best dishonest. To regulators, it should be criminal.

In fact, at least one doctor at the National Institutes of Health, Dr. Avindra Nath, is aware of Maddie's experience. When learning of her post-vaccination adverse events, he replied to Mrs. de Garay, **"We have certainly heard of a lot of cases of neurological complications form [sic] the vaccine** and will be glad to share our experience with them."⁹

Despite a May 24, 2021 letter sent to Dr. Marks, Dr. Woodcock, and Dr. Walensky (and others) from COVID-19 vaccine injured individuals pleading for acknowledgement and help,¹⁰ and Dr. Nash's knowledge, *we will assume that, until this point, you have not been aware of Maddie's story and of Pfizer's "reporting" of same.* We make this assumption, despite evidence to the contrary, because it appears unthinkable that you would not have taken action or contacted the family had you actually been aware of her devastating injury. Either way, you are now on notice. Maddie's journey has been documented and is ongoing. All relevant medical records are being provided by email through a secure link. If Pfizer has not disclosed the truth, it is your responsibility as regulators to ensure that this is remedied forthwith.

Clinical trials are meant to identify and report incidents just like Maddie's in order to help determine the safety and efficacy of vaccines. It is troubling, to say the least, that this has happened and that this vaccine has been authorized without a reliable clinical trial – a trial that reported a life-altering injury as "functional abdominal pain" is plainly an unreliable trial. If Pfizer hid this serious adverse event, it calls into question all of the safety reporting from this trial.

⁸ <https://www.fda.gov/media/148542/download> at 30.

⁹ See appended May 2021 email exchange with Mrs. de Garay and Dr. Nash.

¹⁰ https://www.c19vaxreactions.com/uploads/1/3/7/7/137732232/letter_initials_2.pdf. Communications with Dr. Woodcock following this letter included discussions about Maddie. In addition, Mrs. de Garay exchanged emails with the NIH about Maddie and other individuals communicated with the FDA and with VRBPAC about Maddie's story.

Every parent offered the Pfizer Covid-19 vaccine should be informed of Maddie's experience prior to giving or withholding consent on behalf of their child. Indeed, without a true picture of the benefits and risks of this product, no parent's consent can be truly informed. On a larger scale, regulators and their advisors should be informed of Maddie's experience prior to being asked to provide any further approval or recommendation of this product. They indeed should be asked to reconsider current authorizations and approvals of this product for children.

We are not naïve to the reality that after the FDA has fanatically promoted Pfizer's Covid-19 vaccine to the American people – which began before the FDA even approved the product – asking it to now admit it made a mistake as to this product and children is akin to asking the FDA's leadership to cut their own throats. It would take an incredible amount of selflessness to admit such a mistake. Hence, at the least, before even considering authorizing or licensing this product for any further age span of children, a thorough investigation of the clinical trial conduct and data for children is demanded, as well as an expanded trial in order to gather sufficient data to confirm safety.

Given that the actual severe harm to Maddie was not disclosed by Pfizer to the FDA, it must ask what other serious adverse events have been hidden from your view and ignored by regulators?

2. Identified Risks from Clinical Trials and Post-Authorization Use

Unfortunately, even putting aside the misrepresentations related to Maddie's serious harm, the Phase II/III clinical trial for Pfizer's vaccine in 12-15-year-olds¹¹ which led to the FDA's emergency use authorization of this product on May 10, 2021 was underpowered and inadequate to properly test efficacy or safety for the following reasons:

- The trial was not intended to make findings regarding the vaccine's ability to prevent disease or hospitalization. Instead, it was limited to assessing antibody levels and comparing those levels to adult levels.¹²
- The trial was underpowered. It included only 2,260 participants, half of who received the vaccine and half who received a placebo. Meaning, only 1,131 children were vaccinated. This is inadequate to identify any potential adverse events that may occur, nor the statistical significance of same. Without a clinical trial of sufficient size that reviews all potential serious adverse events, such as that experienced by Maddie, for a sufficient duration, this potentially catastrophic result will not be identified prior to licensure.

¹¹ See https://www.nejm.org/doi/10.1056/NEJMoa2107456?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed.

¹² As Dr. Woodcock and Dr. Marks have explained: "It's important that the public recognize that, because young children are still growing and developing, it's critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety and the immune response to a COVID-19 vaccine in this population. Children are not small adults." <https://www.fda.gov/news-events/press-announcements/fda-will-follow-science-covid-19-vaccines-young-children>.

- The trial was not representative of most American children. It only included “healthy participants” and excluded those who previously were infected with SARS-CoV-2.¹³ This results in excluding a large proportion of American children since at least 37% of children are estimated by the CDC to have been infected with SARS-CoV-2 as of May 2021¹⁴ and 43% are estimated to have chronic health condition.¹⁵ Moreover, the 12-15-year-olds in the trial were approximately 86% White and 12% Hispanic or Latinx, and only 567 boys were vaccinated in the trial.
- The trial did “not determine whether [the Pfizer] vaccination prevents asymptomatic infection or transmission of SARS-CoV-2.”
- Safety data has only been collected for a few months and “data on longer-term safety and the duration of efficacy and antibody responses in children are not yet available.”¹⁶ From the limited data available, 6% of the participants reported adverse events within the trial, aside from reactogenicity. One participant discontinued vaccination because of a vaccine-related adverse event. Pfizer reported that “few participants in any cohort had serious adverse events, and none were considered by the [Pfizer] investigators to have been vaccine-related.” That the trial was inadequate to detect adverse events was evidenced on June 23, 2021, when the CDC reported the alarming numbers of reported myocarditis and pericarditis cases occurring after COVID-19 vaccination.¹⁷ This adverse event was not picked up in the clinical trial.

As Dr. Woodcock and Dr. Marks have stated:

because young children are still growing and developing, **it’s critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety** and the immune response to a COVID-19 vaccine in this population. **Children are not small adults** – and issues that may be addressed in pediatric vaccine trials can include whether there is a need for different doses or different strength formulations of vaccines already used for adults.¹⁸

Moreover, taking into account the FDA’s guidance that clinical trials should “reflect the product and target condition,”¹⁹ and a 2019 review, authored by researchers at the FDA and Duke University, which found that short-term pediatric studies may not provide complete safety data

¹³ Also excluded were those with “other medical conditions that may make the participant inappropriate for the study,” and those who have had a severe adverse reaction to any other vaccine.

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>.

¹⁵ <https://pubmed.ncbi.nlm.nih.gov/21570014/>.

¹⁶ <https://www.nejm.org/doi/10.1056/NEJMoa2107456>.

¹⁷ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf> at p. 27.

¹⁸ <https://www.fda.gov/news-events/press-announcements/fda-will-follow-science-covid-19-vaccines-young-children>.

¹⁹ <https://www.fda.gov/media/102332/download>.

across all critical periods of growth and development,²⁰ the time frame for the safety review should be longer for minors. The FDA and Duke authors explained that, compared to licensing a drug for adults, “data on drug efficacy and safety in children may require an additional 6 years.”²¹ Since children have not been seriously affected by this virus, the risk of any vaccine must be fully understood in order to weigh it against any potential benefit.

Evidencing the need for longer trials, public health agencies have, over time, identified certain serious, and sometimes fatal, adverse events that are likely caused by COVID-19 vaccines that have not been identified in the trials. To date, these adverse events include anaphylaxis, TTS, and myocarditis. Myocarditis has been seen most frequently in younger people, more frequently in males, and following the second dose. The long-term effects of myocarditis are not fully understood but can be very serious.

And, while not yet acknowledged by the agencies, numerous additional serious side effects are being reported in alarming numbers in the Vaccine Adverse Events Reporting System (“VAERS”) and by healthcare workers across the country with firsthand observations of same, including:

deep vein thrombosis, pulmonary embolisms, new stroke, bleed, autoimmune hepatitis, sudden bilateral pneumonia or COVID-19 infection, syncope with head injury, STEMI, new arrhythmias, new seizure disorders, new chorea movement disorder, return of and new cancers, acute myeloid leukemia, appendicitis, tinnitus, death, and more.

Even if the risks from the COVID-19 vaccines are truly small, there is no reason to expose someone to any risk when their risk of the disease itself is negligible. These known and potential adverse events further demonstrate the inadequacy of the clinical trials.

Perhaps most alarming is Maddie’s “adverse event” that, to date, does not appear at all in Pfizer’s reported trial data. In this small cohort of just over 1,000 children vaccinated, and despite a complete lack of acknowledgement of same in the data, there was at least one severe adverse event to the vaccine. **If this has happened even once in such a small cohort, it is imperative that the manufacturer and the health agencies determine whether there are other similar cases and whether and how often this may happen again to other children.**

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6526087/>.

²¹ *Id.*

C. Conclusion

Since children are at extremely low risk of harm from SARS-CoV-2, and getting the infection actually provides sterilizing immunity, while the vaccine does not,²² children in our country do not need a COVID-19 vaccine. Vaccinating them will not contribute to herd immunity since the vaccine, as you know, does not prevent infection and transmission of the virus.

To the extent a vaccine *is* authorized or approved for children, it must be properly tested and evaluated in a clinical trial that is adequate to determine safety and efficacy. It must further be mandated that those clinical trials accurately report, with full transparency and disclosure, any adverse events observed following vaccination. Vaccine manufacturers must not be allowed to get away with disguising serious adverse events like Maddie's.

The de Garay family ask that you properly respond forthwith to the data and concerns addressed above. In your response, please confirm whether you and your agencies acknowledge Maddie's vaccine injuries and whether you will properly address them both with the de Garay family and with Pfizer. If you deny that Maddie's ailments are injuries from Pfizer's COVID-19 vaccine, please provide your justification. If you admit that Maddie's ailments are vaccine injuries, then we implore you to neither authorize nor approve this vaccine for children until you can properly address all issues and concerns raised by this letter.

If you do not provide a fulsome response that address all concerns raised above by close of business on Monday, October 25, 2021, we have been authorized to file a petition on behalf of the de Garay family regarding any contemplated authorization or licensure of the Pfizer vaccine and to withdraw any existing authorization or licensure of this vaccine for children.

Sincerely Yours,



Aaron Siri, Esq.

Elizabeth A. Brehm, Esq.

CC: Patrick and Stephanie de Garay

²² The clinical trial's primary endpoint for the Covid-19 vaccines is measuring effectiveness against disease – not against infection. <https://pubmed.ncbi.nlm.nih.gov/33332292/>. Once used in the real world, as Dr. Walensky has acknowledged, they do not “prevent transmission.” <https://twitter.com/CNNSitRoom/status/1423422301882748929> This is also confirmed by various studies, including, *inter alia*: <https://pubmed.ncbi.nlm.nih.gov/34351882/>; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733; <https://pubmed.ncbi.nlm.nih.gov/34176436/>; <https://pubmed.ncbi.nlm.nih.gov/34596015/>; <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4.full.pdf>; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012240/Weekly_Flu_and_COVID-19_report_w33.pdf at 17-18; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014926/Technical_Briefing_22_21_09_02.pdf at 21.

VAERS Summary for COVID-19 Vaccines through 11/19/2021

© DEC 1, 2021

Download as PDF

All charts and tables below reflect the data release on 11/29/2021 from the VAERS website, which includes U.S. and foreign data, and is updated through: 11/19/2021

High-Level Summary	COVID19 vaccines (Dec'2020 – present)	All other vaccines 1990-present	US Data Only COVID19 vaccines (Dec'2020 – present)	US Data Only All other vaccines 1990-present
Number of Adverse Reactions	913,268	857,017	664,745	747,775
Number of Life-Threatening Events	21,582	14,113	10,223	9,848
Number of Hospitalizations	97,561	81,699	41,501	38,608
Number of Deaths	19,249*	9,286	8,898	5,199
# of Permanent Disabilities after vaccination	30,967	20,387	10,232	12,702
Number of Office Visits	143,275	47,797	128,111	45,912
# of Emergency Room/Department Visits	101,315	211,713	83,101	202,367
# of Birth Defects after vaccination	671	172	391	98

*Note that the total number of deaths associated with the COVID-19 vaccines is more than double the number of deaths associated with all other vaccines combined since the year 1990.

The Most Important Podcast You Can Hear About COVID-19

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › Of the COVID-19 deaths in the U.S., none received adequate and/or early-enough treatment. At least 85% of COVID deaths were preventable
- › There are three components to SARS-CoV-2 infection: viral replication, cytokine storm and blood clotting, therefore necessitating a multidrug approach, and treatment must begin early to be effective
- › Research published in 2006 showed hydroxychloroquine reduced viral replication of SARS-CoV-1 (the original SARS virus). It also has well-established anti-inflammatory properties. These two properties help explain its usefulness against COVID-19
- › There were clear intentional efforts to prevent use of hydroxychloroquine against COVID-19, likely in an effort to make the COVID jabs appear necessary
- › You cannot get COVID-19 twice; those with natural immunity have robust, long-lasting immunity. The Pfizer COVID shot, meanwhile, has been shown to have undetectable effectiveness 201 days after the second dose and Moderna's effectiveness reaches zero around day 121

If you could only listen to one podcast to get up to speed on COVID-19, you are in luck as one of the top clinicians in the world on understanding COVID-19, Dr. Peter McCullough, finally made his way to the largest podcast in the world, Joe Rogan and, as expected, it was epic. You will do yourself a serious disservice if you don't watch the entire, nearly three-hour, interview at normal speed.

McCullough is an internist, cardiologist and epidemiologist, and in this podcast, he reviews and summarizes what we know about the COVID jabs. McCullough also discusses the importance of early treatment, which has been universally suppressed and ignored from the start.

He's convinced, and states unequivocally in this interview, that of the COVID-19 deaths in the U.S., none received adequate and/or early-enough treatment. In short, people did not, and certainly don't now, need to die from this infection, barring some serious underlying condition.

It's treatable, and later variants, such as Delta and Omicron, appear generally milder than the original virus, resulting in even easier-to-treat illness. From early on, researchers and clinicians demonstrated that early treatment, be it with hydroxychloroquine, ivermectin or steroids and anticoagulants — in some combination — resulted in far better outcomes and saved lives.

When you just let the infection run its course without treatment, most COVID-19 patients were riddled with blood clots and other complications by the time they were hospitalized. According to McCullough, we know that at least 85% of all COVID deaths could have been avoided with early treatment.

Early Treatment Is Key

In August 2020, McCullough's landmark paper "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection" was published online in the American Journal of Medicine.¹

It was the first published report on how to treat COVID on an outpatient basis and described a comprehensive COVID treatment protocol for frontline doctors. Before this, there were about 4,000 papers discussing the potential benefit of various remedies, but none that actually sought to present a comprehensive protocol for treatment.

A follow-up paper, "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)" published in Reviews in

Cardiovascular Medicine in December 2020,² became the basis for an AAPS home treatment guide.

Importantly, McCullough and the team of collaborators he put together understood early on that there were three components to this infection: viral replication, cytokine storm and blood clotting, therefore necessitating a multidrug approach.

One drug that gained early attention was hydroxychloroquine, as research published in 2006 showed it reduced viral replication of SARS-CoV-1 (the original SARS virus). It also has well-established anti-inflammatory properties. It's been routinely used in the treatment of lupus, for example. But as explained by McCullough, there were clear intentional efforts to prevent use of the drug against COVID-19.

The U.S. government refused to release its stockpiles, and doctors were told they'd lose their medical license if they used it. The largest manufacturing plant of hydroxychloroquine even mysteriously burned down, and in South Africa, "mercenaries" were breaking into pharmacies and burning the drug.

In addition to that, a fraudulent paper was published in the journal Lancet, falsely stating that hydroxychloroquine was dangerous. "It looked like it was a step to bury hydroxychloroquine as a treatment," McCullough says. When focus shifted to ivermectin, that drug also became inaccessible and was widely vilified as "horse paste" in the mainstream media.

Treatment Was Suppressed for a Reason

Considering the overwhelming success doctors have had in treating the infection with these and other drugs, why aren't hospitals everywhere doing it? Why have health authorities fought against treatment in general, and the use of hydroxychloroquine and ivermectin in particular? In McCullough's words:

"It seems to me, early on, there was an intentional, very comprehensive suppression of early treatment in order to promote fear, suffering, isolation, hospitalization and death. And it seemed to be completely organized and

intentional in order to create acceptance for and then promote mass 'vaccination.'"

The plan to create acceptance for novel mRNA gene transfer technology in lieu of a conventional vaccine by suppressing treatment options has been explained in detail in Dr. Peter Breggin's book, "COVID-19 and the Global Predators: We Are the Prey,"³ and Pamela Popper's book, "COVID Operation: What Happened, Why It Happened and What's Next."⁴ McCullough recommends both, if you want to understand how this was coordinated and planned.

Robert Kennedy Jr.'s book, "The Real Anthony Fauci" also shows, using extensive documentation, that Moderna was working on an mRNA injection for COVID-19 well before the world even knew it existed. He reveals extensive collusion occurred to push this novel gene transfer technology on the world, with devastating effects.

When asked why more doctors aren't using these early treatment protocols, McCullough points out that of the 1 million or so doctors in the U.S., probably only 500 or so actually understand that viable treatments are being suppressed with the intent to drive uptake of the gene transfer shots. Those relatively few who do understand what's going on face censorship and the threat of having their medical license removed if they speak out about treatment.

Questions About Reinfection Linger

A widespread concern that Rogan brings up is whether or not you can actually get COVID twice. According to McCullough, the answer is a hard no. You cannot. You might think you have it twice, because you've tested positive, but we now know that the false positive rate for PCR testing is about 97%.

After intense pressure to produce evidence of reinfection, the U.S. Centers for Disease Control and Prevention finally admitted they don't have a single verified case of someone getting sick with COVID twice.

To prove reinfection, McCullough says, you'd need to have a positive PCR test at a cycle threshold below 28 (not 40 or 45, as is routinely done, which is why the false positive rate is 97%), and a positive antigen immunoassay test to show that you actually had antibodies from the first infection, and a gene sequencing test showing you in fact have the SARS-CoV-2 virus.

What's more, dozens of studies confirm that natural immunity is robust and long-lasting. "So why is there so much resistance to the idea that people have natural immunity?" Rogan asks, to which McCullough replies, "All roads lead to the 'vaccine.'"

Dr. Robert Malone disagrees with McCullough on this issue, pointing to a December 4, 2021, study showing 12% out of a sample of 1,200 individuals experienced COVID reinfection.⁵ In a Twitter post, Malone said:⁶

"I have caught it twice, as has my wife. I was asymptomatic, she was not. This is a rapidly mutating RNA virus. Just like the common cold. The symptoms will not be as severe — but yes, people catch it more than once. Even Delta ..."

Relative Versus Absolute Risk Reduction

Now, when it comes to the efficacy of these COVID shots, the manufacturers have employed a classic strategy to mislead the masses and make the shots sound far better than they actually are. That strategy is looking at relative risk reduction rather than absolute risk reduction.

While the COVID shots boasted efficacy rates between 67% and 95% at the outset, those were the relative risk reductions. The four available COVID shots in the U.S. provide an absolute risk reduction between just 0.7% and 1.3%.^{7,8}

Now, compare that to the noninstitutionalized infection fatality ratio across age groups, which is 0.26%.⁹ Since the absolute risk that needs to be overcome is lower than the absolute risk reduction these injections can provide, mass vaccination simply cannot have a favorable impact. Yet here we are, being told to get used to the idea of getting booster shots at ever-increasing intervals. It just doesn't add up.

Of course, as I've reported on several occasions, research and clinical experience clearly show that the effectiveness of these shots rapidly wanes. Six months after the second dose, your protection is nil. Meanwhile, your body continues producing toxic spike protein for at least 15 months after each dose.

Efficacy Rapidly Wanes

McCullough cites a Swedish study¹⁰ published October 25, 2021, which looked at data from 842,974 pairs, where each person who had received two COVID jabs was paired and compared against an unvaccinated individual, to see if the vaccinated had fewer symptomatic cases and hospitalizations.

Early on, the double-jabbed appeared to have good protection, but that quickly changed. The Pfizer jab went from 92% effectiveness at Day 15 through 30, to 47% at Day 121 through 180, and zero from Day 201 onward. The Moderna shot had a similar trajectory, being estimated at 59% from Day 181 onward. The AstraZeneca injection had a lower effectiveness out of the gate, waned faster than the mRNA shots, and had no detectable effectiveness as of Day 121.

All the while, millions of Americans have already had COVID¹¹ and have natural immunity that doesn't wane in this manner. Yet they are being shunned and fired for not complying with COVID jab mandates. Again, it just doesn't add up. Never before has a vaccine been required for anyone with natural immunity against a disease, and there's good reason for that. It's completely illogical.

Just like you don't need a measles vaccine if you've had measles, you don't need a COVID shot if you've had COVID. In fact, you are at increased risk of adverse events if you do take it. Remember, if you already have natural immunity, you're exposing yourself to the harms of the shot with no hope of benefit.

The Most Dangerous Injections in Medical History

As explained in this interview, the COVID shots are the most dangerous, most lethal drugs ever used — and the U.S. Food and Drug Administration and CDC knew this as early as mid-February, when the deaths reported to the U.S. Vaccine Adverse Events Reporting System (VAERS) hit 182.

Historically, any drug with five unexplained deaths gets a black box warning. At 50 unresolved deaths, it's pulled from the market altogether. None of that happened here. To this day, the FDA and CDC claim not a single death is attributable to the COVID shots, even as the reported death toll is nearing 20,000¹² (including international reports), with half of them occurring within 48 hours of the injection. Eighty percent occur within a week post-injection.

That is simply unheard of. The temporal association is stronger than anything we've seen before. McCullough also cites research concluding that in 86% of cases, there was no other explanation for the death other than the COVID shot.

McCullough points out that in any given year, an average of 150 deaths following vaccination are reported to VAERS. That's 150 deaths from an average of 278 million vaccine doses given.

Here, we had 182 deaths at a point in time when only 27 million doses had been administered. So, you cannot blame it on the volume of shots given. The same trends can be found in other countries' databases as well, such as the U.K.'s Yellow Card scheme.

What's more, vaccine side effects are notoriously underreported, so as staggering as the VAERS data are, they're just the tip of the iceberg. Historically, only 1%¹³ to 10%¹⁴ of adverse effects are reported. For the COVID shots, the underreporting factor has been calculated to be anywhere between 31 and 100. That means that to get a more accurate range, you have to multiply the VAERS number by 31 and 100.

The absolute most-conservative estimate so far is an underreporting factor of five. That estimate came from an FDA whistleblower who used Centers for Medicare and Medicaid Services data to estimate the underreporting in VAERS.¹⁵ According to that

whistleblower, the number of Americans killed by the shots was at least 45,000 as of July 9, 2021. At that time, VAERS reported 9,048 deaths following COVID injection.

Who's at Greatest Risk for COVID Jab Side Effects?

As explained by McCullough, one of the reasons for this massive death toll is the fact that the COVID shot introduces an uncontrolled dose of spike protein into your body — a far greater dose than what you get when naturally infected with the virus. And the spike protein is the most lethal part of the virus. It's responsible for the most problematic symptoms of infection.

So, the shots are killing the same people that would be in dire straits were they infected by the virus. It's also killing some who would likely fare OK with the wild virus but cannot handle the excessive spike protein load produced by the COVID shot.

Consistent Data Point to Clear and Present Danger

As noted by McCullough, we have a very clear safety signal from VAERS. We also have clear biological plausibility, meaning we can explain why and how people might be harmed by these shots. The data are also internally and externally consistent, within VAERS and databases in other countries. The same patterns are seen everywhere.

Normally association does not mean causality unless very specific criteria are met, and in the case of the COVID jabs, those criteria are indeed met. "We've fulfilled what's called the Bradford Hill criteria for causality," McCullough says. In other words, we have evidence that the injuries and deaths are not accidental. The COVID shots are indeed injuring and killing people at unprecedented rates, despite what the lying CDC states.

Myocarditis Will Likely Be Widespread

Interestingly, the shots appear to harm men and women differently. Women are having far higher rates of neurological injuries, whereas boys and young men account for some

80% of myocarditis (heart inflammation). Just how bad is the myocarditis wave?

Research published in 2017¹⁶ calculated the background rate of myocarditis in children and youth, showing it occurs at a rate of four cases per million per year. Assuming there are 60 million American children, the background rate for myocarditis would be 240 cases a year.

How many cases of myocarditis have been reported to VAERS following COVID injection so far? 16,918 as of December 3, 2021,¹⁷ and it's going up by several hundred to a couple of thousand every week. We're also seeing myocarditis in adult men.

“ My fear is, some of these kids who develop myocarditis will be in the 13% category where they have progressive left ventricle dysfunction and heart failure. ~ Dr. Peter McCullough ”

"Doctors have never seen so many cases of myocarditis," McCullough says. "It is frequent, and it is severe." Patients require heart medication, and must remain sedentary for extended periods of time. While myocarditis is typically a nonfatal adverse event, it can shave years off your life.

Research published in 2019 showed 13% of myocarditis cases ends up with progressive heart failure. Their hearts just never fully recover from the damage. In the study, another 36% improved but never fully recovered.

"My fear is, some of these kids who develop myocarditis will be in the 13% category where they have progressive left ventricle dysfunction and heart failure," McCullough says.

While we don't yet know exactly how COVID jab myocarditis compares to naturally-occurring myocarditis, the data we currently have suggest the damage incurred by the spike protein is rather severe.

According to McCullough, 86% of youth who develop myocarditis in response to the jab are sick enough to require hospitalization. Research also shows young boys are far more likely to be hospitalized with myocarditis than they are being hospitalized with COVID-19, McCullough says.

Reject Boosters

If you've taken one or two COVID jabs months ago and nothing bad happened, count your blessings. You're among the lucky ones. If you persist in taking boosters, however, your luck is probably going to run out at some point. It's really only a matter of time before the amount of spike protein in your system overwhelms it, producing noticeable damage.

Again, evidence suggests the spike protein may remain for 15 months post-injection. McCullough believes it will last at least a year after each dose. If you start getting boosters every three to six months, you're never going to get rid of that spike protein.

You'll be adding more and more with each dose, and it's the same spike protein that causes problems in COVID-19. If you fear COVID-19, you ought to be just as fearful of the COVID shots, if not more so, as you end up with far more spike protein from the shot than you do from the natural infection.

At this point in time, the evidence is clearly weighing against the COVID shots. They're causing far more harm than good, especially among children, who are not at high risk of dying from COVID-19 in the first place.

Sources and References

- ¹ American Journal of Medicine January 2021; 134(1): 16-22
- ² Reviews in Cardiovascular Medicine 2020; 21(4): 517-530
- ³ COVID-19 and the Global Predators: We Are the Prey by Peter Breggin
- ⁴ COVID Operation: What Happened, Why It Happened and What's Next by Pamela Popper
- ⁵ medRxiv December 4, 2021; 2021.07.20.21260855
- ⁶ Twitter Robert Malone December 16, 2021
- ⁷ Medicina 2021; 57: 199

- ⁸ The Lancet Microbe July 1, 2021; 2(7): E279-E280
- ⁹ Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352
- ¹⁰ Lancet Preprints October 25, 2021
- ¹¹ Our World in Data December 15, 2021
- ¹² OpenVAERS December 3, 2021
- ¹³ The Vaccine Reaction January 9, 2020
- ¹⁴ BMJ 2005;330:433
- ¹⁵ US District Court for the Northern District of Alabama Civil Action No: 2: 21-cv-00702-CLM (PDF)
- ¹⁶ Journal of the American Heart Association November 18, 2017; 6:e005306
- ¹⁷ OpenVAERS Adverse Events Reports as of November 19, 2021

I, **Dr. Jane Ruby**, being duly sworn, depose and state as follows:

1. I make this affidavit in support of the above-referenced MOTION as expert testimony in support thereof. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit under penalties of perjury. I have read these statements in this affidavit, these statements are my understanding of the facts and my opinion provided is based upon a reasonable degree of medical and pharmaceutical industry processes certainty. I am providing this affidavit as I have serious, grave concerns for the United States military and the public-at-large.

2. The expert opinions expressed here are my own and arrived at from my personal, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports and other information relevant to the subject matter.

Experience & Credentials

3. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my *curriculum vitae* is attached hereto as **Exhibit A**.

4. I have personal knowledge and understanding of these matters and I make this affidavit in support of the truth of the contents contained herein.

5. After receiving a bachelor's degree from Alfred University, I completed my master's degree as a Sigma Theta Tau, cum laude graduate from the University of Rochester, Rochester, NY. I went on to complete my nurse practitioner residency at the University of Rochester, Internal Medicine, with a sub-specialty in Medical and Surgical Cardiology. My clinical experiences include being on the staffs of Rochester General Hospital and the University of Rochester Medical Center.

6. I taught undergraduate and graduate nursing curricula at Nazareth College of Rochester. I served on the faculty of the Margaret Warner Graduate School of Education and Human Development of the University of Rochester where I taught doctoral research methods. I hold a second master's degree in International Health Economics and Pharmacoeconomics from Universitat Pompeu Fabra in Barcelona, Spain. I have two earned doctorates, an EdD and a PhD.

7. I was the managing Director of the Scharf Institute for Neuroscience and Sleep Research in Rochester, New York. In that capacity I managed all personnel including medical doctors, psychologists, medical technicians, polysomnographers, and nurses. My main role was to oversee the execution of multicenter pharmaceutical Phase 2 and Phase 3 human research studies with approved protocols and to follow a patient informed consent process as directed by any number of Institutional Review Boards (IRB), some of which were privately based and others that

were situated in universities and colleges, both certified by the federal government. I also created and wrote original research protocols and informed consent documents for industry and IRB review and approval, as I am highly trained in the requisite elements of a human study protocol. I am also familiar with human subjects' safety during clinical trials.

8. I have over twenty years of experience in pharmaceutical drug development and medical affairs, including the prior experience described as a principal investigator for multi-center randomized, placebo-controlled trials in the United States and ROW. My experience extends to interfacing with FDA guidance documents, regulations, and submission reviews. My experience in the pharmaceutical industry extends to medical affairs functions, regulatory functions, animal and human subjects research study methodology and health economic and patient outcomes research.

Opinion

9. Since the outset of the pandemic, I have been an advocate of good health and health practices and evaluated the health effects of these products that I believe have been authorized and approved prematurely. I believe within a reasonable degree of medical certainty that the COVID-19 vaccines available and under mandate in the United States are not safe generally; and particularly dangerous for military personnel. It is my belief, based upon a reasonable degree of medical certainty, that the injection could cause serious and permanent injury and the deaths of military personnel in the course of their duties to protect the American people, the American homeland and the U.S. Constitution.

10. I believe within a reasonable degree of medical certainty that the data upon which Department of Defense has based its mandate is flawed and/or inaccurate; and imposing these injections is dangerous and could cause harm to military members.

11. It is my opinion that the processes undertaken for all of the Emergency Use Authorizations and specifically for the recent FDA approval of the Comirnaty (including the Pfizer-BioNTech Covid 19 Vaccine injections deemed by both the FDA and the Pfizer Inc., to be "the same formulation" and "interchangeable," – please see <https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna> and <https://www.pfizer.ca/COMIRNATY-Now-Health-Canada-Approved>) are incomplete and missing key standard study data, FDA required data to establish safety and efficacy, and all safety surveillance and pharmacovigilance processes.

**COVID-19 Vaccine Research and Development – Inherent Dangers and Omission of
Standard Safety Structures for Investigational Trials**

12. In the Pfizer COMIRNATY and Pfizer-BioNTech Covid 19 Vaccination Series package insert, (See Exhibit B), the label states that on December 11, 2020, during the randomized, placebo-controlled pivotal trial (the research design required for FDA approval), “participants were “unblinded to offer placebo participants COMIRNATY,” which in my expert opinion, immediately transformed the study (as the company itself indicated in its registry on ClinicalTrials.gov, NCT04368728) into **a modified-open label, observational, variable dose trial with no informed consent** as to the status change, the exact dosage, or full disclosure of ingredients and completely compromised the requisite data for license application and that should render the study data insufficient and inappropriate to file for or be considered for review for FDA approval. What resulted was the distribution of an incomplete marketing label out to the public. In my expert opinion this is an egregious and fraudulent misrepresentation of the **Safe and Effective** statements made to the public.

13. The COVID-19 genetic modification injections (Pfizer, Moderna, J&J) failed to test for standard parameters in human studies. The areas missing critical study results include genotoxicity, mutagenicity, teratogenicity, and oncogenicity. In other words, it is not certain if these products will permanently change human genetic material, cause birth defects, reduce fertility, or cause cancer. Pfizer and Moderna claim to use similar mRNA technology and Moderna has stated that the mRNA does indeed intermingle and modify the recipient’s genetic code, characterizing it as the patient’s “operating system,” (see <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). Of concern, the manufacturer publicly declares on their website that the mechanism of action of their mRNA is as follows: “[g]enerally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.” (Source: <https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development>). To my knowledge, there is no informed consent, nor anything stamped with the approval of a human subjects’ review board, to the public advising that they are submitting to a permanent change in their native genetic sequencing or any of their natural genetic material.

14. When compared to other, standard package inserts/labeling of FDA approved drugs, biologics, and medical devices, there is also an absence of a description of the molecular structure of the biologic. This is a further failure to disclose to medical prescribers, the formula and molecular weight. These disclosures are critical because they determines the fate of a

compound regarding molecular interactions in the body generally and in the presence of concomitant medication therapy.

15. In the human trial for Comirnaty / Pfizer-BioNTech Covid-19, the protocol lists a significant number of exclusions whereby subpopulations of people and those with certain medical comorbidity or conditions could not enter the trial; this results in the absence of controlled trial data for both safety and efficacy. In my expert opinion, this should render any mandates for those populations as **contraindications**. These populations or conditions are missing from the final Approval label (See **Exhibit B**). Taken from the Pfizer protocol for Comirnaty / Pfizer-BioNTech Covid Vaccine protocol (Clinicaltrials.gov, see Study NCT04368728) are as follows:

- a. Medical or psychiatric condition including recent (within the past year) or active suicidal ideation/behavior or laboratory abnormality that may increase the risk of study participation or, in the investigator's judgment, make the participant inappropriate for the study.
- b. Known infection with human immunodeficiency virus (HIV), hepatitis C virus (HCV), or hepatitis B virus (HBV).
- c. History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (e.g., anaphylaxis) to any component of the study intervention(s).
- d. Receipt of medications intended to prevent COVID 19.
- e. Previous clinical (based on COVID-19 symptoms/signs alone, if a SARS-CoV-2 NAAT result was not available) or microbiological (based on COVID-19 symptoms/signs and a positive SARS-CoV-2 NAAT result) diagnosis of COVID 19.
- f. Individuals at high risk for severe COVID-19, including those with any of the following risk factors:
 - i. Hypertension
 - ii. Diabetes mellitus
 - iii. Chronic pulmonary disease
 - iv. Asthma
 - v. Current vaping or smoking
 - vi. History of chronic smoking within the prior year
 - vii. BMI >30 kg/m²
- g. Anticipating the need for immunosuppressive treatment within the next 6 months.
- h. Individuals currently working in occupations with high risk of exposure to SARS-CoV-2 (e.g., healthcare worker, emergency response personnel).
- i. Immunocompromised individuals with known or suspected immunodeficiency, as determined by history and/or laboratory/physical examination.

- j. Individuals with a history of autoimmune disease or an active autoimmune disease requiring therapeutic intervention.
- k. Bleeding diathesis or condition associated with prolonged bleeding that would, in the opinion of the investigator, contraindicate intramuscular injection.
- l. **Women who are pregnant or breastfeeding.**
- m. Previous vaccination with any coronavirus vaccine. *(These did not exist at the time).*
- n. Individuals who receive treatment with immunosuppressive therapy, including cytotoxic agents or systemic corticosteroids, e.g., for cancer or an autoimmune disease, or planned receipt throughout the study.
- o. Regular receipt of inhaled/nebulized corticosteroids.
- p. Receipt of blood/plasma products or immunoglobulin, from 60 days before study intervention administration or planned receipt throughout the study.
- q. Participation in other studies involving study intervention within 28 days prior to study entry through and including 6 months after the last dose of study intervention, with the exception of non-Pfizer interventional studies for prevention of COVID 19, which are prohibited throughout study participation.
- r. Previous participation in other studies involving study intervention containing lipid nanoparticles.
- s. Positive serological test for SARS-CoV-2 IgM and/or IgG antibodies at the screening visit.
- t. Any screening hematology and/or blood chemistry laboratory value that meets the definition of a \geq Grade 1 abnormality.
- u. Positive test for HIV, hepatitis B surface antigen (HBsAg), hepatitis B core antibodies (HBc Abs), or hepatitis C virus antibodies (HCV Abs) at the screening visit.
- v. SARS-CoV-2 NAAT-positive nasal swab within 24 hours before receipt of study intervention.
- w. Less than 12 years of age. *this is particularly significant because Pfizer-BioNTech companies have requested EUA for <12 years of age, including 2-11 year olds with no randomized, controlled study data and no proof of Human Subjects Review Board evaluation and approval.*

16. The COVID-19 genetic modification vaccines (Pfizer, Moderna, J&J) failed to disclose or conduct and/or include any study results for standard pre-licensing safety that would adequately and at a minimum, inform prescribers and patients of serious considerations. These findings are, by good standard practices, included in the Prescriber's Information / Package Insert, commonly referred to as the Label. The missing studies and results include key information such as:

- a. Pharmacokinetics – studies on the fate of the drug after administration:
 - i. Drug Half Life
 - ii. Drug-Drug Interactions (against standard metric drugs)
 - iii. Absorption
 - iv. Elimination
 - v. Receptor Affinity
 - vi. Tissue and Body Fluid Mass and Volume
 - vii. Drug Metabolism
 - viii. Maximum Drug Concentration
 - ix. Time to Concentration
 - x. CYP450 Isoenzyme Impact on Liver and Drug: Identification of the microsomes in this system that are affected by this biologic and how that may interfere with or enhance effect on liver function. Interaction with this human enzyme system of concern can increase or decrease the mechanism of action of other medications or endogenous hormones and enzymes.
- b. Pharmacodynamics – the entity's actions on the body
 - i. Receptor Binding – a critical component for drug-drug interactions and safety issues related to mechanism of action.
 - ii. Drug Effect at Receptor Binding, *particularly Angiotensin Converting Enzyme-2 Receptors, the key receptor for the resulting Subunit 1 pathogen, the Spike Protein resulting from the Pfizer, Moderna, and J&J self-proclaimed mechanism of action (MOA).*
 - iii. Concentration of the Drug at the Receptor Sites

17. There are four phases to human trials in drug development and Phase 3 is most critical as it comprises the last phase of testing to be completed before the drug's details and clinical trial results are submitted to the regulatory authorities for approval of the drug's release on the open market. See Exhibit C, Phases of Human Trials). While Phase 1 focuses on tolerability and safety in a small number of healthy subjects and Phase 2 establishes efficacy and optimal dosing regimen, Phase 3 should demonstrate and confirm the preliminary evidence gathered in the previous trials that the entity is, a safe, beneficial and effective treatment for the intended indication. The absence of findings from this part of the study as well as from the missing elements enumerated in Sections 15 and 16 violate FDA Guidance Expectations for proper review submission and approval.

18. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) are currently conducting Phases 1, 2 & 3 simultaneously which is dangerous and unprecedented in drug development. My expert position is that this departure from standard human trial phases conduct whereby FDA is allowing Phases 1/2/3 of human trials to run consecutively,

(without Subjects' Informed Consent), is a serious departure from standard human trial phases, which should run *consecutively*, because each Phase must incorporate the results in order to inform the subsequent Phase on next steps for safety and efficacy. See Exhibit C, Phases of Clinical Drug Trials)

19. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) failed to study the following standard good practice subpopulations for the effects enumerated in the exclusion criteria sufficiently with a placebo control arm:

- a. Age
- b. Gender
- c. Race
- d. Liver Impairment
- e. Kidney/Renal Impairment

20. The COVID-19 genetic vaccines (Pfizer) claim in the labeling (See **Exhibit B**, page 6, section 6.1) that “because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.” The manufacturer uses this unorthodox proclamation to justify failure to conduct safety evaluation that it had planned to do in the manufacturer’s own protocol and in its Pharmacovigilance Plan, both submitted to the FDA and that currently sits on ClinicalTrials.gov, the U.S. government website repository for trial registration. (<https://clinicaltrials.gov/ct2/show/NCT04368728?cond=NCT04368728&draw=2&rank=1>).

- a. Prior to COMIRNATY’s full FDA approval, the FDA issued a Warning regarding the rates of heart inflammation and heart failure in teenagers; but that Warning did not translate equally to the product labeling, no Black Box Warning transferred to the Label, and in fact did not even translate to Contraindications Section for these products.
- b. It is good standard practice to include studies for any entity administered concomitantly with monoamine oxidase inhibitors (MAOIs) and/or include a contraindication for simultaneous use.
- c. Prescribers and medical providers are not only not discouraged, but they are affirmatively encouraged, to proceed with injecting this series into populations that were either excluded in the study or who subsequently reported serious life-threatening adverse events as reported by the federal government’s tracking sites Vaccine Adverse Reporting System (VAERS) and V-Safe.
- d. In direct contradiction to the FDA/CDC Safety meeting in October 2020, prior to the vaccination roll out program, there are no warning or precautions included in the Label relative to the FDA’s known and prior warnings.

- e. The Serious Adverse Event Section in the Label is devoid of data already known to the public through the VAERS and V-SAFE reporting systems, both the only sources for the public to be informed of risks. This raises the question as to why the reported rates of cardiac injury, sudden cardiac death, blood clot caused strokes, teen heart attacks, paralysis and serious permanent motor impairment and blood dyscrasias (as demonstrated by numerous scientists including UK physician Dr. Philippe VanWelbergen, Dr. Barbel Ghitalla, and Dr. Robert Young among others) are absent from the Label. Dr. Robert Young has provided recent evidence that vials of Pfizer, Moderna, Johnson & Johnson, & AstraZeneca properly constituted for individual use per the manufacturers' instructions yielded visual microscopy evidence of lethal parasites, stainless steel aggregations, graphene oxide, and "nanoparticles of bismuth, titanium, vanadium, iron, copper, silicon, aluminum embedded in Pfizer vials." (See **Exhibit D**, Blood smears, Dr. VWB & Dr. BG); Source: <https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>
- f. Teratogenicity is a primary concern in all experimental medical interventions and drugs under review, and unless it is studied (after human subjects' review board approval), it is a de facto contraindication to give, much less mandate, any medical intervention to a woman of child bearing years, a pregnant woman, or newborn baby. In fact, the reason there is no guidance in the Label for use in pregnant women is because pregnant women were not studied. Women of child-bearing age were also excluded; therefore, no safety data is included in the Label and the Label only indicates that "Available data on COMIRNATY administered to pregnant women is insufficient to inform vaccine-associated risks in pregnancy." If the data is insufficient by the Companies' and the P-B Label, then it should be contraindicated in that population.
 - i. Similarly, the Label states, "It is not known whether COMIRNATY is excreted in human milk." Pursuant to good and standard clinical research practices this would constitute a de facto contraindication.
- g. There is no information or data to guide prescribers on whether to use this and what the degree of safety would be for use in those with concomitant illnesses, otherwise known as medical comorbidity.
- h. There is no information on how to consider dose adjustment for special populations and those already medically compromised.
- i. The Label is missing data and guidance information on Carcinogenesis, Mutagenesis, and Impairment on Fertility – despite the disclosure by Pfizer that researchers during the trial were warned to avoid contact between people of child-bearing age and those who have gotten this entity. (See **Exhibit E**, Pfizer Protocol, page 132).

21. The COMIRNATY product that has been deemed (<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-covid-19-vaccine-COMIRNATYr-receives-full>) to “have the same formulation [as the Pfizer-BioNTech Covid-19 Vaccine] and can be used interchangeably to provide the Covid-19 vaccination series,” was granted full FDA approval, licensed, and labeled with the Indication “to prevent Covid-19 in individuals 16 years of age and older.” This is in contrast to the a priori primary endpoint in the study protocol (See **Exhibit E**). The primary endpoint is the measure used to validate the entity’s separation from placebo which indicates the degree of efficacy and if the entity statistically separates from placebo, this constitutes the basis for the FDA approved indication or otherwise known as the legal marketing authorization. In the Pfizer protocol NCT04368728 on Clinicaltrials.gov, the primary endpoint was less severe symptoms and lower rates of hospitalizations. Upon FDA approval on August 23, 2021, both the company and the FDA announced the approval of Comirnaty/ Pfizer-BioNTech Covid 19 Vaccine for the indication “to prevent Covid 19.” See Label Exhibit B)

22. The companies declare that the COMIRNATY product, while the same formulation, is currently “unavailable,” in direct contradiction to Pfizer’s statement that COMIRNATY was used in over 20,000 people in 2021. (See **Exhibit B**, Pfizer Package Insert).

23. The FDA approval letter for COMIRNATY, dated August 23, 2021, from RADM Denise Hinton to Pfizer that has been used by the Department of Defense to claim that there is now a “fully licensed vaccine”, constitutes a “deceptive or misleading statement” about a product as that term is used in regards to marketing or labeling a drug or vaccine. Until a vaccine has shown the requisite safety, efficacy, and potency requirements by rigorous scientific studies designed according to FDA’s established standard criteria, the vaccine, in my expert opinion has not been shown to meet the FDA’s own standards for FDA approval.

24. The FDA’s approval letter clearly states that a different vaccine, manufactured by BioNTech Manufacturing GmbH in Germany and known as COMIRNATY, is being approved as a fully licensed vaccine. In this same letter, RADM Hinton also extends the Emergency Use Authorization for the Pfizer BioNtech vaccine. Later in the same letter, RADM Hinton states that the BioNtech vaccine is the equivalent to the COMIRNATY vaccine, while they are “legally distinct”, that no safety or efficacy concerns are present, and that because of the lack of availability of the COMIRNATY vaccine that the Pfizer BioNtech is allowed to be substituted in place of the approved COMIRNATY vaccine. This is all done without any evidence as to how the BioNtech vaccine can be declared safe or effective when it has not even completed a successful Phase III trial. (See Exhibit F for FDA Guidance Document on requirements for Phase 3 trials; <https://www.fda.gov/media/87621/download>. Furthermore, in the Pfizer protocol (See Exhibit E) three formulations are enumerated, with no disclosures on the distinctions:

a. BNT 162b1

- b. BNT 162b2
- c. BNT 162SA
- d. The protocol indicates that injectees will randomly be injected with any one of at least 8 doses including one dose 100mcg, which is essentially >3 times the approved dose, 30 mcg in Comirnaty.

25. The COVID-19 genetic vaccine companies (Pfizer, Moderna, J&J) have not provided complete FDA or the public disclosure on their vaccine boxes, package inserts or labels for all of the ingredients within these injection vials. Vis a vis fundamental human rights, governed by International Law and the Nuremberg Code of 1947, the vaccine-specific ingredient information is critical, required and necessary to know so that any human can make an informed decision whether or not to consent to inoculation.

26. The Pfizer, Moderna, and J&J vaccines are considered “genetic vaccines”, or vaccines produced from gene therapy molecular platforms which, according to US FDA regulatory guidance, are classified as gene delivery therapies and should be under a **fifteen-year** regulatory cycle with annual visits for safety evaluation by the research sponsors. (*Long Term Follow-up After Administration of Human Gene Therapy Products. Guidance for Industry.* FDA-2018-D-2173. 2020. Accessed July 13, 2021, at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/long-term-follow-after-administration-human-gene-therapy-products>.

27. The FDA has “advised sponsors to observe subjects for delayed adverse events for as long as fifteen years following exposure to the investigational gene therapy product, specifying that the long-term follow-up observation should include a minimum of five years of annual examinations, followed by ten years of annual queries of study subjects, either in person or by questionnaire.” (emphasis added). Thus, the administration of the Moderna, Pfizer, and J&J vaccines should not be undertaken without the proper consent and arrangements for long-term follow-up which are currently not offered in the US. (See, EUA briefing documents for commitments as to follow up: Moderna, Pfizer, J&J).

28. Because the US FDA and CDC have offered no methods of risk mitigation or proof of continued safety surveillance for these serious adverse effects which can lead to permanent disability or death, no one should be pressured, coerced, receive the threat or reprisal, or be mandated to receive one of these investigational products against their will.

29. It is never good, nor standard, nor reasonable research practice to perform a large-scale clinical investigation without the necessary structures in place to ensure the safety and protection of human subjects. These structures include a critical event committee, data safety monitoring board and human ethics committee. These groups in large studies work to objectively assess the safety of the investigational product and research integrity. The goal is to mitigate risk

and protect human subjects. It is my understanding that the COVID-19 vaccine program sponsored by the CDC and FDA has implemented none of these crucial safety structures which, to my knowledge, have never before been omitted from any large-scale clinical investigation, not to mention that the subject clinical investigation is of far greater and unprecedented magnitude and complexity than any of its predecessors. It is my assessment that the COVID-19 clinical investigation has provided no meaningful risk mitigation for subjects (restricting groups, a special assessment of side effects, or follow-up visits) to ensure or improve the safety of the program.

30. According to expert medical opinion, there are emerging trends demonstrating that any Covid-19 vaccine is especially risky for those in the 12 – 29 year-old demographic, with resulting complications in the cardiovascular, neurological, hematologic, and immune systems. (See, Rose J, et al). Increasingly, the medical community is acknowledging the possible risks and side effects inclusive of myocarditis, Bell's Palsy, Pulmonary Embolus, Pulmonary Immunopathology and severe allergic reaction causing anaphylactic shock. See Chien-Te Tseng, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch, *Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus*, <https://pubmed.ncbi.nlm.nih.gov/22536382/> (last visited June 21, 2021); Centers for Disease Control and Prevention, *Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine*—United States, December 14–23, 2020 (Jan 15, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm> (last visited June 26, 2021).

31. The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis. It is known that myocarditis causes injury to heart muscle cells and may result in permanent heart damage culminating in heart failure, arrhythmias, and cardiac death. These conditions could call for a lifetime need for multiple medications, implantable cardio defibrillators, and heart transplantation. Heart failure has a five-year 50% survival and would markedly reduce the lifespan of a child or young adult who develops this complication after vaccine-induced myocarditis (McCullough PA, Philbin EF, Spertus JA, Kaatz S, Sandberg KR, Weaver WD; Resource Utilization Among Congestive Heart Failure (REACH) Study. Confirmation of a heart failure epidemic: findings from the Resource Utilization Among Congestive Heart Failure (REACH) study. *J Am Coll Cardiol*. 2002 Jan 2;39(1):60-9. doi: 10.1016/s0735-1097(01)01700-4.

32. COVID-19 vaccine-induced myocarditis has a predilection for young males below age 30 years, a substantial demographic of the US military. The Centers for Disease Control has held emergency meetings on this issue, the medical community is responding to the crisis, and the US FDA has issued a warnings on the Pfizer and Moderna vaccines “Fact Sheet for Patients and Caregivers,” the apparent substitute for an official, and comprehensive Informed Consent

document, for myocarditis. Given the prevalence of this event in younger males, no individual under age 30 under any set of circumstances should feel obliged to take this risk with the current genetic vaccines, particularly the Pfizer and Moderna products. <https://www.fda.gov/news-events/press-announcements/coronavirus-COVID-19-update-june-25-2021>.

33. Multiple recent studies and news reports detail young adults, ages 18-29, dying from myocarditis after receiving the COVID-19 vaccine. According to the CDC, 475 cases of pericarditis and myocarditis have been identified in vaccinated citizens aged 30 and younger. See FDA, *Vaccines and Related Biological Products Advisory Committee June 10, 2021, Meeting Presentation*, <https://www.fda.gov/media/150054/download#page=17> (last visited June 21, 2021).


34. The FDA found that young people ages 12-24 account for 8.8% of the vaccines administered; yet this demographic comprises 52% of the cases of myocarditis and pericarditis reported through May 31, 2021. *Id.*

Table 5: VAERS Report

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. (data thru May 31, 2021)

Age groups	Doses admin	Crude reporting rate*	Expected†,‡ Myocarditis/pericarditis cases	Observed† Myocarditis/pericarditis reports
12–15 yrs	134,041	22.4	0–1	2
16–17 yrs	2,258,932	35.0	2–19	79
18–24 yrs	9,776,719	20.6	8–83	196
25–39 yrs	26,844,601	5.0	23–228	124
40–49 yrs	19,576,875	3.0	17–166	51
50–64 yrs	36,951,538	1.3	31–314	39
65+ yrs	42,124,078	0.9	36–358	26
NR	—	—	—	11

8.8% of doses admin { 12–15 yrs, 16–17 yrs, 18–24 yrs } n=277 reports 52.5% of total reports

 * Per million doses administered; † Assumes a 31-day post-vaccination observation window; ‡ 528 reports with symptom onset within 30 days of vaccination shown; † Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14;39(20):3788–98.

35. Furthermore, the CDC announced on June 24, 2021, that the vaccine is “likely linked” to myocarditis. “Advisory Board, CDC panel reports ‘likely association’ of heart inflammation and mRNA COVID-19 vaccines in young people,” (June 24, 2021) <https://www.advisory.com/daily-briefing/2021/06/24/heart-inflammation>.

36. On July 12, 2021 the US FDA sent out an additional warning for Guillain-Barre Syndrome or ascending paralysis for the J&J vaccine which is not predictable and, when it occurs, can result in ascending paralysis, respiratory failure, the need for critical care and death. Not all

cases completely resolve, and some vaccine victims may require long term mechanical ventilation, or become quadra- or paraplegics. Prolonged neurological rehabilitation is commonly required, and this will call for time away from school and studies for those children injured from the J&J vaccine with Guillain-Barre Syndrome. <https://www.fda.gov/media/150723/download>

Risks of COVID-19 Vaccines for Those Recovered from COVID-19

37. There is recent research demonstrating that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by Pfizer, Moderna, and J&J. From these trials the safety profile was unknown when the products were approved for Emergency Use Authorization in 2020. There has been no study demonstrating clinical benefit with COVID-19 vaccination in those who have well documented or even suspected prior COVID-19 illness.

38. To my knowledge, there are no studies that demonstrate the clinical benefit of COVID-19 vaccination in COVID-19 survivors or those with suspected COVID-19 illness or subclinical disease who have laboratory evidence of prior infection.

Conclusion

I have reviewed the Complaint For Declaratory and Injunctive Relief which delineates the aforementioned significant departures from standard procedures, protocols and safety measures and conclude as follows:

39. It is my expert medical opinion that it is not good, nor standard, nor reasonable professional research or clinical practice to widely utilize these never-before-tested-in-human beings, biologic therapy (mRNA, adenoviral DNA COVID-19 vaccines) in populations where there is no information generated from fully completed, controlled registrational trials with the FDA, specifically COVID-19 survivors, suspected COVID-19-recovered, pregnant or women who could become pregnant at any time after investigational vaccines; and especially our military.

40. In my expert opinion, the risks associated with the investigational COVID-19 vaccines far outweigh any theoretical benefits, are not minor or unserious, and many of those risks are unknown and have not been adequately quantified; nor the duration of their consequences evaluated or shown to be calculable. Therefore, in my expert medical opinion, the Emergency Use Authorization and FDA Approval for the administration of COVID-19 vaccines creates an unethical, unreasonable, clinically unjustified, unsafe, and unnecessary risk to the military of the United States of America.

41. The gross deviations in conducting adequate safety and efficacy studies, the lack of disclosure on product content, the absence of informative trial data in good clinical research practices for basic categories and conditions, the absence of Human Subjects Review (HSRB)

oversight, the absence of Good Manufacturing Practices oversight created by the FDA, the lack of a full human subjects' review board approval stamped, informed consent for replaced only by an abbreviated patient one-page checklist, and the deviations and omissions from protocol to Label are of great concern to me. In my expert opinion, the foregoing constitutes a lack of scientific justification for the Approval, all Emergency Use Authorizations, and any mandated administration of both the COMIRNATY and Pfizer-BioNTech vaccine formulations, both of which have been declared by the companies as one and the same.

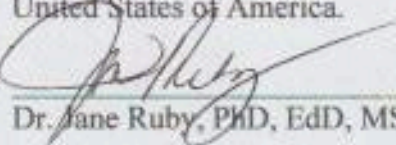
State of Florida

County of Palm Beach

The undersigned, being duly sworn, deposes and says:

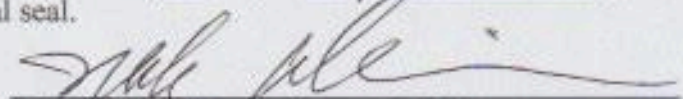
I, Jane Ruby, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

I am an adult of sound mind, over 21 years old, and declare that the information herein is true, correct and complete and that I have voluntarily affirmed this affidavit based upon my own personal knowledge, education, and experience, and under the penalty of perjury of the laws of the United States of America.



Dr. Jane Ruby, PhD, EdD, MS, MS Economics, NP

SUBSCRIBED AND SWORN TO BEFORE ME on the 27 day of September 2021,
to certify which witness my hand and official seal.


Notary Public for the State of Florida

My Commission Expires:



MARK F. WEISSMAN
Commission # HH 067532
Expires March 28, 2025
Bonded Thru Budget Notary Services

COVID-19 “ Experimental” Vaccines

You have the right to make an informed decision about your health and your future and you may be asking: Should I take this experimental vaccine? Here are a few facts you should consider to help you make an informed decision.

Facts:

1. According to the Pharmaceutical Companies themselves, these vaccines may not prevent the SARS-CoV-2 virus: Evidence:
 - a. From the [Moderna](#) and [Pfizer](#) Vaccine Fact Sheets: *The (Moderna/Pfizer) COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There are no FDA approved vaccines to prevent COVID-19.*
 - b. However, the [handout](#) you get when they give you the shot, says it “...has been authorized to prevent COVID-19”, so they are lying about it. They are experimental and have been approved by FDA and CDC via an Emergency Use Authorization (EUA) but have not been fully tested, so are not proven safe.
2. These vaccines are experimental compounds that use “synthetic messenger RNA (mRNA)” housed in fat cells. In 2005 an [animal study](#) was done with SARS-CoV-1 mRNA vaccines on ferrets. Because of major issues, the SARS-CoV-1 vaccine was not further developed.
3. In many previous [clinical trials since the 1960's](#) attempts to [vaccinate against Respiratory Syncytial Virus](#) (RSV) (a pneumonia type virus), [Dengue](#), SARS and MERS, the studies each failed during the animal phase. [Cats, ferrets, monkeys, and rabbits each and every time experienced Antibody Dependent Enhancement](#) (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system creates an uncontrolled and overwhelming inflammatory response upon being confronted with the pathogen in the real world, and the outcome, tragically, is death. The same immune system overreaction took place in a number of infants in [clinical trials who received an attempted RSV shot](#), as well as some six hundred Filipino children who died following early vaccination against Dengue Fever, so [this outcome remains a viable concern today](#).
4. Big Pharma has asked for the normally required animal studies for the CoV19 vaccine to be waived. It was waived for EUA purposes, so there have been no long-term animal studies to see if this could happen with these new mRNA vaccines. WHY?
5. Because these vaccines may or may not prevent infection, and as [some reports show](#), only reduce symptoms, why take something that does not **prevent** the infection in the first place. It is a proven fact, with [hundreds of scientific studies to prove it](#), that Zinc and Zinc ionophores can prevent or mitigate infection in the first place; take them as supplements and you are protected. [The CDC recently said that 80%](#) of all people who were infected with COVID-19 were deficient in Vitamin D, another Zinc ligand (metal binding) ionophore (transporter). And this helps explain why Sub-Saharan Africa and other countries where most people are in the sun a lot [only have marginal deaths from this virus](#).
6. Hydroxychloroquine (HCQ) is a 65-year-old drug that has been shown [to stop an infection](#) if taken within the first 2 – 7 days of getting symptoms from COVID-19. So, if you are taking your preventative Vitamins like C, D, E and Quercetin, and/or other supplements like Melatonin plus Zinc, and for some reason this doesn't prevent infection, you can stop it with Ivermectin + zinc; which is [readily available online](#).

COVID-19 “ Experimental” Vaccines

7. Other synthetic drugs like Budesonide, Dexamethasone, Ivermectin as well as natural substances (i.e., vitamins, flavonoids, amino acids, and hormones) can be found in the Pharmaceutical Zinc20 database, a database funded by a subsidiary of NIH. This database is comprised of ligands, which carry metals like Zinc, Calcium and other micronutrients present in our blood serum and transport them across cell membranes into the body of the cell (cytoplasm) to help our immune system fight infection. Like HCQ, these synthetic drugs need zinc and other micronutrient metals to work. [Dr. Zelenko](#) uses the analogy “the drug is the gun and zinc is the bullet” which is essential to stopping the viral reproduction and resulting infection.
8. Ivermectin is a proven drug for treating all three phases of the COVID-19 disease. Perhaps the best proof is found in India where one [province distributed Ivermectin](#) to most citizens and now they have very few cases and no deaths from the virus. Given such a useful therapeutic exists, it is illegal to authorize the use of vaccines, yet the psychopathic leaders do it anyway.
9. Because these “Vaccines” are unproven experimental substances, we won’t know what side effects may occur for months or years to come, but it may result in a long-term unnatural human manipulation of our DNA building blocks. Do you really want to take that risk or risk your children’s lives? Especially since:
10. There is no pandemic. The number of deaths from COVID-19, [which is highly inflated](#), is no worse than a bad flu season. And your chances of dying from it, even if you do nothing to protect yourself as defined in #5 and #6 above, are [very small according to CDC data](#). For children 17 and under they are 154 times more likely to die from something else. As of April 17, 2021, only 266 children have died with COVID-19. Not a single healthy child has died from COVID-19 alone. If you are under 64 years old, your chance of surviving is 99.99%.
11. There is not a cold or flu season, there is a vitamin D deficiency season. Colds and flues occur when the sun is low in the sky and we don’t get enough of it. Or if you live in a big city, you don’t get enough sun all the time and big cities are where most of the COVID deaths have occurred. Take your Vitamin D supplements and your immune system will thank you.
12. Since both experimental vaccines are EUA, both Pfizer and Moderna are indemnified from all legal action resulting from patients experiencing side effects; including death. Since they assume no risk, you are the one who takes all of it! And according to [Dr. Sherri Tenpenny](#) that is not a good idea.
13. According to [Dr. Richard Fleming](#), Ph.D, MD, JD, a renowned cardiologist and researcher, there is a chance that the mRNA from the vaccine can be incorporated into your human DNA by action of the [reverse transcriptase enzyme present in the vaccine](#). This may affect your auto immune system and result in various auto immune diseases. However, for all you who are taking zinc supplements + ionophores and decide to get vaccinated, Dr Fleming stated that he believes Zinc does appear to interfere with the mRNA process of the vaccines to make the spike protein. This means it will probably reduce the symptoms you can get, so make sure you are taking them.
14. The vaccine nano particles of lipid/fat composition, in which the mRNA is transported into your cells, has never been used before in human trials and long-term health effects have not been determined. These lipid nano particles bind with the normal fats in cell

COVID-19 “ Experimental” Vaccines

membranes and allow [entry of thousands of the synthetic mRNA vaccine into your muscle cells](#). Unlike the virus RNA which has to enter through the ACE-2 receptors found on cells, the nano particles create new pathways into cells. Because the ACE-2 receptor sites are where the normal entry of the virus occurs, bypassing this path means a greater amount of mRNA can enter the cell producing increased amounts of the spike protein exacerbating the immune response to the virus. This increased immune reaction can produce the very InflammoThrombotic Response (ITR) responsible for so many deaths. Again, long-term health effects are not known since long-term studies in lab animals have not been conducted. We humans have become the lab rats, and many doctors are reporting large increases in the number of cancer cases since the vaccines started.

15. The CDC [VAERS database](#) only captures about 1% of all the adverse reactions to vaccines, and so far the Pfizer vaccine has 1,218 blood clot reports, Moderna has 1,034, and J & J has 1,000. Therefore, blood clot disorders reported totals 3,272, so if the 1% is accurate, this would mean 327,200 people have had this problem from the vaccines.
16. Like real lab animals you cannot sue these pharmaceutical companies for suffering from any side effects after taking these experimental vaccines. However, companies requiring CoV19 vaccinations as a requirement for employment may be subject to legal action since it violates our civil rights. For an example of a law suit against the government go here: <https://factcheckedorg.files.wordpress.com/2021/09/joseph-jensen-lawsuit.pdf>
17. It's against the [Nuremberg code](#) to force vaccinations on a person, and [informed consent](#) overrides public policy. Federal law prohibits employers and others from using vaccines under EUA as a [condition](#) of employment.
18. For 35 more facts on the potential dangers of these vaccines, go to [No Jab For Me](#).
19. Or, for 18 more reasons not to get these Experimental Vaccines see: [18 Reasons I Won't Be Getting a Vaccine](#) by Christian Elliot.
20. The choice to take an experimental EUA COVID-19 vaccine is yours to make. Hopefully we have given you the facts to make a better-informed decision.

Good luck and good health to you all.

Dean Gano and EJ Ledet; February 19, 2021; Updated August, 2021; Updated September 22, 2021.

On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

Sucharit Bhakdi, MD and Arne Burkhardt, MD

This text is a written summary of Dr. Bhakdi's and Dr. Burkhardt's presentations at the Doctors for COVID Ethics symposium that was live-streamed by [UKColumn](#) on December 10th, 2021. The two presentations can be viewed at the very beginning of [the video recording](#) of the symposium.

The authors

Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of Pathology in Reutlingen for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

The evidence

We herewith present scientific evidence that calls for an immediate stop of the use of gene-based COVID-19 vaccines. We first lay out why the agents cannot protect against viral infection. While no positive effects can be expected, we show that the vaccines can trigger self-destructive processes that lead to debilitating illness and death.

Why the vaccines cannot protect against infection

A fundamental mistake underlying the development of the COVID-19 vaccines was to neglect the functional distinction between the two major categories of antibodies which the body produces in order to protect itself from pathogenic microbes.

The first category (secretory IgA) is produced by immune cells (lymphocytes) which are located directly underneath the mucous membranes that line the respiratory and intestinal tract. The antibodies produced by these lymphocytes are secreted through and to the surface of the mucous membranes.

These antibodies are thus on site to meet air-borne viruses, and they may be able to prevent viral binding and infection of the cells.

The second category of antibodies (IgG and circulating IgA) occur in the bloodstream. These antibodies protect the internal organs of the body from infectious agents that try to spread via the bloodstream.

Vaccines that are injected into the muscle – i.e., the interior of the body – will only induce IgG and circulating IgA, not secretory IgA. Such antibodies cannot and will not effectively protect the mucous membranes from infection by SARS-CoV-2. Thus, the currently observed “breakthrough infections” among vaccinated individuals merely confirm the fundamental design flaws of the vaccines. Measurements of antibodies in the blood can never yield any information on the true status of immunity against infection of the respiratory tract.

The inability of vaccine-induced antibodies to prevent coronavirus infections has been reported in recent scientific publications.

The vaccines can trigger self-destruction

A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localized to the respiratory tract. In contrast, the vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ. We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death. How and why such tragedies might causally be linked to vaccination has remained a matter of conjecture because scientific evidence has been lacking. This situation has now been rectified.

Histopathologic studies: the patients

Histopathologic analyses have been performed on the organs of 15 persons who died after vaccination. The age, gender, vaccination record, and time of death after injection of each patient are listed in the table on the next page. The following points are of utmost importance:

- Prior to death, only 4 of the 15 patients had been treated in the ICU for more than 2 days. The majority were never hospitalized and died at home (5), on the street (1), at work (1), in the car (1), or in home-care facilities (1). Therefore, in most cases, therapeutic intervention is unlikely to have significantly influenced the post-mortem findings.
- Not a single death was brought into any possible association with the vaccination by the coroner or the public prosecutor; this association was only established by our autopsy findings.
- The initially performed conventional post-mortems also uncovered no obvious hints to a possible role of vaccination, since the macroscopic appearance of the organs was overall unremarkable. In most cases, “rhythmicogenic heart failure” was postulated as the cause of death.

But our subsequent histopathological analyses then brought about a complete turnaround. A summary of the fundamental findings follows.

Case #	Gender	Age (years)	Vaccine (injections)	Time of death after last injection
1	female	82	Moderna (1. and 2.)	37 days
2	male	72	Pfizer (1.)	31 days
3	female	95	Moderna (1. and 2.)	68 days
4	female	73	Pfizer (1.)	unknown
5	male	54	Janssen (1.)	65 days
6	female	55	Pfizer (1. and 2.)	11 days
7	male	56	Pfizer (1. and 2.)	8 days
8	male	80	Pfizer (1. and 2.)	37 days
9	female	89	Unknown (1. and 2.)	6 months
10	female	81	Unknown (1. and 2.)	unknown
11	male	64	AstraZeneca (1. and 2.)	7 days
12	female	71	Pfizer (1. and 2.)	20 days
13	male	28	AstraZeneca (1.), Pfizer (2.)	4 weeks
14	male	78	Pfizer (1. and 2.)	65 days
15	female	60	Pfizer (1.)	23 days

Histopathologic studies: findings

Histopathologic findings of a similar nature were detected in organs of 14 of the 15 deceased. Most frequently afflicted were the heart (14 of 15 cases) and the lung (13 of 15 cases). Pathologic alterations were furthermore observed in the liver (2 cases), thyroid gland (Hashimoto's thyroiditis, 2 cases), salivary glands (Sjögren's Syndrome; 2 cases) and brain (2 cases).

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endothelitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;

2. the extensive perivascular accumulation of T-lymphocytes;
3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.

This combination of multifocal, T-lymphocyte-dominated pathology that clearly reflects the process of immunological self-attack is without precedent. Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals.

Conclusion

Histopathologic analysis show clear evidence of vaccine-induced autoimmune-like pathology in multiple organs. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections, is self-evident.

Beyond any doubt, injection of gene-based COVID-19 vaccines places lives under threat of illness and death. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.

Referenced Data for Parents Concerning the Pfizer COVID-19 Vaccination for Children Aged 5 through 11 Years

Steven J. Hatfill, M.D.

On Oct 29, 2021, the Food and Drug Association (FDA) extended its Emergency Use Authorization (EUA) for the Pfizer-BioNTech “vaccine” to be given to reduce serious COVID-19 infections in children aged 5 through 11 years. The FDA provided little evidence for its decision except for a minimal sized “immunobridging” study, which incorrectly considered blood antibody levels to be the same thing as immunity to the SARS-CoV-2 virus, the cause of COVID-19. It is not—especially when using an mRNA “vaccine” that is demonstrably no longer working in the older age groups.

The Pfizer COVID-19 mRNA vaccine is not really a “vaccine” in the true sense of the word. It does not provide long-term immunity like the existing vaccines for measles, polio, chickenpox, and smallpox. Rather, it is an experimental nucleic acid preparation that is associated with rare but catastrophic side effects in individuals aged 12 and older. The administration of the Pfizer-BioNTech and other mRNA “vaccines” for children aged 5–11 should be a decision between physicians and parents. Alternatively, successful early drug treatments for COVID-19 are available.

The Mass COVID-19 Vaccination of Children Ages 5–11 and Younger Is Not a Safe or Rational Policy

Unlike Adults, Children Are Naturally Resistant to Serious COVID-19 Infection

For a variety of infectious diseases, children respond differently than adults. In the 5–11 age group COVID-19 is generally considered to be a self-limiting infection of the upper airway with only mild symptoms of infection, or no symptoms at all.¹

With respect to fatal outcomes, the infection fatality rate (IFR) of COVID-19 in children is an almost infinitesimal 0.001% to 0.002% in those aged 5–9 years, with a mean increase in the IFR of 0.59% with each five-year increase in age past 10 years.² Overwhelmingly, childhood COVID-19 deaths in the 5–11 age group are due to serious pre-existing comorbidities.

Reasons for the resistance of children to severe COVID-19 include a low number of SARS-CoV-2 virus receptor proteins in the nose and mouth and the fact that this age group demonstrates a robust cross-reactive innate immunity to a variety of RNA viral infections.^{3,4}

Children are not significant transmitters of the SARS-CoV-2 virus to adults or to each other, further adding to the minimal role they have played in the COVID-19 pandemic.^{5,6}

There are currently more than 79 international high-quality research papers demonstrating that convalescing COVID-19 patients develop a natural, robust, cross-reactive, and long-lasting immunity superior to that of individuals given the Pfizer COVID mRNA “vaccine.”⁷ This is how a “herd

immunity” develops. It is by triggering an immune response to multiple viral proteins that may be cross-reactive against future “quasi-species” of the COVID-19 virus. It is not created by triggering an immune response to a single, fast-mutating viral protein such as the “spike protein,” which forms the basis of all the mRNA COVID-19 vaccines.

In addition, there is evidence that convalescent COVID-recovered individuals with new natural immunity **may actually be at a higher risk of adverse vaccine effects if they are then given the Pfizer mRNA “vaccine,”** when compared to naïve individuals not previously infected.⁸⁻¹⁰ **The FDA has absolutely no idea whether this would also be the case for a COVID-recovered and then vaccinated child).**

It would be a formidable task to test all 5–11-year-old American children for a previous COVID-19 infection before administering one of the current mRNA vaccines to them. With the growing unreliability of the mRNA vaccine efficacy in adults and the limited benefit over potential risk of childhood vaccination, this does not appear to be a rational cost-effective public health measure.

As will be discussed, why would we inject an experimental “vaccine” into young children when it does not reliably protect them from infection by the current dominant COVID-19 clades, may make them more prone to hospitalization when they get infected, and is already associated with rare but catastrophic side effects in children 12 and older?

It is important to recognize that a small number of children aged 5–11 with mild or asymptomatic COVID-19 virus exposures may develop a serious generalized inflammatory state a few weeks later. This is termed the multisystem inflammatory syndrome in children (MIS-C). Some scientists are concerned that the Pfizer COVID-19 mRNA “vaccine” may itself trigger MIS-C.¹¹⁻¹²

To complicate the matter, the FDA has recently acknowledged, in its approval letter for Comirnaty (the parallel European version of the Pfizer vaccine), that it was *incapable of accurately monitoring serious adverse side-effects* associated with “vaccination” using the experimental Pfizer-BioNTech COVID-19 mRNA preparation.^{13, p6} Therefore, any tally of the true incidence of MIS-C or other serious side effects linked to the administration of the Pfizer or other mRNA “vaccines” will almost certainly represent a gross undercount with a lack of transparency to parents.

The Pfizer COVID-19 Injection Is Experimental

The FDA classifies the Pfizer-BioNTech COVID-19 mRNA preparation as a *Biologic Product* created to reduce the severity of COVID-19 once an individual is infected. It is an experimental treatment, which seems to provide roughly a six-month period of whatever protection it gives against the early strains of the COVID-19 virus.¹⁴

The mRNA COVID-19 Biological Product Is Not Working as Promised

Unfortunately, the original strains of SARS-CoV-2 are now essentially extinct, having now mutated into other dominant strains such as the widespread Delta variant and its viral quasi-species that are vaccine resistant. Consequently, when considering a childhood vaccination decision, parents should be aware of these related facts:

The Pfizer injection does not reliably protect against COVID-19. Fully vaccinated persons can still be infected with the Delta strain of SARS-CoV-2.¹⁵⁻¹⁷ These fully vaccinated but newly infected persons can transfer their COVID-19 infection to both unvaccinated as well as other fully vaccinated individuals.¹⁸ An Israeli study of 2.5 million patients found that fully vaccinated persons were 6 to 13 times more likely to later become infected with the Delta variant than those who developed natural immunity from a previous COVID-19 infection.¹⁹

Additionally, full mRNA “vaccination” did not reliably protect against more severe disease. In the Israeli study, the risk of developing symptomatic COVID-19 was significantly increased among the fully vaccinated, and their risk of hospitalization was eight times higher compared to persons with naturally developed immunity.

This Israeli data is confirmed by Public Health England data published on Sept 3, 2021, which shows that from Feb 1, 2021, to Aug 29, 2021, there were 1,798 deaths within 28 days of a positive test for the Delta Covid-19 variant. The fully vaccinated population accounted for 1,091 of those deaths, with just 536 deaths occurring among the unvaccinated population.²⁰⁻²¹

Because the Pfizer mRNA COVID-19 Biological Product can no longer reliably prevent infection, re-infection, viral transmission, or death from COVID-19, it is a failed “vaccine.” This was reaffirmed on Aug 6, 2021, when Rochelle Walensky, M.D., director of the Centers for Disease Control and Prevention (CDC), stated that there is “concerning evidence of waning vaccine effectiveness over time against the Delta variant.” The CDC then inaccurately tried to affirm the remaining efficacy of the mRNA vaccines when it published an earlier deeply flawed and statistically small study claiming that the COVID-19 “vaccines” provide greater protection against reinfection than natural immunity. *To reiterate, there are more than 79 international, peer-reviewed, high-quality studies, which demonstrate that naturally acquired immunity is far superior to that provided by COVID-19 mRNA “vaccination.”*

The Pfizer Injection Is Associated with Rare but Severe, Crippling Side Effects and Death

In 1990, the FDA and CDC created the Vaccine Adverse Event Reporting System (VAERS) to receive reports about suspected vaccine side effects. This system is grossly antiquated and characterized by the shocking under-reporting of adverse vaccine events. Yet this is the major surveillance system now in use by the FDA and CDC to monitor the safety of the experimental mRNA COVID “vaccines.” Despite the under-reporting by VAERS, some scientists were calling for a halt to the use of all the mRNA “vaccines” as early as February 2021. At present, the mRNA “vaccines” have accumulated more deaths and adverse events in VAERS than all other types of vaccines combined over the previous decade.²²

Irrespective of the undercounted serious adverse effects being reported, the number of deaths per million administered COVID-19 vaccine doses has increased more than 10-fold when compared to all other vaccines together, as seen in Figure 1.²²

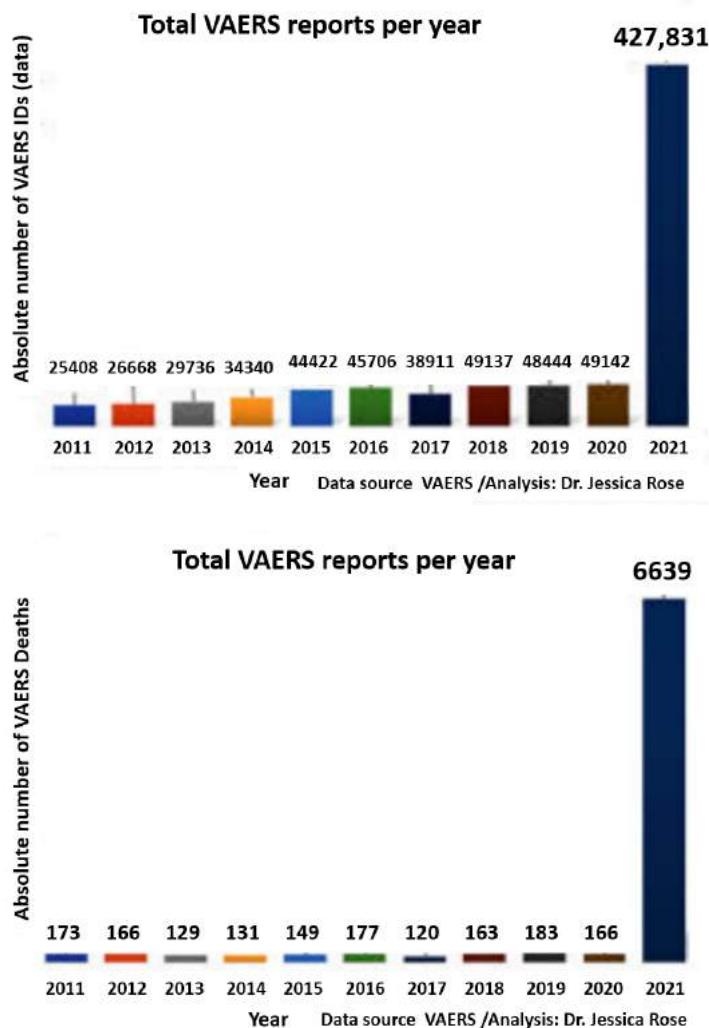


Figure 1. Total VAERS Reports and Reported Deaths

Just as alarming as the deaths are the serious injuries and hospitalizations associated with the mRNA and DNA vaccines. These include vaccine-induced heart damage in young males, precipitation of heart attacks, strokes, and limb amputations due to abnormal blood clotting; a possible phenomenon called antibody-dependent enhancement (ADE); and a spectrum of serious neurological complications including partial paralysis and blindness.²³

We do not know how to predict who will suffer a deadly vaccine side effect and who will not. All we know is that receiving a second dose of one of the mRNA vaccines seems to be a factor. In addition, the long-term effects caused by the rapid dissemination of mRNA “vaccine” nanoparticles moving from the injection site and deposited in distant tissues remains unknown, as does the likelihood of lethal autoimmune diseases months to years later.²³

Despite the continuing, repeated calls for caution made by scientists outside government, the dangers of the current COVID-19 mass “vaccination” program have been minimized by

senior personnel at the FDA, CDC, and the National Institutes of Health (NIH), who have failed to act on the side of caution.²¹⁻²³

On Sept 22, 2021, FDA amended its authorization for the now unreliable Pfizer-BioNTech COVID-19 “vaccine” to allow the use of a booster dose.²⁴ Safety concerns over this decision caused a serious conflict between the FDA leadership under Janet Woodcock and two senior FDA scientists who promptly resigned.²⁵

This decision is made even more troublesome because of the now overwhelming clinical evidence showing that COVID-19 is a treatable condition, and that early outpatient multidrug-therapy for high-risk infections can cause up to an 85 percent reduction in COVID-19 hospitalizations and death.²⁶ This involves using the existing FDA-approved drugs that were incorrectly suppressed by Dr. Anthony Fauci at NIH and by Dr. Stephen Hahn and Dr. Janet Woodcock at FDA.²⁶ (Dr. Woodcock was appointed acting FDA Commissioner after previously recusing herself from all vaccine decisions because of her conflicts of interest.)

Countries and U.S. States Are Opting-Out of Mass-Vaccination Mandates

Recognizing that their vaccination programs are not working, Britain and Israel are considering dropping vaccine passports and halting the practice of business checks of vaccine status. The U.S. state of Florida has dropped its vaccine mandate as well.

In the first week of October 2021, all the Scandinavian countries simultaneously halted or discouraged the use of Moderna’s COVID-19 mRNA vaccine for males under the age of 30. In Denmark this was for everyone younger than 18. This was due to an unacceptably high rate of potentially fatal vaccine-induced inflammation of the heart and/or the pericardium (the membrane surrounding the heart).²⁷

In an unexpected move, on Nov 13, 2021, a three-judge panel on the U.S. Court of Appeals for the Fifth Circuit, sitting in New Orleans, La., issued a ruling temporarily blocking the OSHA requirement for large companies to mandate COVID-19 vaccines for employees or to carry out weekly testing starting in January 2022. The states of Texas, Louisiana, Mississippi, and South Carolina are in the jurisdiction of the Fifth Circuit Court.²⁸

Mass Vaccinations for the Pandemic Control of COVID-19 Is a Failed Doctrine

With all of the approved mRNA “vaccines” now showing clear signs of unreliability,²⁹ FDA has reversed its previous ban on administering a mRNA booster dose that is different from the type of mRNA vaccine used for the individual’s primary vaccination. The FDA justification for this is a recent NIH review of the data from a small volunteer cohort, which is purported to show that the “mix and match” strategy can lead to a stronger immune response.²⁴ This rushed study for a previously banned procedure suggests a desperate effort by NIH, FDA, and CDC, to broaden the generated antibody epitopes against the COVID “spike protein” in the booster recipients. Some scientists are concerned that might conceivably lead to adverse antibody-dependent-enhancement upon later exposure to future possible COVID-19 viral clades.

Completely ignored is the fact that early outpatient drug treatments continue to show overwhelming evidence

for efficacy, cardiac safety, and for their operational use in controlling COVID-19 community spread. In contrast, the nations with the highest COVID-19 “vaccination” rates, along with the U.S. counties with the highest vaccination rates, are showing the greatest increases in COVID-19 cases.²⁸ It appears to be the infected vaccinated members of the community who are now driving the pandemic, not the unvaccinated children or adults.

Nevertheless, in October 2021, the FDA vaccine advisory panel voted unanimously 17-0 in favor of vaccinating children aged 5–11 with Pfizer’s experimental biological product. In an apparent callous disregard for its potential harm in this age group, one FDA panelist, Dr. Eric Ruben, stated “we’re never going to learn about how safe this vaccine is unless we start giving it.”³⁰ The implication is that the FDA has no idea of the short and long-term risks of this “vaccine” in this young age group.

It is time for FDA, NIH, and CDC to face the truth. Mass vaccinations cannot control a pandemic involving a fast-mutating RNA virus. Neither can population “lockdowns.” Using drugs like remdesivir for exclusive in-hospital treatments will not control a pandemic either.

The only demonstrated method for control of the COVID-19 pandemic is the early use of outpatient drug treatments with the short-term quarantine of infected individuals. This is the precise doctrine that was banned in April 2020 by the efforts of Dr. Janet Woodcock (FDA) and Dr. Anthony Fauci (NIH).

With the present mRNA vaccines, there is no positive benefit-to-risk ratio for vaccinating children aged 5–11 against COVID-19 infection. The unknowns are still too great. There is no way to know whether a vaccinated child with comorbidities will have a higher risk for adverse events if later infected. These comorbidities are expected to include obesity, diabetes, chronic lung disease, sickle cell disease, and immunosuppression. Pediatricians and parents should be making these decisions, not state governors, school boards, or federal bureaucrats and politicians.

Accountability for This Failed Mass Vaccination Policy Is Necessary

It is past time for the Government Accountability Office as well as a specially designated Senate Committee with a panel of outside advisors to investigate the decisions made from January 2020 to date by Anthony Fauci, M.D., at the National Institute of Allergy and Infectious Diseases (NIAID); 2020 FDA Commissioner Stephen Hahn, M.D.; and Janet Woodcock, M.D., current acting FDA commissioner. All three of these officials, in addition to Rick Bright, Ph.D., formerly at the Biomedical Advanced Research and Development Authority (BARDA), played a fundamental major role in blocking early at-home, safe prescription drug treatments for COVID-19.

In addition, the conflict-of-interest-ridden CDC Advisory Committee on Immunization Practices (ACIP) and some of the 20 members of the FDA Vaccines and Related Biological Products Advisory Committee (FDA/VRBPAC) need a close examination.

The subversion of proven safe, cheap, and effective early outpatient treatments for COVID-19 was intentional. The replacement of the drug treatment doctrine with an ill-advised

mass vaccination program involving highly experimental mRNA and DNA Biological Products *was also intentional*.

A formal investigation is almost a legal mandate now, following the recent release of a paper in the *British Medical Journal* indicating that falsified data may have been used in Pfizer's pivotal phase III trial. This included unblinded patients, inadequately trained vaccinators, and the slow follow-up of adverse vaccination events.³¹

Thousands of Americans have been permanently injured or killed by the experimental mRNA mass vaccination program, and young children are now being placed at risk. Responsible persons must be identified and held accountable.

Steven J. Hatfill, M.D., is a specialist physician and virologist, and a senior fellow at the London Center for Policy Analysis. From February 2020 until the 2021 transition, he served daily as an outside medical/scientific advisor for COVID-19 to the Executive Office of the President of the United States.

Disclaimer: This article does not purport to reflect the opinions or views of any organization with which the author is affiliated. This article provides a summary of existing peer-reviewed research with defensible conclusions.

REFERENCES

1. CDC. COVID-19. Frequently Asked Questions. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>. Accessed Nov 10, 2021.
2. O'Driscoll M, Ribeiro Dos Santos G, Wang L, et al. Age specific mortality and immunity patterns of SARS-CoV-2. *Nature* 2021;590:140–145. Available at: <https://doi.org/10.1038/s41586-020-2918-0>. Accessed Nov 10, 2021.
3. Patel AB, Verma A. Nasal ACE2 Levels and COVID19 in Children. *JAMA* 2020;323(23):2386–2387. doi: 10.1001/jama.2020.8946.
4. Yang F, Nielsen SCA, Hoh RA, Röltgen K, Wirz et al. Shared B cell memory to coronaviruses and other pathogens varies in human age groups and tissues. *Science* 2021;372(6543):738–741. doi: 10.1126/science.abf6648.
5. Munro APS, Faust SN. Children are not COVID19 super spreaders: time to go back to school. *Arch Dis Child* 2020;105(7):618–619. doi: 10.1136/archdischild-2020-319474. Erratum in: *Arch Dis Child* 2021;106(2):e9.
6. Ludvigsson JF. Children are unlikely to be the main drivers of the COVID-19 pandemic—a systematic review. *Acta Paediatr* 2020;109(8):1525–1530. doi: 10.1111/apa.15371.
7. Alexander P, Dara P, McCullough P, et al. Natural immunity vs. COVID-19 vaccine-induced immunity: evidence as of October 2021. *Early COVID Care Experts*. Available at: <https://earlycovidcare.org/naturalimmunity/>. Accessed Nov 10, 2021.
8. Menni C, Klaser K, May A, et al. Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study. *Lancet Infectious Diseases* 2021;21(7):939–949. doi: [https://doi.org/10.1016/S1473-3099\(21\)00224-3](https://doi.org/10.1016/S1473-3099(21)00224-3).
9. Raw RK, Kelly C, Rees J, Wroe C, Chadwick DR. Previous COVID-19 infection but not long-COVID is associated with increased adverse events following BNT162b2/Pfizer vaccination. *J Infection* 2021;83(3):381–412. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8164507/>. Accessed Nov 19, 2021.
10. Efrati M, Catalogna A, Hamad R, et al. Safety and humoral responses to BNT162b2 mRNA vaccination of SARS-CoV-2 previously infected and naive populations. *Sci Rep* 2021;11(16543). Available at: <https://doi.org/10.1038/s41598-021-96129-6>. Accessed Nov 10, 2021.
11. Vogel TP, Top KA, Karatzios C, et al. Multisystem inflammatory syndrome in children and adults (MIS-C/A): Case definition & guidelines for data collection, analysis, and presentation of immunization safety data. *Vaccine* 2021;39:3037–3049. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7904456/>. Accessed Nov 10, 2021.
12. Salzman MB, Huang C, O'Brien CM, Castillo RD. Multisystem inflammatory syndrome after SARS-CoV-2 infection and COVID-19 vaccination. *Emerg Infect Dis* 2021;27(7):1944–1948. Available at: <https://doi.org/10.3201/eid2707.210594>. Accessed Nov 10, 2021.
13. Malarkey MA, Gruber MF. Letter to Amit Patel. BLA Approval. FDA. STN BL 125742/O—Elisa Harkins; Aug 23, 2021. Available at: <https://www.fda.gov/media/151710/download>. Accessed Nov 12, 2021.

14. FDA. Coronavirus Treatment Acceleration Program (CTAP); Oct 10, 2021. Available at: <https://www.fda.gov/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap>. Accessed Nov 10, 2021.
15. Dolgin E. COVID vaccine immunity is waning. *Nature* 2021;597:606–607. doi: 10.1038/d41586-021-02532-4.
16. Hoft J. Not making headlines: Sen. Ron Johnson just exposed on Senate floor that the COVID vaccines do not appear to work as advertised (video). Gateway Pundit; Sept 30, 2021. Available at: <https://www.thegatewaypundit.com/2021/09/not-making-headlines-sen-ron-johnson-just-exposed-senate-floor-covid-vaccines-not-appear-work-advertised-never-video/>. Accessed Nov 10, 2021.
17. Acharya CB, Schrom J, Mitchell AM, et al. No significant difference in viral load between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta variant. medRxiv; Sept 29, 2021. Available at: <https://doi.org/10.1101/2021.09.28.21264262>. Accessed Nov 10, 2021.
18. Riemersma KK, Grogan BE, Kita-Yarbro A, et al. Shedding of infectious SARS-CoV-2 despite vaccination. medRxiv; Nov 6, 2021. doi: 10.1101/2021.07.31.21261387. Available at: <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v6>. Accessed Nov 10, 2021.
19. Gazit S, Shlezinger R, Perez G, et al. Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. medRxiv; Aug 25, 2021. Available at: <https://doi.org/10.1101/2021.08.24.21262415>. Accessed Nov 10, 2021.
20. Public Health England. SARS-CoV-2 variants of concern and variants under investigation in England. Technical briefing 22; Sept 3, 2021. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf. Accessed Nov 11, 2021.
21. *Daily Expose*. Fact check—70% of Covid-19 deaths are among the VACCINATED population; not the unvaccinated population as claimed by Boris Johnson, the BBC & Sky News. Rights and Freedoms; Sept 9, 2021. Available at: <https://tinyurl.com/2u36s899>. Accessed Nov 11, 2021.
22. *United KP Freedom Alliance et al. v. Kaiser Permanente et al.* Complaint. Case 4:21-cv-07894. United States District Court for the Northern District of California, Oakland Division; Oct 7, 2021. Available at: <https://rickjaffeesq.com/wp-content/uploads/2021/10/kaiser1.pdf>. Accessed Nov 10, 2021.
23. Acevedo-Whitehouse K, Bruno R, McCullough PA, et al. SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers. *Authorea*; May 18, 2021. doi: 10.22541/au.162136772.22862058/v1. Available at: <https://tinyurl.com/54xd498k>. Accessed Nov 11, 2021.
24. Chow D, Syal A. 'Mix and match' Covid vaccine boosters are effective, NIH study finds. NBC News; Oct 13, 2021. Available at: <https://www.nbcnews.com/health/health-news/mix-match-covid-vaccine-boosters-are-effective-nih-study-finds-rcna2974>. Accessed Nov 11, 2021.
25. Brufke J. Two senior FDA officials resign over Biden administration booster shot plan. *New York Post*, Sept 1, 2021. Available at: <https://nypost.com/2021/09/01/two-senior-fda-officials-resign-over-biden-administration-booster-shot-plan/>. Accessed Nov 11, 2021.
26. McCullough PA, Alexander PE, Armstrong R, et al. Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19). *Rev Cardiovasc Med* 2020;21:517–530. doi:10.31083/j.rcm.2020.04.264. Available at: <https://pubmed.ncbi.nlm.nih.gov/33387997/>. Accessed Nov 11, 2021.
27. Olsen JM. Scandinavians curb Moderna shots for some younger patients. AP News; Oct 6, 2021. Available at: <https://apnews.com/article/coronavirus-pandemic-business-denmark-public-health-health-453163d8f93618fde90c06d3474921a0>. Accessed Nov 11, 2021.
28. Politi D. Federal appeals court extends block on Biden's vaccine requirement for companies. *Slate*, Nov 13, 2021. Available at: <https://slate.com/news-and-politics/2021/11/appeals-court-block-biden-vaccine-mandate-companies.html>. Accessed Nov 14, 2021.
29. Subramanian SV, Kumar A. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. *Eur J Epidemiol*, Sept 30, 2021. Available at: <https://doi.org/10.1007/s10654-021-00808-7>. Accessed Nov 11, 2021.
30. Menahan C. FDA panel backs Pfizer shot For kids: "We're never going to learn about how safe this vaccine is unless we start giving it." *Information Liberation*; Oct 27, 2021. Available at: <https://www.newswars.com/fda-panel-backs-pfizer-shot-for-kids-were-never-going-to-learn-about-how-safe-this-vaccine-is-unless-we-start-giving-it/>. Accessed Nov 14, 2021.
31. Thacker PD. Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial. *BMJ* 2021;375:n2635. Available at: <https://doi.org/10.1136/bmj.n2635>. Accessed Nov 11, 2021.



Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States

S. V. Subramanian^{1,2} · Akhil Kumar³

Received: 17 August 2021 / Accepted: 9 September 2021
© Springer Nature B.V. 2021, corrected publication 2021

Vaccines currently are the primary mitigation strategy to combat COVID-19 around the world. For instance, the narrative related to the ongoing surge of new cases in the United States (US) is argued to be driven by areas with low vaccination rates [1]. A similar narrative also has been observed in countries, such as Germany and the United Kingdom [2]. At the same time, Israel that was hailed for its swift and high rates of vaccination has also seen a substantial resurgence in COVID-19 cases [3]. We investigate the relationship between the percentage of population fully vaccinated and new COVID-19 cases across 68 countries and across 2947 counties in the US.

Methods

We used COVID-19 data provided by the Our World in Data for cross-country analysis, available as of September 3, 2021 (Supplementary Table 1) [4]. We included 68 countries that met the following criteria: had second dose vaccine data available; had COVID-19 case data available; had population data available; and the last update of data was within 3 days prior to or on September 3, 2021. For the 7 days preceding September 3, 2021 we computed the COVID-19 cases per 1 million people for each country as well as the percentage of population that is fully vaccinated.

For the county-level analysis in the US, we utilized the White House COVID-19 Team data [5], available as of September 2, 2021 (Supplementary Table 2). We excluded counties that did not report fully vaccinated population

percentage data yielding 2947 counties for the analysis. We computed the number and percentages of counties that experienced an increase in COVID-19 cases by levels of the percentage of people fully vaccinated in each county. The percentage increase in COVID-19 cases was calculated based on the difference in cases from the last 7 days and the 7 days preceding them. For example, Los Angeles county in California had 18,171 cases in the last 7 days (August 26 to September 1) and 31,616 cases in the previous 7 days (August 19–25), so this county did not experience an increase of cases in our dataset. We provide a dashboard of the metrics used in this analysis that is updated automatically as new data is made available by the White House COVID-19 Team (<https://tiny.cc/USDashboard>).

Findings

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 (Fig. 1). 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. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days. The lack of a meaningful association between percentage population fully vaccinated and new COVID-19 cases is further exemplified, for instance, by comparison of Iceland and Portugal. Both countries have over 75% of their population fully vaccinated and have more COVID-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.

Across the US counties too, the median new COVID-19 cases per 100,000 people in the last 7 days is largely similar across the categories of percent population fully vaccinated (Fig. 2). Notably there is also substantial county variation in

✉ S. V. Subramanian
svsubram@hsph.harvard.edu

¹ Harvard Center for Population and Development Studies, Cambridge, MA, USA

² Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA, USA

³ Turner Fenton Secondary School, Brampton, ON, Canada

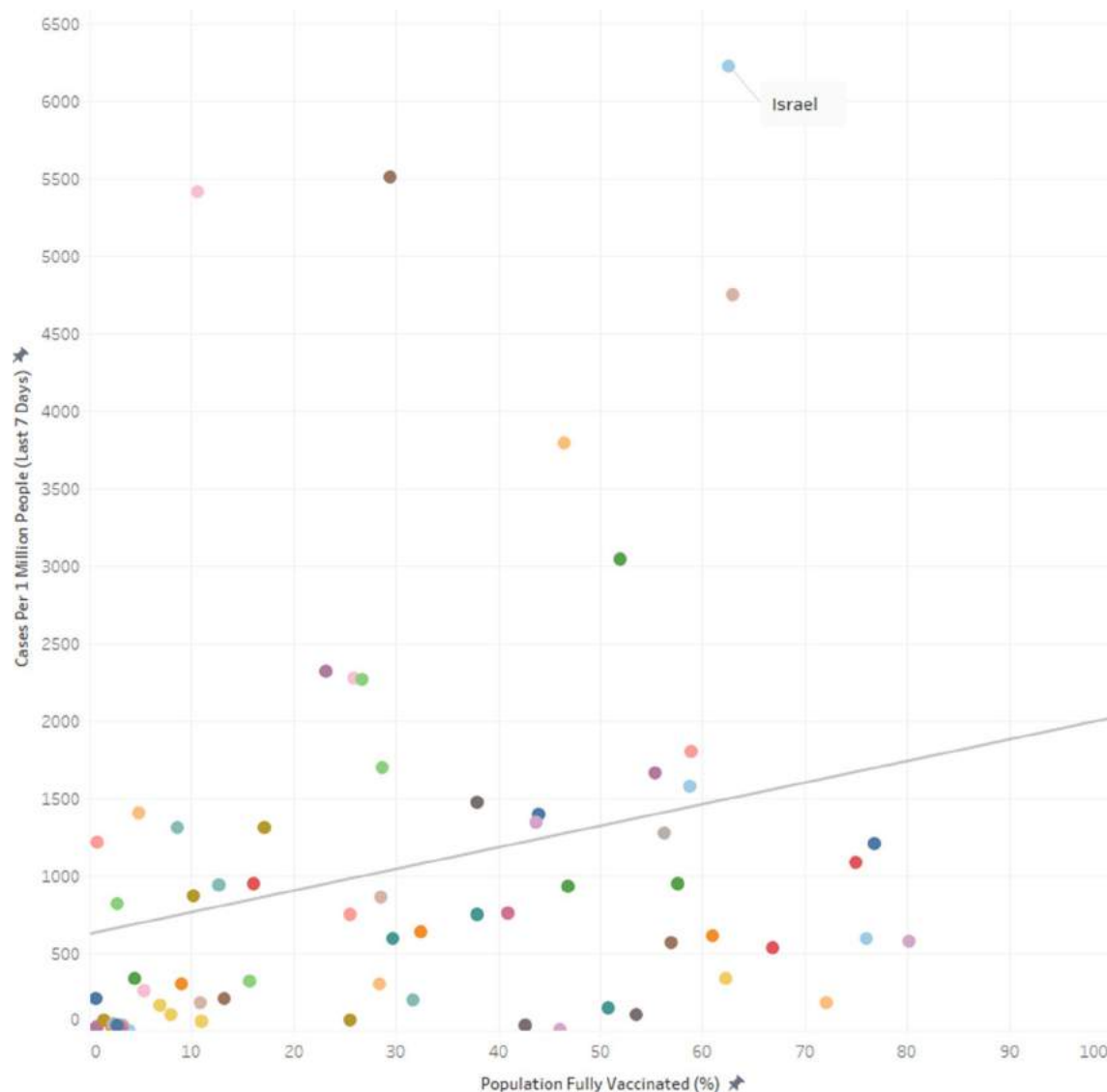


Fig. 1 Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)

new COVID-19 cases *within* categories of percentage population fully vaccinated. There also appears to be no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated (Fig. 3).

Of the top 5 countries that have the highest percentage of population fully vaccinated (99.9–84.3%), the US Centers for Disease Control and Prevention (CDC) identifies 4 of them as “High” Transmission countries. Chattahoochee (Georgia), McKinley (New Mexico), and Arecibo (Puerto Rico) counties have above 90% of their population fully vaccinated with all three being classified as “High” transmission. Conversely, of the 57 countries that have been classified

as “low” transmission counties by the CDC, 26.3% (15) have percentage of population fully vaccinated below 20%.

Since full immunity from the vaccine is believed to take about 2 weeks after the second dose, we conducted sensitivity analyses by using a 1-month lag on the percentage population fully vaccinated for countries and US counties. The above findings of no discernable association between COVID-19 cases and levels of fully vaccinated was also observed when we considered a 1-month lag on the levels of fully vaccinated (Supplementary Figure 1, Supplementary Figure 2).

We should note that the COVID-19 case data is of confirmed cases, which is a function of both supply (e.g., variation in testing capacities or reporting practices) and demand-side (e.g., variation in people’s decision on when to get tested) factors.

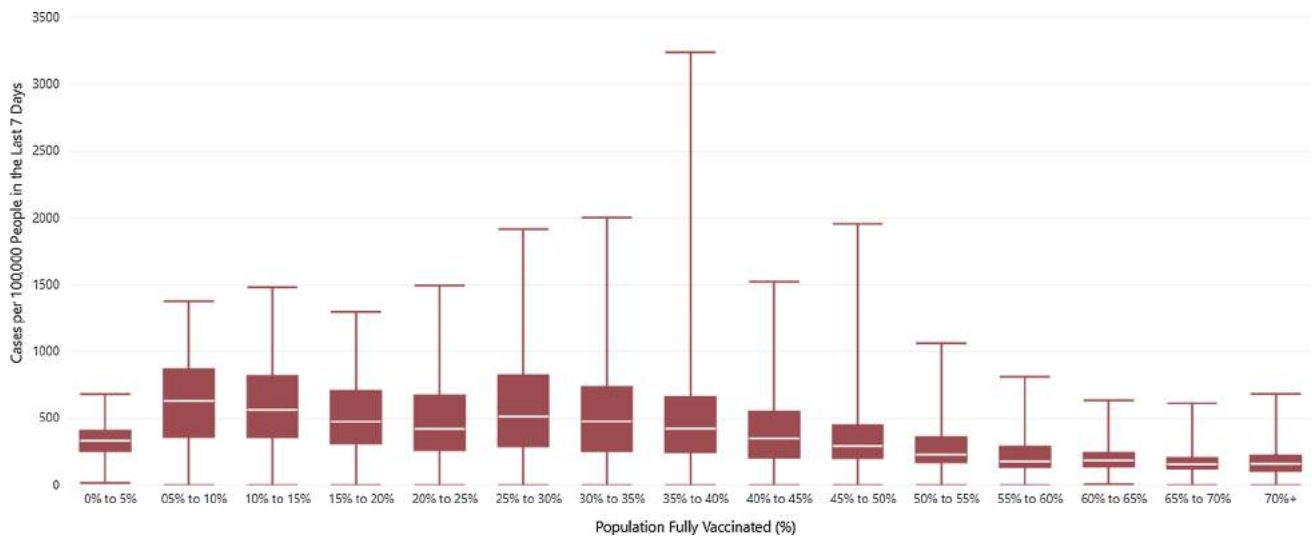


Fig. 2 Median, interquartile range and variation in cases per 100,000 people in the last 7 days across percentage of population fully vaccinated as of September 2, 2021

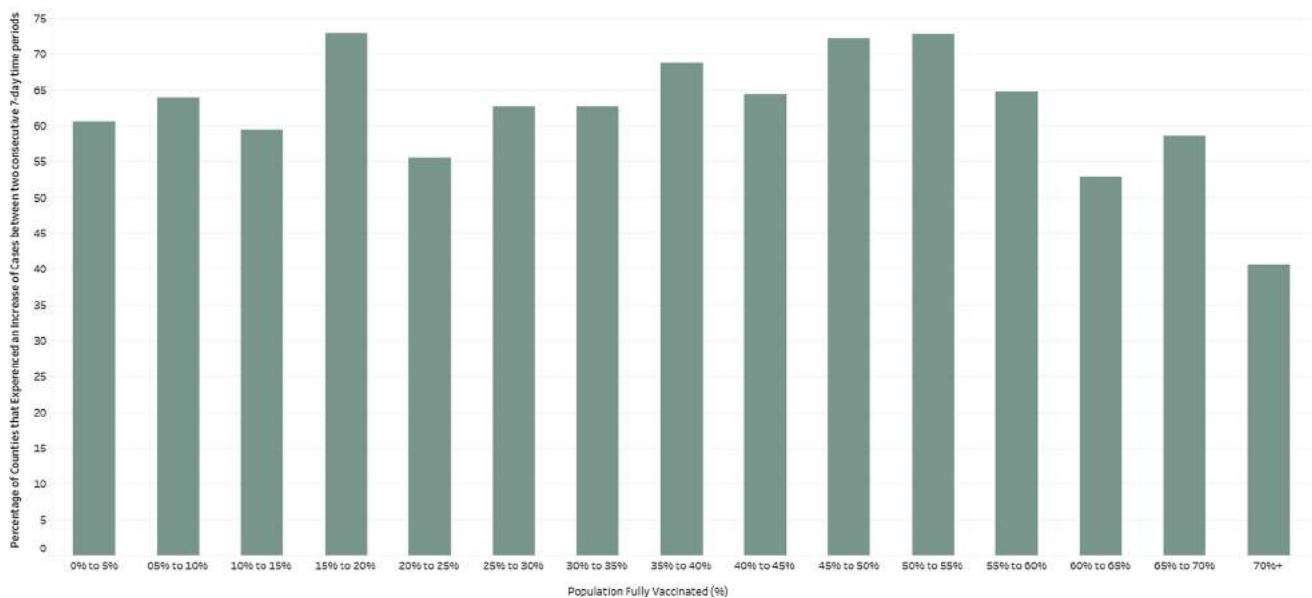


Fig. 3 Percentage of counties that experienced an increase of cases between two consecutive 7-day time periods by percentage of population fully vaccinated across 2947 counties as of September 2, 2021

Interpretation

The sole reliance on vaccination as a primary strategy to mitigate COVID-19 and its adverse consequences needs to be re-examined, especially considering the Delta (B.1.617.2) variant and the likelihood of future variants. Other pharmacological and non-pharmacological interventions may need to be put in place alongside increasing

vaccination rates. Such course correction, especially with regards to the policy narrative, becomes paramount with emerging scientific evidence on real world effectiveness of the vaccines.

For instance, in a report released from the Ministry of Health in Israel, the effectiveness of 2 doses of the BNT162b2 (Pfizer-BioNTech) vaccine against preventing COVID-19 infection was reported to be 39% [6],

substantially lower than the trial efficacy of 96% [7]. It is also emerging that immunity derived from the Pfizer-BioNTech vaccine may not be as strong as immunity acquired through recovery from the COVID-19 virus [8]. A substantial decline in immunity from mRNA vaccines 6-months post immunization has also been reported [9]. Even though vaccinations offers protection to individuals against severe hospitalization and death, the CDC reported an increase from 0.01 to 9% and 0 to 15.1% (between January to May 2021) in the rates of hospitalizations and deaths, respectively, amongst the fully vaccinated [10].

In summary, even as efforts should be made to encourage populations to get vaccinated it should be done so with humility and respect. Stigmatizing populations can do more harm than good. Importantly, other non-pharmacological prevention efforts (e.g., the importance of basic public health hygiene with regards to maintaining safe distance or handwashing, promoting better frequent and cheaper forms of testing) needs to be renewed in order to strike the balance of learning to live with COVID-19 in the same manner we continue to live a 100 years later with various seasonal alterations of the 1918 Influenza virus.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s10654-021-00808-7>.

References

1. Vaccinations CDC. CDC COVID data tracker. Centers for Disease Control and Prevention. 2021. <https://covid.cdc.gov/covid-data-tracker/#vaccinations>.
2. Nicolas E. Germany mulls restrictions for unvaccinated as cases soar. EUobserver; 2021. <https://euobserver.com/coronavirus/152534>.
3. Estrin D. Highly vaccinated Israel is seeing a dramatic surge in New COVID cases. Here's why. NPR; 2021. <https://www.npr.org/sections/goatsandsoda/2021/08/20/1029628471/highly-vaccinated-israel-is-seeing-a-dramatic-surge-in-new-covid-cases-heres-why>.
4. Ritchie H, Ortiz-Ospina E, Beltekian D, Mathieu E, Hasell J, Macdonald B, Giattino C, Appel C, Rod s-Guirao L, Roser M. Coronavirus pandemic (COVID-19). 2020. Published online at OurWorldInData.org. Retrieved from: <https://ourworldindata.org/coronavirus>.
5. White House COVID-19 Team. COVID-19 community profile report. 2020. HealthData.gov. <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>.
6. Ministry of Health Israel. Two-dose vaccination data. Government of Israel; 2021. https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files_publications_corona_two-dose-vaccination-data.pdf.
7. Thomas SJ, Moreira ED, Kitchin N, Absalon J, Gurtman A, Lockhart S, Perez JL, et al. Six Month safety and efficacy of the BNT162b2 Mrna Covid-19 vaccine. MedRxiv. 2021. <https://doi.org/10.1101/2021.07.28.21261159>.
8. Gazit S, Shlezinger R, Perez G, Lotan R, Peretz A, Ben-Tov A, Cohen D, Muhsen K, Chodick G, Patalon T. Comparing sars-cov-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. MedRxiv. 2021. <https://doi.org/10.1101/2021.08.24.21262415>.
9. Canaday DH, Oyeibanji OA, Keresztesy D, Payne M, Wilk D, Carias L, Aung H, Denis KS, Lam EC, Rowley CF, Berry SD, Cameron CM, Cameron MJ, Wilson B, Balazs AB, King CL, Gravenstein S. Significant reduction in humoral Immunity among healthcare workers and nursing home residents 6 months AFTER COVID-19 BNT162b2 mRNA vaccination. MedRxiv. 2021. <https://doi.org/10.1101/2021.08.15.21262067>.
10. McMorro M. (rep.). Improving communications around vaccine breakthrough and vaccine effectiveness. 2021. Retrieved from <https://context-cdn.washingtonpost.com/notes/prod/default/documents/8a726408-07bd-46bd-a945-3af0ae2f3c37/note/57c98604-3b54-44f0-8b44-b148d8f75165>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”

J. Bart Classen, MD*

Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD

*Correspondence:

J. Bart Classen, MD, Classen Immunotherapies, Inc, 3637 Rockdale Road, Manchester, MD 21102, Tel: 410-377-8526, E-mail: Classen@vaccines.net.

Received: 24 July 2021; Accepted: 25 August 2021

Citation: Classen B. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”. Trends Int Med. 2021; 1(1): 1-6.

ABSTRACT

Three COVID-19 vaccines in the US have been released for sale by the FDA under Emergency Use Authorization (EUA) based on a clinical trial design employing a surrogate primary endpoint for health, severe infections with COVID-19. This clinical trial design has been proven dangerously misleading. Many fields of medicine, oncology for example, have abandoned the use of disease specific endpoints for the primary endpoint of pivotal clinical trials (cancer deaths for example) and have adopted “all cause mortality or morbidity” as the proper scientific endpoint of a clinical trial. Pivotal clinical trial data from the 3 marketed COVID-19 vaccines was reanalyzed using “all cause severe morbidity”, a scientific measure of health, as the primary endpoint. “All cause severe morbidity” in the treatment group and control group was calculated by adding all severe events reported in the clinical trials. Severe events included both severe infections with COVID-19 and all other severe adverse events in the treatment arm and control arm respectively. This analysis gives reduction in severe COVID-19 infections the same weight as adverse events of equivalent severity. Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in “all cause severe morbidity” in the vaccinated group compared to the placebo group. The Moderna immunized group suffered 3,042 more severe events than the control group ($p=0.00001$). The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group ($p=0.000014$), when only including “unsolicited” adverse events. The Janssen immunized group suffered 264 more severe events than the control group ($p=0.00001$). These findings contrast the manufacturers’ inappropriate surrogate endpoints: Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized. Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.

Keywords

Clinical trial, Vaccines, COVID-19.

Introduction

For decades, true scientists have warned that pivotal clinical trial designs for vaccines are dangerously flawed and outdated

[1]. Vaccines have been promoted and widely utilized under the false claim they have been shown to improve health. However, this claim is only a philosophical argument and not science based. In a true scientific fashion to show a health benefit one would need to show fewer overall deaths during an extended period in the vaccinated group compared to a control group. Less stringent

indicators of a health benefit would include fewer severe events of all kinds, fewer days hospitalized for any reason, lower health care expenses of all types, fewer missed days from work for any health reason. No pivotal clinical trial for a vaccine preventing an infectious disease has ever demonstrated an improvement in health using these scientific measurements of health as a primary endpoint. Instead, vaccine clinical trials have relied on misleading surrogate endpoints of health such as infection rates with a specific infectious agent. Manufacturers and government agents have made the scientifically disproved and dangerous philosophical argument that these surrogate endpoints equate to a health benefit.

True medical scientists, outside the vaccine fields, have embraced the use of true health measurements as the proven proper scientific endpoint of clinical trials. Decades ago, a pharmaceutical manufacturer would only need to show that a chemotherapeutic agent shrank a tumor or reduce cancer deaths to obtain FDA approval. Manufacturers would market their products under the fraudulent philosophical argument that shrinking tumors or reducing cancer deaths equates to improved survival. However, many of the toxic chemotherapeutic agents would destroy vital organs and actually reduce survival while decreasing cancer deaths at the same time. The FDA and comparable agencies around the world switched to “all cause mortality” as the primary endpoint for pivotal cancer drug trials. The gold standard for marketing approval is to show that those receiving a cancer drug actually live longer than those who do not. Typically, new “miracle” anticancer drugs only prolong survival about 2 months but this added time may be spent severely ill suffering from adverse events caused by the chemotherapy. Application of true scientific principles often severely deflates the hype promoting pharmaceutical products.

All previous vaccine trials have suffered not only from lacking a proper primary clinical endpoint but also from insufficient perspective follow up of adverse events. The trials have failed to account for the well-established toxicity data and epidemiology data that vaccines are associated with chronic immune mediated disorders that may not develop for years after immunization. These adverse events, for example type 1 diabetes, are quite common, develop 3 or more years after immunization, and can exceed the reduction in infectious complications induced by the vaccine as was shown with a hemophilus vaccine [1]. Pivotal trials for the recombinant hepatitis B vaccine prospectively recorded adverse events for about 7 days after immunization and newer vaccines typically prospectively follow patients 6 months for adverse events.

Use of “all cause morbidity or mortality” as the primary endpoint is warranted in vaccine trials for several reasons. First, the recipients are generally healthy (relative to patients with terminal cancer for example) and the risk of severe morbidity from the target infection is low so even rare adverse events can result in an unfavorable risk benefit. Second, stimulating the immune system with a vaccine can lead to almost any type of adverse event including increasing the incidence or severity of diseases already present in the population. One needs a trial design with a primary endpoint that captures both a decline in infectious complications as well as small rises in hundreds of different immune modified disorders of similar or worse severity as the infectious complications.

Three COVID-19 vaccines are approved by the US FDA under Emergency Use Authorization (EUA). These vaccines have been developed by Pfizer-BioNTech, Moderna, and Janssen. Since marketing has begun multiple reports of potential, adverse events have been recorded. These reports include prion disease [2,3], clotting disorders [4], myocarditis, reproductive issues, death and many more. A clear difference in frequency of adverse events between different COVID-19 vaccines has been published [3]. The clinical trial designs of the pivotal trials and the resulting data was evaluated to determine if scientifically the results support mass immunization with the vaccines for COVID-19. The published data from the manufacturers’ own clinical trials was re analyzed using the proper scientific endpoint “all cause severe morbidity”.

Method

Data from all three US COVID-19 vaccines was published in the New England Journal of Medicine [4-6]. Data from these three publications and the accompanying published appendixes provided the bulk of the information analyzed. On rare occasions supplemental data was found on the FDA’s website (<https://www.fda.gov/advisory-committees/advisory-committee-calendar>) in briefing documents pertaining to FDA advisory panel committees for COVID-19 vaccines from Pfizer-BioNTech, Moderna, and Janssen. The scientific primary endpoint, “all severe events”, in the treatment group and controls was calculated by adding all severe or life threatening events reported in the clinical trials by the manufacturers. Severe events included both severe cases of COVID-19 and all other severe events in the treatment arm and control arm respectively.

A Chi square analysis using a 2x2 table was used to calculate statistical p values. An online statistical chi square calculator (<https://www.socscistatistics.com/tests/chisquare>) was used. Statistical calculations ignored small differences in total subject number between efficacy and adverse event populations. The randomized number, shown in Table 1, was used as the study population for statistical calculations. In general, the population for adverse events was slightly higher than that for efficacy. Given the statistical significant p, values generated (see Table 1), these small differences do not appear to be material.

The FDA document entitled Guidance for Industry Toxicity Grading Scale for Healthy Adult and Adolescent Volunteers Enrolled in Preventive Vaccine Clinical Trials, 2007, provided the following definitions for adverse events.

Grades 3, Severe: Prevents daily activity and requires medical intervention.

Grades 4, Potentially life threatening: ER visit or hospitalization.

Results

Moderna

The Moderna pivotal Phase III trial results and protocol are published in the New England Journal of Medicine (NEJM) [5]. The primary endpoint was COVID-19 illness starting 14 days after the second dose of vaccine however the trial had a secondary endpoint

which was patients developing severe COVID-19 symptoms. This later endpoint allowed for a direct comparison to severe adverse events. The study randomized 30,420 individuals, 15,210 were randomized to receive injections with Moderna's mRNA-1273 vaccine and 15,210 were randomized to receive injections with placebo. Two shots were administered 28 days apart. "Solicited" adverse events were collected 7 days after immunization and "unsolicited" adverse events were reported up to 28 days after administration of each vaccine or approximately 56 days after the first dose according to protocol. Because of dropouts, adverse events were recorded on 15,185 vaccinated patients and 15,166 placebo patients (reference 5, appendix table S8). The treatment group had 11 cases of symptomatic COVID-19 infections and 0 cases severe COVID-19 infections (reference 5, appendix table S13). There were 234 cases of severe "unsolicited" adverse events in the treatment group (reference 5, appendix table S8), and an additional 3,751 "solicited" severe or life threatening (Grade 3 or Grade 4) adverse events (reference 5, appendix table S3 and S4). By contrast, the control group had 185 cases of symptomatic COVID-19 infections and 30 cases of severe COVID-19 infections. However, only one of these case of COVID-19 out of 15,166 controls required admission to an intensive care unit (see reference 5, appendix table S13). There were 202 cases of severe "unsolicited" adverse events in the placebo group and an additional 711 "solicited" severe or life threatening (Grade 3 or Grade 4) adverse events. There were 3 deaths in the placebo group and 2 in the vaccinated group (reference 5, appendix table S8).

Pfizer-BioNTech

The Pfizer-BioNTech (Pfizer) pivotal Phase III trial results are published in the New England Journal of Medicine [6]. The Pfizer trial was classified as a Phase 1/2/3 trial. Two shots were administered 21 days apart. The primary endpoint was confirmed COVID-19 infections 7 days after the second dose. A post hoc analysis of severe COVID-19 infections was included in the appendix published by the NEJM. The study randomized 43,548 individuals of which 100 did not receive injections, 21,720 received injections with the vaccine and 21,728 received injections with placebo. "Solicited" adverse events were collected 7 days after immunization and "unsolicited" severe adverse events were reported up to 14 weeks after administration of the second dose. However, median safety follow up for "unsolicited" events was only approximately 2 months after the second dose at the time of publication in the NEJM. In the treatment arm there was 1 case of severe Covid-19 (reference 6, appendix table S5), 240 "unsolicited" severe adverse events and 21 "unsolicited" life threatening adverse events (reference 6, appendix table S3). In the placebo arm, there were 9 cases of severe COVID-19, 139 "unsolicited" severe adverse events and 24 "unsolicited" life threatening adverse events. Pfizer used a safety subset of approximately 8,183 (both vaccinated and unvaccinated) to record "solicited" adverse events at 7 days. These data that are not shown in Table 1 in part because the data was depicted graphically in the NEJM manuscript. However, graphical data in the NEJM strongly

Table 1: All Cause Severe Morbidity

	Moderna		Control		Difference	P value
Randomized	15,210		15,210			
Days of Safety Follow Up	56		56			
# Severe COVID-19 Cases	0		30			
# Unsolicited Severe Adverse Events	234		202			
# Solicited Grade 3 AE, Shot 1	848		361			
# Solicited Grade 4 AE, Shot 1	5		6			
# Solicited Grade 3 AE, Shot 2	2884		341			
# Solicited Grade 4 AE, Shot 2	14		3			
# Total Severe Events	3985		943		3042	p=0.00001
#Deaths	2		3			
	Pfizer		Control		Difference	P value
Randomized	21,720		21,728			
Days of Safety Follow Up	81		81			
# Severe COVID-19 Cases	1		9			
# Unsolicited Severe Adverse Events	240		139			
# Unsolicited Life Threatening Adverse Events	21		24			
# Total Severe Events	262		172		90	p=0.000014
#Deaths	2		4			
	Jansen	Jansen	Control	Control	Difference	P value
Randomized	19,630		19,691			
Safety Subset		3,356		3,386		
Days of Safety Follow Up	28		28			
# Severe COVID-19 Cases	21		78			
# Solicited Grade 3 Adverse Events						
Local (extrapolated)	135	23	35	6		
Systemic (extrapolated)	357	61	122	21		
# Unsolicited Grade 3-4 Adverse Events	83		96			
# Total Severe Events	595		331		264	p=0.00001
# Deaths	3		16			

indicates the vaccinated group has more “solicited” adverse events of all grade levels than the control group.

Janssen

The Janssen pivotal Phase III trial design and trial results are published in the New England Journal of Medicine [4]. The primary endpoint was prevention of molecularly confirmed, moderate to severe–critical COVID-19 14 days post vaccination however a secondary endpoint was prevention of molecularly confirmed, severe–critical COVID-19 14 days post vaccination. This later endpoint allowed for a direct comparison to severe adverse events. The study randomized 19,630 to receive a single injection with Janssen’s adenovirus COVID-19 vaccine and randomized 19,691 to receive a single injection with placebo. “Solicited” adverse events were collected 7 days after immunization and “unsolicited” adverse events were reported up to 28 days after administration of the single dose of vaccine. The treatment group had 21 cases of severe or critical COVID-19 infections while the placebo control group had 78 (reference 4, appendix table S9). Further analysis shows that only 2 of 19,514 immunized patients needed medical intervention for COVID-19 infections starting 14 days after immunization, while only 8 of 19,544 controls needed medical intervention for COVID-19 infections starting 14 days after placebo injection where the COVID-19 infection was confirmed by a central lab (reference 4, appendix table S10). There were 83 “unsolicited” and approximately 492 “solicited” serious adverse events in the vaccinated group compared to 96 “unsolicited” and approximately 157 “solicited” serious adverse events in the control group (reference 4, appendix table S7). There were 3 deaths in the treatment group and 16 in the control group (reference 4, appendix table S7).

Janssen did not collect “solicited” adverse events from the whole group at day 7 but instead collected these adverse events from a safety group comprising 3,356 vaccinated and 3,380 control patients. FDA briefing document Table 23, page 39 [7] provided the number of “solicited” Grade 3 adverse events in each group. These figures as well as the number of patients randomized were used to extrapolate the number of solicited severe adverse events in the full vaccinated and placebo group as recorded in Table 1.

Discussion

Scientific analysis of the data from pivotal clinical trials for US COVID-19 vaccines indicates the vaccines fail to show any health benefit and in fact, all the vaccines cause a decline in health in the immunized groups. Health is the sum of all medical events or lack thereof. COVID-19 vaccines are promoted as improving health while in fact there is no evidence that these vaccines actually improve health in the individual or population as a whole. The current analysis used the proper scientific endpoint of “all cause severe morbidity”, a true measure of health. By contrast, manufacturers and government officials promote the vaccines using a surrogate measure of health, severe infections with COVID-19, and the disproved philosophical argument that this surrogate endpoint equates to health. This substitution of philosophy for science is extremely dangerous and is certainly leading to a catastrophic public health event.

Review of data from the three COVID-19 vaccines marketed in the US shows complete lack of a health benefit and even an increase in severe events among vaccine recipients. The proper scientific clinical trial endpoint, “all cause severe morbidity” was created by combining all severe and/or life threatening events, both infectious and non-infectious, occurring in the vaccinated and placebo control groups respectively. The data (Table 1) shows there are clearly more severe events in the vaccinated groups. The results are highly statistically significant. The use of a true scientific measure of health as an endpoint for a vaccine trial gives a contrasting result compared to the use of a non-scientific surrogate endpoint of health, severe infections with COVID-19.

Clinical trial data show there were actually few very “severe” cases of COVID-19 in either the vaccinated or the placebo group. Moderna data shows that only one of 15,166 unvaccinated patients required admission to an intensive care unit for COVID-19. Data provided by Janssen shows that only a few of the “severe” COVID-19 infections required medical intervention. Table S10 in the appendix published in the New England Journal of Medicine [4], shows only 2 of 19,514 patients immunized with the Janssen vaccine needed medical intervention for severe COVID-19 infections starting 14 days after immunization, while only 8 of 19,544 controls needed medical intervention for severe COVID-19 infections starting 14 days after placebo, where the infection was confirmed by a central lab. This benefit, reduction in 6 cases of COVID-19 requiring medical intervention, in 19,630 vaccinated patients is simply statistically insignificant in a population that has a hundred fold more severe events of any cause. The Janssen vaccinated group had 595 severe Grade 3 or 4 events in the first 28 days post immunization. Science thus does not support a health benefit with COVID-19 vaccines. All arguments for immunization are purely philosophical and based on false, discredited, assumptions.

Reductions in infection rates, hospitalization rates and even death with COVID-19 are poor surrogate markers for health and are not proper primary endpoints for a vaccine clinical trial. As discussed earlier with cancer treatments, a trial endpoint showing reduced cancer deaths is not equivalent to enhanced survival. One could apply enough radiation (or cytotoxic chemotherapy) to cancer patients to kill all their cancer cells and prevent cancer deaths but these cancer patients would die of radiation sickness (or chemotherapy induced organ failure) faster than if they died naturally of cancer. In the same manner, reducing severe COVID-19 infections does not equate to enhanced survival especially when the vaccine can cause clotting, heart disease and many other severe adverse events. Potential vaccine recipients need to know if the vaccine improves their survival in order for them to make an informed consent to be immunized. Unfortunately, the current studies with COVID-19 vaccines in fact show they cause a decline in health.

The actual health decline caused by the vaccines is probably much worse than what is depicted in Table 1 for many reasons. First manufacturers took a haphazardly approach to recording adverse events in contrast to recording a reduction in COVID-19 events. At

the time of publication, patients were only followed prospectively for approximately 7 days after immunization for “solicited” adverse events, and then relied on “unsolicited” reports of adverse events for approximately 30-60 days after immunization. Serious non-infectious events occurring after this 30-60 day period were not part of the published data. By contrast, infections with COVID-19 were followed indefinitely since the time of immunization. Both Janssen and Pfizer were specifically lax recording adverse events and only recorded “solicited” adverse events at day 7 in a safety cohort representing less than 20% of the study population. Given that some of the vaccine clinical trials recruited patients in the third world, patients with low education, and potentially even elderly with dementia the patients can not be expected to understand when they may be having an serious event that needs reporting or how to report it. For these and others reason only 5% of adverse events are generally ever reported [8].

COVID-19 vaccines were released for marketing under a EUA. Use of such a protocol should be reserved for outbreaks of life threatening epidemics. If this were, actually the case with COVID-19 then reduction in “all cause mortality” should be the primary outcome for the vaccine trials and “all cause severe morbidity” should be the secondary endpoint. However, the manufacturers show no evidence of a survival benefit. Deaths in the trials were extremely rare and of 30 deaths, out of roughly 110,000 trial participants, only about 6 deaths were confirmed to have COVID-19 at the time of death. Regrettably, the vaccines did not reduce morbidity but caused an increase in severe events. Worse, the pivotal clinical trials were never designed to show a benefit in “all-cause mortality” or reduction “in all cause severe morbidity”. The fact that the trials were never designed to show these health benefits is an admission that those developing the vaccines never expected the vaccines to result in measurable health benefits. Regrettably some manufacturers have published the false claim [6] that the vaccine have been proven to be “effective” and that its now “unethical” to withhold immunization from the control group. They advocate abolishing the control group by immunizing them. This unscientific act only further proves the pharmaceutical industry is unaccountable to any one and does not feel the need to adhere to principles of science, ethics, or public health.

The COVID-19 vaccine pivotal clinical trials were of very short duration and the question exists whether longer-term follow up will reverse the vaccine induced health decline and show a health benefit. The question is purely philosophical. Some manufactures have already threatened to destroy the randomization by immunizing the control group, as stated above, making further scientific study impossible. While it is possible that the vaccines will continue to prevent severe infectious disease long after the immunization, the reality is that immunity wanes with time and vaccine resistant variants keep developing. Another issue is that severe adverse events will continue to occur over time. Given evidence of prion genic activity by both established pathophysiology [2], animal toxicity data [9] and epidemiology data [3] one can expect an increase in adverse events in the vaccinated group for decades.

Yearly booster are unlikely to improve the health outcome with

COVID-19 vaccines. A booster may provide a small incremental benefit in preventing severe COVID-19 infections however, the boosters are likely to cause many more severe adverse events. Looking at the data on secondary injections with the Moderna vaccine (Table 1) there are approximately 3 times as many Grade 3 or 4 adverse events after the second dose than after the first dose. However, this is not the case following the second dose of placebo in the Moderna placebo group. The net is that adding a booster shot is highly unlikely to induce a favorable health benefit that was missing with the first series of immunization.

Government officials are promoting COVID-19 vaccines as a way to stop the epidemic. There is however no scientific data that the COVID-19 vaccines can improve the health of the population. In fact, the data from the clinical trials seems to point in the opposite direction. Given that the population is the sum of the individuals, and the vaccines cause a decline in health in the individuals, then mass immunization is likely to erode the health of the general population, not improve it. Immunization may even cause a selection bias for new variants. Finally, if the COVID-19 outbreak is the result of a bioweapons attack and vaccine resistant variants represent the release of different prototypes then immunization is almost certain to fail [10].

There is an old saying, fool me once shame on you, fool me twice shame on me. This saying can be applied to the COVID-19 mass immunization program. The US anthrax attack of 2001, which originated at US army is Fort Detrick, has demonstrated that there are people in the US government who desire to attack US citizens with bioweapons [10]. According to the chief FBI agent leading the investigation of the US anthrax attack, conspirators were likely not apprehended in part because the investigation was prematurely ended and prior to stopping the investigation, people at the top of the FBI deliberately tried to sabotage the investigation [11]. In the US anthrax attack of 2001, people high in the US government publicly anticipated the anthrax attack as early as 1999 [10]. Similarly with the COVID-19 attack, people high in government anticipated the COVID-19 attack [12,13] several years before the attack took place [10]. There is even data that an effort was made in 2018 to protect certain populations against COVID-19 by immunizing them with MMR vaccine [14].

In such a hostile government environment, the citizens need to individually evaluate the science of immunization with COVID-19 vaccines and not rely on philosophical arguments propagated by government officials. In this case there is no scientific evidence that the COVID-19 vaccines improve the health of the individual, much less of the population as a whole. Mass immunization with COVID-19 vaccines is certainly leading to a catastrophic public health event.

References

1. Classen JB, Classen DC. Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after

- Hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM. Autoimmunity. 2002; 35: 247-253.
2. Classen JB. COVID-19 RNA based vaccines and the risk of prion disease. Microbiol Infect Dis. 2021; 5: 1-3.
 3. Classen JB. COVID-19 Vaccine associated Parkinson's disease, a prion disease signal in the UK Yellow Card adverse event database. J Med - Clin Res & Rev. 2021; 5: 1-6.
 4. Sadoff J, Gray G, Vandebosch A, et al. Safety and efficacy of single-dose Ad26.COV2.S vaccine against Covid-19. N Engl J Med. 2021; 384: 2187-2201.
 5. Baden LR, El Sahly HM, Essink B, et al. Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine. N Engl J Med. 2021; 384: 403-416.
 6. Polack FP, Thomas SJ, Kitchin N, et al. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. N Engl J Med. 2020; 383: 2603-2615.
 7. FDA Briefing Document, Janssen Ad26.COV2.S vaccine for the prevention of COVID-19. Vaccines and Related Biological Products Advisory Committee Meeting February 26, 2021.
 8. Hazell L, Shakir SAW. Under reporting of adverse drug reactions: a systematic review. Drug Saf. 2006; 29: 385-396.
 9. Philippens IHCHM, Böszörményi KP, Wubben JA, et al. SARS-CoV-2 causes brain inflammation and induces Lewy body formation in macaques. bioRxiv preprint. 2021.
 10. Classen JB. Review of COVID-19 vaccines and the risk of chronic adverse events including neurological degeneration. J Med - Clin Res & Rev. 2021; 5: 1-7.
 11. Richard L. Lambert versus Attorney General Eric Holder, Robert Muller III and others. Eastern District of Tennessee. Case 3:15-cv-00147-PLR-HBG. Filed April 2, 2015.
 12. Schoch-Spana M, Brunson E, Chandler H, et al. Recommendations on how to manage anticipated communication dilemmas involving medical countermeasures in an emergency. Public health reports. 2018; 133: 366-378.
 13. <https://www.usatoday.com/story/news/factcheck/2020/07/29/fact-check-2017-anthony-fauci-warned-potential-outbreak/5494601002/>
 14. Classen JB. COVID-19, MMR vaccine, and bioweapons. Diabetes Complications. 2020; 4: 1-8.

**CONSTRUCTIVE NOTICE AND WARNING TO ALL WASHINGTON STATE
EMPLOYERS, NOTICE TO PRINCIPAL IS NOTICE TO ALL AGENT(S), AND
NOTICE TO AGENT IS NOTICE TO ALL PRINCIPAL(S)**

To all Employers, and all Business Owners, and/or to whom it may concern, this legal informational flyer is meant to provide you advance constructive and actual “legal notice” that I am under no legal obligation to wear a mask or be Vaccinated for the Covid-19 Virus or PCR-Tested in your place of business which is a place of “Public Accommodation” under both Federal Laws (28 CFR § 36.202) and Washington State Law as codified at RCW 49.60.030 and RCW 49.60.215. It is undisputed that there is no statute or law in existence that requires me to be vaccinated, tested or masked or that allows any Employer in the State of Washington to grant or deny the continued employment or new employment of any person based upon whether or NOT they have received a Covid-19 Vaccination or PCR Test. I have a “vested” Constitutional Right to my continued employment under the common law pursuant to RCW 4.04.010; RCW 9A.04.060; CrR 1.1; 1 Sutherland Statutory Construction (3d ed.), p 525, § 2043.

Washington State Governor Jay Inslee, and the Chief Medical Officer Dr. Kathy Lofy only have the power granted by statute. Hoppe v. King County, 95 Wn.2d 332, 337, 622 P.2d 845 (1980); 63 Am. Jur. 2d, Public Officers and Employees, section 263 (1972); Neither officer can make laws on their own motion without violating “The Separation of Powers Doctrine.” State v. Osloond, 60 Wash. App. 584, at 587, 805 P(2d) 263 (1991); Myers v. United States, 272 U.S. 52, 47 S.Ct. 21, 71 L.Ed. 160 (1926). Only the legislature can make laws. “A flat prohibition against regulation of a matter in one direction does not give Congress power to regulate the matter in another direction.” Powe vs United States, 109 F.2d 140 (1940). **Neither officer can re-delegate any authority or power to Employers to hire or fire any employee for refusal to be vaccinated or masked in their work place without violating “The Non-Delegation Doctrine.”** Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 515 P.2d 977 (1973); Ledgering v. State, 63 Wn.2d 94, 385 P.2d 522 (1963). What the Legislature is forbidden to do directly, certainly [the Governor and Chief Medical Officer] cannot [illegally solicit or recruit Employers] to do indirectly.” The City of Seattle v. Filson, 98 Wn.2d 66 (Nov. 1982).

Any Employer who gives False Legal advice is subject to being charged with and prosecuted for “unauthorized practice of law” pursuant to RCW 2.48.180 et seq, or “practicing medicine without a license” in violation of RCW 18.130.190. This notice is also to inform you that “forced vaccinations or forced masking” violates my Constitutional Rights under both Constitutions, State and Federal, the laws of the State, the laws of the United States, and the 1964 Civil Rights Act, which are

enforceable via Title 42, Section 1983.

It is undisputed pursuant to CR 8(d), that the Social Security Act as codified in Federal law at Title 42, Chapter 7, Subchapter XIX, Section 1396 (f), cited hereafter as “42 U.S.C. § 1396f”, which provides a **“religious exemption”** from all unwanted vaccinations and provides that no one is required by law to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose if such person objects (or, in case such person is a child, his parent or guardian objects) thereto on religious grounds.

Washington law at RCW 7.70.050; RCW 7.70.030; RCW 7.70.040, and W. PROSSER, LAW OF TORTS 165 (4th ed. 1971), indicates that the Chief Medical Officer of this State Dr. Kathy Lofy has a duty to disclose that 21 U.S.C. § 360bbb-3, requires that all Doctors and Employers are to provide the appropriate conditions designed to ensure that individuals to whom the Covid-19 Vaccine or PCR Test is administered are informed . . . **“of the option to accept or refuse administration of the [medical] product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefit and risks”** as clearly stated in subsection (e)(1)(A)(ii)(III) of 21 U.S.C. § 360bbb-3, and as required by the **“Doctrine of Informed Consent”** whose main purpose is to protect the patient from being given “Unauthorized Treatments or PCR Tests” without the patients knowledgeable permission. If any physician performs any treatments or tests on any patient without fully informing the patient of his or her “option to accept or refuse administration” of any “Emergency Use Authorization” of any PCR Test and/or any Covid-19 Vaccination under 21 U.S.C. § 360bbb-3 (e)(1)(A)(ii)(III), he has committed an **assault and battery** against that patient for failure to obtain the patients knowledgeable permission. All vaccine-mandating employers could be sued. Holt v. Nelson, 11 Wn.App. 230 (1974); Miller v. Kennedy, 11 Wn.App. 272 (1974); Miller v. Kennedy, 85 Wn.2d 151 (1975); Gates v. Jenson, 92 Wn.2d 246 (1979); ZeBarth v. Swedish Hosp. Med. Center, 81 Wn.2d 12 (1972); Harris v. Groth, 99 Wn.2d 438 (1983); Smith v. Shannon, 100 Wn.2d 26 (1983); Watkins v. Parpala, 2 Wn.App. 484 (1970); Canterbury v. Spence, 464 F.2d 772 (D.C.Cir.), cert. denied, 409 U.S. 1064 (1972).

COVID-19 “ Experimental” Vaccines

You have the right to make an informed decision about your health and your future and you may be asking: Should I take this experimental vaccine? Here are a few facts you should consider to help you make an informed decision.

Facts:

1. According to the Pharmaceutical Companies themselves, these vaccines may not prevent the SARS-CoV-2 virus: Evidence:
 - a. From the [Moderna](#) and [Pfizer](#) Vaccine Fact Sheets: *The (Moderna/Pfizer) COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There are no FDA approved vaccines to prevent COVID-19.*
 - b. However, the [handout](#) you get when they give you the shot, says it “...has been authorized to prevent COVID-19”, so they are lying about it. They are experimental and have been approved by FDA and CDC via an Emergency Use Authorization (EUA) but have not been fully tested, so are not proven safe.
2. These vaccines are experimental compounds that use “synthetic messenger RNA (mRNA)” housed in fat cells. In 2005 an [animal study](#) was done with SARS-CoV-1 mRNA vaccines on ferrets. Because of major issues, the SARS-CoV-1 vaccine was not further developed.
3. In many previous [clinical trials since the 1960's](#) attempts to [vaccinate against Respiratory Syncytial Virus](#) (RSV) (a pneumonia type virus), [Dengue](#), SARS and MERS, the studies each failed during the animal phase. [Cats, ferrets, monkeys, and rabbits each and every time experienced Antibody Dependent Enhancement](#) (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system creates an uncontrolled and overwhelming inflammatory response upon being confronted with the pathogen in the real world, and the outcome, tragically, is death. The same immune system overreaction took place in a number of infants in [clinical trials who received an attempted RSV shot](#), as well as some six hundred Filipino children who died following early vaccination against Dengue Fever, so [this outcome remains a viable concern today](#).
4. Big Pharma has asked for the normally required animal studies for the CoV19 vaccine to be waived. It was waived for EUA purposes, so there have been no long-term animal studies to see if this could happen with these new mRNA vaccines. WHY?
5. Because these vaccines may or may not prevent infection, and as [some reports show](#), only reduce symptoms, why take something that does not **prevent** the infection in the first place. It is a proven fact, with [hundreds of scientific studies to prove it](#), that Zinc and Zinc ionophores can prevent or mitigate infection in the first place; take them as supplements and you are protected. [The CDC recently said that 80%](#) of all people who were infected with COVID-19 were deficient in Vitamin D, another Zinc ligand (metal binding) ionophore (transporter). And this helps explain why Sub-Saharan Africa and other countries where most people are in the sun a lot [only have marginal deaths from this virus](#).
6. Hydroxychloroquine (HCQ) is a 65-year-old drug that has been shown [to stop an infection](#) if taken within the first 2 – 7 days of getting symptoms from COVID-19. So, if you are taking your preventative Vitamins like C, D, E and Quercetin, and/or other supplements like Melatonin plus Zinc, and for some reason this doesn't prevent infection, you can stop it with Ivermectin + zinc; which is [readily available online](#).

COVID-19 “ Experimental” Vaccines

7. Other synthetic drugs like Budesonide, Dexamethasone, Ivermectin as well as natural substances (i.e., vitamins, flavonoids, amino acids, and hormones) can be found in the Pharmaceutical Zinc20 database, a database funded by a subsidiary of NIH. This database is comprised of ligands, which carry metals like Zinc, Calcium and other micronutrients present in our blood serum and transport them across cell membranes into the body of the cell (cytoplasm) to help our immune system fight infection. Like HCQ, these synthetic drugs need zinc and other micronutrient metals to work. [Dr. Zelenko](#) uses the analogy “the drug is the gun and zinc is the bullet” which is essential to stopping the viral reproduction and resulting infection.
8. Ivermectin is a proven drug for treating all three phases of the COVID-19 disease. Perhaps the best proof is found in India where one [province distributed Ivermectin](#) to most citizens and now they have very few cases and no deaths from the virus. Given such a useful therapeutic exists, it is illegal to authorize the use of vaccines, yet the psychopathic leaders do it anyway.
9. Because these “Vaccines” are unproven experimental substances, we won’t know what side effects may occur for months or years to come, but it may result in a long-term unnatural human manipulation of our DNA building blocks. Do you really want to take that risk or risk your children’s lives? Especially since:
10. There is no pandemic. The number of deaths from COVID-19, [which is highly inflated](#), is no worse than a bad flu season. And your chances of dying from it, even if you do nothing to protect yourself as defined in #5 and #6 above, are [very small according to CDC data](#). For children 17 and under they are 154 times more likely to die from something else. As of April 17, 2021, only 266 children have died with COVID-19. Not a single healthy child has died from COVID-19 alone. If you are under 64 years old, your chance of surviving is 99.99%.
11. There is not a cold or flu season, there is a vitamin D deficiency season. Colds and flues occur when the sun is low in the sky and we don’t get enough of it. Or if you live in a big city, you don’t get enough sun all the time and big cities are where most of the COVID deaths have occurred. Take your Vitamin D supplements and your immune system will thank you.
12. Since both experimental vaccines are EUA, both Pfizer and Moderna are indemnified from all legal action resulting from patients experiencing side effects; including death. Since they assume no risk, you are the one who takes all of it! And according to [Dr. Sherri Tenpenny](#) that is not a good idea.
13. According to [Dr. Richard Fleming](#), Ph.D, MD, JD, a renowned cardiologist and researcher, there is a chance that the mRNA from the vaccine can be incorporated into your human DNA by action of the [reverse transcriptase enzyme present in the vaccine](#). This may affect your auto immune system and result in various auto immune diseases. However, for all you who are taking zinc supplements + ionophores and decide to get vaccinated, Dr Fleming stated that he believes Zinc does appear to interfere with the mRNA process of the vaccines to make the spike protein. This means it will probably reduce the symptoms you can get, so make sure you are taking them.
14. The vaccine nano particles of lipid/fat composition, in which the mRNA is transported into your cells, has never been used before in human trials and long-term health effects have not been determined. These lipid nano particles bind with the normal fats in cell

COVID-19 “ Experimental” Vaccines

membranes and allow [entry of thousands of the synthetic mRNA vaccine into your muscle cells](#). Unlike the virus RNA which has to enter through the ACE-2 receptors found on cells, the nano particles create new pathways into cells. Because the ACE-2 receptor sites are where the normal entry of the virus occurs, bypassing this path means a greater amount of mRNA can enter the cell producing increased amounts of the spike protein exacerbating the immune response to the virus. This increased immune reaction can produce the very InflammoThrombotic Response (ITR) responsible for so many deaths. Again, long-term health effects are not known since long-term studies in lab animals have not been conducted. We humans have become the lab rats, and many doctors are reporting large increases in the number of cancer cases since the vaccines started.

15. The CDC [VAERS database](#) only captures about 1% of all the adverse reactions to vaccines, and so far the Pfizer vaccine has 1,218 blood clot reports, Moderna has 1,034, and J & J has 1,000. Therefore, blood clot disorders reported totals 3,272, so if the 1% is accurate, this would mean 327,200 people have had this problem from the vaccines.
16. Like real lab animals you cannot sue these pharmaceutical companies for suffering from any side effects after taking these experimental vaccines. However, companies requiring CoV19 vaccinations as a requirement for employment may be subject to legal action since it violates our civil rights. For an example of a law suit against the government go here: <https://factcheckedorg.files.wordpress.com/2021/09/joseph-jensen-lawsuit.pdf>
17. It's against the [Nuremberg code](#) to force vaccinations on a person, and [informed consent](#) overrides public policy. Federal law prohibits employers and others from using vaccines under EUA as a [condition](#) of employment.
18. For 35 more facts on the potential dangers of these vaccines, go to [No Jab For Me](#).
19. Or, for 18 more reasons not to get these Experimental Vaccines see: [18 Reasons I Won't Be Getting a Vaccine](#) by Christian Elliot.
20. The choice to take an experimental EUA COVID-19 vaccine is yours to make. Hopefully we have given you the facts to make a better-informed decision.

Good luck and good health to you all.

Dean Gano and EJ Ledet; February 19, 2021; Updated August, 2021; Updated September 22, 2021.

Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military

Jay Montgomery, MD; Margaret Ryan, MD, MPH; Renata Engler, MD; Donna Hoffman, MSN; Bruce McClenathan, MD; Limone Collins, MD; David Loran, DNP; David Hrcir, MD; Kelsie Herring, MD; Michael Platzer, MD; Nehkonti Adams, MD; Aliye Sanou, MD; Leslie T. Cooper Jr, MD

IMPORTANCE Myocarditis has been reported with COVID-19 but is not clearly recognized as a possible adverse event following COVID-19 vaccination.

OBJECTIVE To describe myocarditis presenting after COVID-19 vaccination within the Military Health System.

DESIGN, SETTING, AND PARTICIPANTS This retrospective case series studied patients within the US Military Health System who experienced myocarditis after COVID-19 vaccination between January and April 2021. Patients who sought care for chest pain following COVID-19 vaccination and were subsequently diagnosed with clinical myocarditis were included.

EXPOSURE Receipt of a messenger RNA (mRNA) COVID-19 vaccine between January 1 and April 30, 2021.

MAIN OUTCOMES AND MEASURES Clinical diagnosis of myocarditis after COVID-19 vaccination in the absence of other identified causes.

RESULTS A total of 23 male patients (22 currently serving in the military and 1 retiree; median [range] age, 25 [20-51] years) presented with acute onset of marked chest pain within 4 days after receipt of an mRNA COVID-19 vaccine. All military members were previously healthy with a high level of fitness. Seven received the BNT162b2-mRNA vaccine and 16 received the mRNA-1273 vaccine. A total of 20 patients had symptom onset following the second dose of an appropriately spaced 2-dose series. All patients had significantly elevated cardiac troponin levels. Among 8 patients who underwent cardiac magnetic resonance imaging within the acute phase of illness, all had findings consistent with the clinical diagnosis of myocarditis. Additional testing did not identify other etiologies for myocarditis, including acute COVID-19 and other infections, ischemic injury, or underlying autoimmune conditions. All patients received brief supportive care and were recovered or recovering at the time of this report. The military administered more than 2.8 million doses of mRNA COVID-19 vaccine in this period. While the observed number of myocarditis cases was small, the number was higher than expected among male military members after a second vaccine dose.

CONCLUSIONS AND RELEVANCE In this case series, myocarditis occurred in previously healthy military patients with similar clinical presentations following receipt of an mRNA COVID-19 vaccine. Further surveillance and evaluation of this adverse event following immunization is warranted. Potential for rare vaccine-related adverse events must be considered in the context of the well-established risk of morbidity, including cardiac injury, following COVID-19 infection.

JAMA Cardiol. doi:10.1001/jamacardio.2021.2833
Published online June 29, 2021.

 Editorial

 Related article

 Supplemental content

Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Author: Jay Montgomery, MD, Walter Reed National Military Medical Center, 4954 N Palmer Rd, Bldg 19, Room 4026, Bethesda, MD 20889 (jay.r.montgomery.civ@mail.mil); Margaret Ryan, MD, MPH, Naval Medical Center San Diego, 34800 Bob Wilson Dr, Bldg 6, Room 4V7C1, San Diego, CA 92134 (margaret.a.ryan6.civ@mail.mil).

Myocarditis is a heterogeneous disease with diverse clinical patterns, etiologies, and therapeutic responses, reflecting inflammatory injury to myocardial tissue in the absence of ischemia.¹ While viral infections, now including SARS-CoV-2, are the most common triggers of the disease, some myocarditis cases are associated with certain drugs and vaccine exposures.¹ With the exception of cases following live-attenuated smallpox vaccine in the military population,² myocarditis as an adverse event following immunization is described in rare published case reports and infrequent submissions to the Vaccine Adverse Events Reporting System (VAERS).^{3,4}

Serious adverse events associated with receipt of new vaccines targeting COVID-19 are of high interest to the public and to public health vaccine safety surveillance. We describe a series of 23 individuals who developed probable hypersensitivity myocarditis in temporal association with COVID-19 messenger RNA (mRNA) vaccination.

Methods

The US military initiated COVID-19 vaccination following US Centers for Disease Control and Prevention (CDC)-defined phased distribution in December 2020. Adverse events following immunizations were identified from referrals to Defense Health Agency clinical specialists and through review of VAERS reports. Retrospective review of cases was conducted in accordance with the Walter Reed National Military Medical Center Institutional Review Board-approved protocol, "Adverse Events Following Immunization: Case Definitions and Outcomes Retrospective Review," and exempt from formal consent procedures.

Results

A total of 23 male patients (22 currently serving in the military and 1 retiree; median [range] age, 25 [20-51] years) were evaluated between January and April 2021 for acute-onset chest pain following mRNA COVID-19 vaccination. Care was provided in 15 distinct geographic locations globally with varying diagnostic evaluations. Each patient had a final diagnosis of myocarditis without infectious, ischemic, or autoimmune

Key Points

Question Should myocarditis be considered a potential adverse event following immunization with messenger RNA (mRNA) COVID-19 vaccines?

Findings In this case series of 23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days of receipt of a COVID-19 vaccine. For most patients (n = 20), the diagnosis was made after the second dose of mRNA COVID-19 vaccine; these episodes occurred against the backdrop of 2.8 million doses of mRNA COVID-19 vaccines administered.

Meaning Vigilance for rare adverse events, including myocarditis, after COVID-19 vaccination is warranted but should not diminish overall confidence in vaccination during the current pandemic.

etiologies identified. Diagnoses were reviewed by an adjudication process and met the CDC case definition criteria for probable myocarditis (Table 1). A total of 8 patients had cardiac magnetic resonance imaging (cMRI) with T2 weighting showing subepicardial late gadolinium enhancement and/or focal myocardial edema, consistent with Lake Louise criteria for myocarditis.¹ The eFigure in the Supplement exemplifies cMRI findings for one of these patients.

The demographic and clinical characteristics of patients are summarized in Table 2. All military service members were physically fit by military standards and lacking any known history of cardiac disease, significant cardiac risk factors, or exposure to cardiotoxic agents. All patients presented with acute chest pain and significantly elevated cardiac troponin levels (10-fold to 400-fold the upper limits of their respective reference ranges). Their symptoms began within 12 to 96 hours following immunization with an mRNA COVID-19 vaccine. Sixteen had received the mRNA-1273 vaccine (Moderna), and 7 had received the BNT162b2-mRNA vaccine (Pfizer-BioNTech). For all but 3 patients, the second dose of vaccine preceded their myocarditis presentations. Among the 3 patients presenting after an initial vaccine dose, all had confirmed COVID-19 infection more than 2 months prior to vaccination.

All patients underwent electrocardiography and echocardiography (Table 2). Abnormal electrocardiography findings were recorded in 19 patients (83%); findings included ST-segment elevations, T-wave inversions, and nonspecific ST

Table 1. Case Definition Criteria for Myocarditis Following Immunization^a

Suspected case	Probable case	Confirmed case
Dyspnea, palpitations, or chest pain of probable cardiac origin, with either one of the following: A. ECG abnormalities beyond normal variants, not documented previously, including: • ST-segment/T-wave abnormalities • Paroxysmal or sustained atrial or ventricular arrhythmias • AV nodal conduction delays or intraventricular conduction defects • Continuous ambulatory ECG monitoring that detects frequent atrial or ventricular ectopy B. Focal or diffuse depressed LV function of indeterminate age identified by an imaging study	Meets criteria for suspected myocarditis, in the absence of other likely cause of symptoms, in addition to one of the following: A. Elevated cardiac enzymes (troponin-I, troponin-T, or creatine kinase-MB) B. New-onset or increased degree of severity of focal or diffuse depressed LV function by imaging C. Abnormal imaging findings indicating myocardial inflammation (cardiac MRI with gadolinium, gallium-67 scanning, antimyosin antibody scanning)	Histopathologic evidence of myocarditis by endomyocardial biopsy or autopsy

Abbreviations: ECG, electrocardiography; LV, left ventricular; MRI, magnetic resonance imaging.

^a This definition was originally developed to evaluate cardiac events after smallpox vaccine. The definition is currently being reviewed by the international Brighton Collaboration for application to COVID-19 vaccine.

Table 2. Demographic and Clinical Characteristics of 23 Military Health System Patients With Myocarditis Following COVID-19 Vaccination, January-April 2021

Characteristic	No. (%)
Age, median (range), y	25 (20-51)
Sex	
Male	23 (100)
Female	0
Military status	
Currently serving	22 (96)
Retired	1 (4)
Proximate vaccine dose	
Second mRNA-1273 dose	14 (61)
Second BNT162b2-mRNA dose	6 (26)
First mRNA-1273 dose	2 (9)
First BNT162b2-mRNA dose	1 (4)
Time to symptom onset, mean (range), h	50 (12-96)
Troponin level ^a	
Elevated	23 (100)
Not elevated	0
Electrocardiogram findings ^b	
Abnormal	19 (83)
Normal	4 (17)
Echocardiogram findings ^c	
LVEF <50%	4 (17)
LVEF ≥50%	19 (83)
Coronary artery imaging	
Abnormal	0
Normal	16 (70)
Not performed	7 (30)
Cardiac MRI ^d	
Abnormal	8 (35)
Normal	0
Not performed	15 (65)
SARS-CoV-2 PCR findings at presentation	
Positive	0
Negative	19 (83)
Not performed	4 (17)
Other viral testing at presentation ^e	
Positive	0
Negative	13 (57)
Not performed	10 (43)
History of prior SARS-CoV-2 infection	
Positive	3 (13)
Negative	20 (87)

Abbreviations: LVEF, left ventricular ejection fraction; MRI, magnetic resonance imaging; mRNA, messenger RNA; PCR, polymerase chain reaction.

^a Inconsistencies in troponin types and laboratory sensitivity of testing preclude reporting combined quantified results.

^b Electrocardiogram findings included ST elevations, T-wave inversions, and nonspecific ST changes.

^c Echocardiogram findings are reported as LVEF; no structural abnormalities were noted in any patients.

^d All abnormal cardiac MRIs reportedly met current Lake Louise criteria for myocarditis, with subepicardial late gadolinium enhancement and/or focal myocardial edema.

^e Testing for other acute viral infections varied in each case; panels included some or all of these pathogens: coxsackie viruses, cytomegalovirus, Epstein-Barr virus, hepatitis A virus, hepatitis B virus, hepatitis C virus, herpes simplex virus, human herpesvirus 6, HIV, influenza viruses, and parvoviruses.

Table 3. Expected vs Observed Cases of Myocarditis in Military Health System Patients Based on Number of Messenger RNA (mRNA) COVID-19 Vaccine Doses Administered

Doses of mRNA COVID-19 vaccine (through April 30, 2021)	No. of myocarditis cases
	Expected ^a Observed
2 810 000 Total doses	2 to 52 23
1 065 000 Second doses	1 to 20 20
544 000 Second doses to military members	0 to 10 19
436 000 Second doses to male military members	0 to 8 19

^a Expected number is based on an expected annual incidence ranging from 1 per 100 000 person-years to 22 per 100 000 person-years^{5,6} presenting within a 30-day period after vaccination.

changes. Echocardiography in 4 patients (17%) demonstrated reduced left ventricular ejection fractions (40% to 50%). No structural abnormalities were noted on any echocardiograms. A total of 16 patients underwent coronary artery imaging (11 had cardiac catheterization and 5 had coronary computed tomography angiography); none showed evidence of coronary artery disease.

Nineteen patients had respiratory specimens tested for SARS-CoV-2 by polymerase chain reaction at the time of presentation; none had evidence of acute SARS-CoV-2 infection. There were no positive findings among 13 patients who were tested for other infections, nor among 9 patients who were tested for autoimmune diseases.

Cardiac symptoms resolved within 1 week of onset for 16 patients. Seven patients continued to have chest discomfort at the time of this report; follow-up is ongoing.

The number of doses of mRNA COVID-19 vaccine administered by the Military Health System through April 30, 2021, is shown in Table 3. Overall, 2 810 000 doses were administered; 1 065 000 second doses were administered; 544 000 second doses were administered to military service members; and 436 000 second doses were administered to male military service members. The expected number of myocarditis cases occurring in a 30-day period after vaccination may be estimated using an international incidence of 22 cases per 100 000 person-years⁵ or a US incidence of 1 to 10 cases per 100 000 person-years.⁶ Observed numbers of myocarditis in the Military Health System were higher than some estimates of expected numbers, especially when considering the subset of the population who were military service members who received second doses of an mRNA COVID-19 vaccine (Table 3).

Discussion

In this case series, we describe 23 patients with clinical evidence of myocarditis following mRNA COVID-19 vaccination and meeting the CDC case definition for probable myocarditis. Eight patients had cMRI findings consistent with myocarditis. All patients in this series reflect substantial similarities in demographic characteristics, proximate vaccine dose, onset interval, and character of vaccine-associated myocarditis. The consistent pattern of clinical presentation, rapid recovery, and absence of evidence of

other causes support the diagnosis of hypersensitivity myocarditis. Without myocardial biopsy, histology cannot be defined, but the clinical course suggests eosinophilic hypersensitivity myocarditis as described in the context of other drug-associated and vaccine-associated myocarditis.¹⁻³ Presentation after second vaccine dose or, in 3 patients, when vaccination followed SARS-CoV-2 infection, suggests that prior exposure was relevant in the hypersensitivity response.

With the exception of the smallpox vaccine, immunizations are rarely associated with hypersensitivity myocarditis. The spectrum of clinical presentation and reliance on patients seeking health care and on health care professionals recognizing a rare vaccine-associated adverse event limits determination of the true incidence of this condition.⁷ In contrast to passive case finding, Engler et al² reported a significantly higher incidence of myocarditis and pericarditis after smallpox vaccination through active prospective follow-up of vaccinated participants. They noted that 60% of these patients would not have sought medical care for symptoms outside of the study protocol.² Recognition of vaccine-associated myocarditis is clinically important since diagnosis impacts management, recommendations for exercise, and monitoring for cardiomyopathy.⁸

Notably, myocarditis cases were not reported following vaccination in clinical trials of current COVID-19 vaccines.^{9,10} Adverse cardiac events of any kind were reported in less than 0.1% of trial participants, and rates were not higher in recipients of vaccine compared with placebo. The inability to identify rare adverse events is understandable in preauthorization testing since fewer than 20 000 participants received a vaccine in each trial.

Background rates of myocarditis in the general population are variable and may be challenging to determine. As noted, a global estimate of incidence is 22 cases per 100 000 person-years.⁵ More recent estimates of US incidence are lower (1 to 10 cases per 100 000 person-years) and may be more appropriate for estimating expected rates of diagnoses in evaluations of immunization safety.⁶ Applying both the US and global background incidence to the population vaccinated by the US military yields a range of expected numbers of cases of myocarditis in this period (Table 3). The observed number of male military members who experienced myocarditis after their second dose of mRNA vaccine, while relatively small, is substantially higher than the expected number.

Finally, it is important to frame concerns about potential vaccine-associated myocarditis within the context of the cur-

rent pandemic. Infection with SARS-CoV-2 is a clear cause of serious cardiac injury in many patients.¹¹ The mechanism of injury may be direct infection, an immune-mediated response, or a combination of direct or indirect effects. Prevalence of cardiac injury may be as high as 60% in seriously ill patients. Notably, nearly 1% of highly fit athletes with mild COVID-19 infection have evidence of myocarditis on cMRI.^{12,13} Given that COVID-19 vaccines are remarkably effective at preventing infection, any risk of rare adverse events following immunization must be carefully weighed against the very substantial benefit of vaccination.

Limitations

Important limitations to this case series should be considered. Passive surveillance, even when stimulated by global attention on vaccine safety, may not identify all cases. The patients described in this report were identified in a brief period of observation after vaccine implementation from a cohort of essential workers who are not necessarily representative of the general population. Clinical evaluations varied and did not include complete testing in some patients who received care in different hospitals and in different countries. In particular, consistent application of cMRI and thorough viral testing would have strengthened clinical conclusions. This early report is also unable to describe longer-term outcomes among these patients. Despite limitations of this review, it is notable that the clinical presentations of these 23 patients appear consistent with other recent case reports of myocarditis after second doses of mRNA COVID-19 vaccines.^{14,15}

Conclusions

We report a case series of probable hypersensitivity myocarditis with consistent temporal association to receipt of an mRNA COVID-19 vaccine. While the true incidence of this adverse event is unknown at this time, the presentation pattern and clinical course suggest an association with an inflammatory response to vaccination. Increased attention to myocarditis as a potential adverse event following immunization is warranted. Recognition of the substantial morbidity associated with COVID-19 infection, including risk of cardiac injury, and the strong effectiveness of immunization in preventing infection provide important context for this topic. Concerns about rare adverse events following immunization should not diminish overall confidence in the value of vaccination.

ARTICLE INFORMATION

Accepted for Publication: June 1, 2021.

Published Online: June 29, 2021.

doi:10.1001/jamacardio.2021.2833

Author Affiliations: Immunization Healthcare Division, Defense Health Agency, Falls Church, Virginia (Montgomery, Ryan, Hoffman, McClenathan, Collins, Loran, Hrnir); Walter Reed National Military Medical Center, Bethesda, Maryland (Montgomery, Hoffman); Naval Medical Center, San Diego, California (Ryan, Loran); Uniformed Services University of the Health

Sciences, Bethesda, Maryland (Engler, Adams); Womack Army Medical Center, Fort Bragg, North Carolina (McClenathan); Wilford Hall Ambulatory Surgical Center, Lackland Air Force Base, San Antonio, Texas (Hrnir); Naval Hospital Bremerton, Bremerton, Washington (Herring); Marine Expeditionary Forces, Okinawa, Japan (Platzer, Adams, Sanou); Mayo Clinic, Jacksonville, Florida (Cooper).

Author Contributions: Drs Montgomery and Ryan had full access to all of the data in the study and

take responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Montgomery, Ryan, McClenathan, Collins, Hrnir, Herring.

Acquisition, analysis, or interpretation of data: Montgomery, Ryan, Engler, Hoffman, McClenathan, Loran, Hrnir, Herring, Platzer, Adams, Sanou, Cooper.

Drafting of the manuscript: Montgomery, Ryan, Engler, Cooper.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Ryan, McClenathan.

Administrative, technical, or material support: Montgomery, Ryan, Engler, Hoffman, McClenathan, Collins, Loran, Hrcir, Herring, Platzter, Adams, Sanou.

Study supervision: Montgomery, Ryan, Cooper.

Conflict of Interest Disclosures: Dr Cooper has received personal fees from Bristol Myers Squibb, Cantargia, CardioPath, Kiniksa Pharmaceuticals, and Cardiol Therapeutics. No other disclosures were reported.

Disclaimer: The views expressed are those of the authors and do not necessarily reflect official policy of the Department of Defense or the US government.

Additional Contributions: We thank the eldest patient for granting permission to publish identifiable information. We appreciate the contributions of the many clinicians who provided care or consultation for these patients worldwide, including, but not limited to, Todd Looney, MD; Matthew Needleman, MD; J. Edwin Atwood, MD; Carlie Cerne, MD; P. Gabriel Peterson, MD; Benjamin St. Clair, MD; and Nathan Boggs, MD (Walter Reed National Military Medical Center, Bethesda, Maryland); and Michael Romero, HM1, USN. We appreciate the support of Col Tonya Rans, USAF, MC; Laurie Duran, MSN; Laurie Housel, MSN; Ann Morse, MSN; Catherine Skerrett, MSN (Immunization Healthcare Division, Defense Health Agency, Falls Church, Virginia); and the Clinical Immunization Safety Assessment professionals at the US Centers for Disease Control and Prevention.

REFERENCES

1. Tschöpe C, Ammirati E, Bozkurt B, et al. Myocarditis and inflammatory cardiomyopathy: current evidence and future directions. *Nat Rev Cardiol*. 2021;18(3):169-193. doi:10.1038/s41569-020-00435-x
2. Engler RJ, Nelson MR, Collins LC Jr, et al. A prospective study of the incidence of myocarditis/pericarditis and new onset cardiac symptoms following smallpox and influenza vaccination. *PLoS One*. 2015;10(3):e0118283. doi:10.1371/journal.pone.0118283
3. Aslan I, Fischer M, Laser KT, Haas NA. Eosinophilic myocarditis in an adolescent: a case report and review of the literature. *Cardiol Young*. 2013;23(2):277-283. doi:10.1017/S1047951112001199
4. Mei R, Raschi E, Forcesi E, Diemberger I, De Ponti F, Poluzzi E. Myocarditis and pericarditis after immunization: gaining insights through the Vaccine Adverse Event Reporting System. *Int J Cardiol*. 2018;273:183-186. doi:10.1016/j.ijcard.2018.09.054
5. Global Burden of Disease Study 2013 Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015;386(9995):743-800. doi:10.1016/S0140-6736(15)60692-4
6. Gubernot D, Jazwa A, Niu M, et al. U.S. population-based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. *Vaccine*. Published online May 14, 2021. doi:10.1016/j.vaccine.2021.05.016
7. Kuntz J, Crane B, Weinmann S, Naleway AL; Vaccine Safety Datalink Investigator Team. Myocarditis and pericarditis are rare following live viral vaccinations in adults. *Vaccine*. 2018;36(12):1524-1527. doi:10.1016/j.vaccine.2018.02.030
8. Hurwitz B, Issa O. Management and treatment of myocarditis in athletes. *Curr Treat Options Cardiovasc Med*. 2020;22(12):65. doi:10.1007/s11936-020-00875-1
9. US Food and Drug Administration. Pfizer-BioNTech COVID-19 vaccine (BNT162, PF-07302048): Vaccines and Related Biological Products Advisory Committee briefing document. Accessed May 26, 2021. <https://www.fda.gov/media/144246/download>
10. US Food and Drug Administration. Moderna mRNA-1273 sponsor briefing document for Vaccines and Related Biological Products Advisory Committee. Accessed May 26, 2021. <https://www.fda.gov/media/144452/download>
11. Castiello T, Georgiopoulos G, Finocchiaro G, et al. COVID-19 and myocarditis: a systematic review and overview of current challenges. *Heart Fail Rev*. 2021;1-11. doi:10.1007/s10741-021-10087-9
12. Starekova J, Bluemke DA, Bradham WS, et al. Evaluation for myocarditis in competitive student athletes recovering from coronavirus disease 2019 with cardiac magnetic resonance imaging. *JAMA Cardiol*. Published online January 14, 2021. doi:10.1001/jamacardio.2020.7444
13. Martinez MW, Tucker AM, Bloom OJ, et al. Prevalence of inflammatory heart disease among professional athletes with prior COVID-19 infection who received systematic return-to-play cardiac screening. *JAMA Cardiol*. Published online March 4, 2021. doi:10.1001/jamacardio.2021.0565
14. Bautista García J, Peña Ortega P, Bonilla Fernández JA, Cárdenas León A, Ramírez Burgos L, Caballero Dorta E. Acute myocarditis after administration of the BNT162b2 vaccine against COVID-19. *Rev Esp Cardiol (Engl Ed)*. Published online March 20, 2021. doi:10.1016/j.rec.2021.04.005
15. Albert E, Aurigemma G, Saucedo J, Gerson DS. Myocarditis following COVID-19 vaccination. *Radiol Case Rep*. 2021;16(8):2142-2145. doi:10.1016/j.radcr.2021.05.033

Patients With Acute Myocarditis Following mRNA COVID-19 Vaccination

Han W. Kim, MD; Elizabeth R. Jenista, PhD; David C. Wendell, PhD; Clerio F. Azevedo, MD; Michael J. Campbell, MD; Stephen N. Darty, BS; Michele A. Parker, MS; Raymond J. Kim, MD

IMPORTANCE Vaccine-associated myocarditis is an unusual entity that has been described for the smallpox vaccine, but only anecdotal case reports have been described for other vaccines. Whether COVID-19 vaccination may be linked to the occurrence of myocarditis is unknown.

OBJECTIVE To describe a group of 7 patients with acute myocarditis over 3 months, 4 of whom had recent messenger RNA (mRNA) COVID-19 vaccination.

DESIGN, SETTING, AND PARTICIPANTS All patients referred for cardiovascular magnetic resonance imaging at Duke University Medical Center were asked to participate in a prospective outcomes registry. Two searches of the registry database were performed: first, to identify patients with acute myocarditis for the 3-month period between February 1 and April 30 for 2017 through 2021, and second, to identify all patients with possible vaccine-associated myocarditis for the past 20 years. Once patients with possible vaccine-associated myocarditis were identified, data available in the registry were supplemented by additional data collection from the electronic health record and a telephone interview.

EXPOSURES mRNA COVID-19 vaccine.

MAIN OUTCOMES AND MEASURES Occurrence of acute myocarditis by cardiovascular magnetic resonance imaging.

RESULTS In the 3-month period between February 1 and April 30, 2021, 7 patients with acute myocarditis were identified, of which 4 occurred within 5 days of COVID-19 vaccination. Three were younger male individuals (age, 23-36 years) and 1 was a 70-year-old female individual. All 4 had received the second dose of an mRNA vaccine (2 received mRNA-1273 [Moderna], and 2 received BNT162b2 [Pfizer]). All presented with severe chest pain, had biomarker evidence of myocardial injury, and were hospitalized. Coincident testing for COVID-19 and respiratory viruses provided no alternative explanation. Cardiac magnetic resonance imaging findings were typical for myocarditis, including regional dysfunction, late gadolinium enhancement, and elevated native T1 and T2.

CONCLUSIONS AND RELEVANCE In this study, magnetic resonance imaging findings were found to be consistent with acute myocarditis in 7 patients; 4 of whom had preceding COVID-19 vaccination. Further investigation is needed to determine associations of COVID-19 vaccination and myocarditis.

 Editorial

 Related article

Author Affiliations: Duke Cardiovascular Magnetic Resonance Center, Durham, North Carolina (H. W. Kim, Jenista, Wendell, Azevedo, Campbell, Darty, Parker, R. J. Kim); Division of Cardiology, Duke University Medical Center, Durham, North Carolina (H. W. Kim, Jenista, Wendell, Azevedo, Parker, R. J. Kim); Department of Pediatrics, Duke University Medical Center, Durham, North Carolina (Campbell); Department of Radiology, Duke University Medical Center, Durham, North Carolina (R. J. Kim).

Corresponding Author: Raymond J. Kim, MD, Duke Cardiovascular Magnetic Resonance Center, DUMC-3934, Durham, NC 27710 (raymond.kim@duke.edu).

Vaccine-associated myocarditis is an unusual entity that has been described for the smallpox vaccine,¹ but otherwise only anecdotal case reports have been described for other vaccines. Among 416 629 adults receiving live measles, mumps, and rubella; varicella; oral polio; or yellow fever viral vaccinations in the Vaccine Safety Datalink, there were no patients with myocarditis in the 42 days following vaccination.² There are a few case reports of myocarditis following the seasonal influenza vaccine in otherwise healthy adults,^{3,4} but a causal relationship is difficult to establish and the case reports could have been due to chance.

In late December 2020, COVID-19 vaccination began in the US, and on April 7, 2021, vaccination was opened to all adults 16 years or older in North Carolina. Here, we report cardiac magnetic resonance (CMR) imaging findings in 4 patients consistent with acute myocarditis at our institution; all 4 had recent vaccination for COVID-19. All presented with severe chest pain associated with biomarker evidence of myocardial injury and were hospitalized. Included are data on clinical presentation and results from in-hospital testing. To provide context, we also report the prevalence of acute myocarditis by CMR imaging at our institution during the same 3-month period for each of the past 5 years.

Methods

All patients referred for CMR imaging at Duke University Medical Center are asked to participate in a prospective CMR imaging outcomes registry, which contains clinical data, finalized clinical CMR imaging reports, and full Digital Imaging and Communications in Medicine image data sets.⁵ The registry has been approved by the institutional review board at Duke University Medical Center, and all patients sign informed consent prior to participating.

We performed 2 searches of the registry. First, to identify patients with acute myocarditis for February, March, and April of 2017 through 2021, a search for the term *myocarditis* was performed within the report summary and limited to the relevant time period. Second, to identify all patients with possible vaccine-associated myocarditis for the past 20 years, we searched for the terms *vaccine* or *vaccination* in the report

Key Points

Question Is COVID-19 vaccination linked to the occurrence of myocarditis?

Findings In this study of 7 patients with acute myocarditis, 4 occurred within 5 days of COVID-19 vaccination between February 1 and April 30, 2021. All 4 patients had received the second dose of a messenger RNA (mRNA) vaccine, presented with severe chest pain, had biomarker evidence of myocardial injury, were hospitalized, and had cardiac magnetic resonance imaging findings typical of myocarditis.

Meaning Although causality cannot be established, the findings raise the possibility of an association between mRNA COVID-19 vaccination and acute myocarditis.

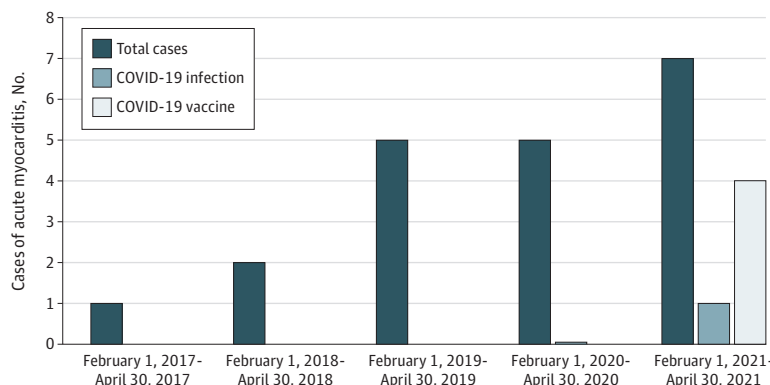
summary and the history fields without limitation in the time period. A second independent reviewer performed the same searches and confirmed the counts. Once patients with possible vaccine-associated myocarditis were identified, data available in the registry were supplemented with information from the electronic health record and telephone interview.

CMR imaging was performed on 1.5-T or 3-T scanners. A standard protocol for myocarditis was used, which included cine, T1 and T2 mapping, and late gadolinium enhancement (LGE).^{6,7} Native T1 and T2 times were measured on pixelwise maps with regions drawn to match areas with and without LGE. Cutoffs for abnormally elevated T1 and T2 were based on 2 SDs above the respective means in a healthy population imaged on the same scanners.

Results

In the 3-month period between February 1 and April 30, 2021, we identified 7 patients with acute myocarditis of whom 4 had recent COVID-19 vaccination (**Figure 1**). A search of the entire registry identified a single additional patient with myocarditis diagnosed by CMR imaging within days following quadrivalent influenza vaccination. The patient was a member of the military, and

Figure 1. Patients With Cardiac Magnetic Resonance Imaging Findings Consistent With Acute Myocarditis



The total number of patients with acute myocarditis is highest for 2021 with 4 associated with recent COVID-19 vaccination. Only 1 patient had myocarditis associated with acute COVID-19 infection.

Table. Characteristics of Patients Who Received COVID-19 Vaccination

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4
Age, y	36	23	70	24
Sex	Male	Male	Female	Male
Comorbidities				
Hypertension	No	No	Yes	No
Diabetes	No	No	No	No
Hypercholesterolemia	No	No	Yes	No
Cigarette smoking	No	No	Yes	No
History of CAD or MI	No	No	No	No
Prior myocarditis	No	No	No	No
Prior COVID-19 infection	No	No	No	No
Vaccine received	mRNA-1273	BNT162b2	mRNA-1273	BNT162b2
Doses received	2	2	2	2
Symptoms prior to vaccination (last dose)				
Viral prodrome ^a	No	No	No	No
Symptoms within 24 h of vaccination				
Injection site discomfort	Yes	Yes	No	Yes
Fatigue/muscle ache	Yes	Yes	No	Yes
Fever/chills	Yes	Yes	No	Yes
Headache	No	No	No	Yes
Nausea	No	No	No	No
Chest pain	No	No	Yes	No
Hospitalization				
Interval after vaccination, d	3	5	1	2
Symptoms leading to hospitalization				
Chest pain	Yes	Yes	Yes	Yes
Chest pain severity	Severe	Severe	Severe	Severe
Symptom onset	<12 h of Hospitalization	<12 h of Hospitalization	<12 h of Hospitalization	<24 h of Hospitalization
Shortness of breath	Yes	Yes	Yes	No
Diaphoresis	No	No	Yes	No
Syncope/presyncope	No	Yes	No	No
Palpitations	No	No	No	Yes

(continued)

this was his second episode; he had documented myocarditis associated with smallpox vaccination 4 years earlier.

The clinical characteristics of the 4 patients with myocarditis following COVID-19 vaccination are shown in the **Table**. Data on race and ethnicity were not available. Three were younger male individuals (age, 23-36 years) and 1 was a 70-year-old female individual. All 4 had received the second dose of a messenger RNA (mRNA) vaccine (2 received mRNA-1273 [Moderna], and 2 received BNT162b2 [Pfizer-BioNTech]) between 1 and 5 days before hospitalization. None had a viral prodrome or prior COVID-19 infection. COVID-19 and respiratory virus polymerase chain reaction test results were negative in 3 and 2 patients, respectively, who underwent testing. None had acute pulmonary disease on chest radiograph.

All 4 patients had abnormal electrocardiogram results and elevated troponin levels. The older female individual underwent coronary angiography, which revealed no atherosclerosis. CMR imaging was performed between 3 and 5 days after vaccination. All had regional wall motion abnormalities on cine imaging, and ejection fraction ranged between 40% and 59%. LGE was present in a nonischemic pattern consistent with

myocarditis in all 4 patients (**Figure 2**). Both native T1 and T2 were elevated in the regions with LGE, consistent with acute injury, except in 1 patient who did not have a T2 map acquired at a slice location that included an area with LGE. Pericardial thickness was normal in all, and no patients had pericardial LGE.

The hospital courses for all 4 were uneventful without evidence of arrhythmias or heart failure, and treatment was conservative with nonsteroidal anti-inflammatory drug and colchicine, with 1 receiving corticosteroids. All were discharged within 2 to 4 days of hospitalization.

Discussion

We identified at our institution 4 patients with acute myocarditis occurring within days of mRNA COVID-19 vaccination. Although a causal relationship cannot be established, we note that none had a viral prodrome or had coincident testing (including COVID-19 polymerase chain reaction and respiratory virus polymerase chain reaction) that revealed an alter-

Table. Characteristics of Patients Who Received COVID-19 Vaccination (continued)

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4
In-hospital testing				
Electrocardiogram	Diffuse ST elevation	Lateral	Anterolateral	Diffuse ST elevation
	PR depression	ST elevation	ST elevation	PR depression
Peak troponin, ng/L	hs-Tn T: 230 (abnormal)	hs-Tn I: 7452 (abnormal)	Tn I: 2.34 (abnormal)	hs-Tn T: 698 (abnormal)
CRP, mg/dL	6.32 (Abnormal)	2.2 (Abnormal)	NP	6.08 (Abnormal)
ESR, mm/h	6	30 (Abnormal)	NP	12
ProBNP, pg/mL	NP	780 (Abnormal)	5194 (Abnormal)	65
WBC, / μ L	10 200	10 800	16 700 (Abnormal)	13 500 (Abnormal)
COVID-19 testing ^b	Negative ^c	Negative ^d	NP	Negative ^c
Respiratory virus PCR ^e	Negative	Negative	NP	NP
Chest radiography	Normal	Normal	Normal	Normal
Chest CT	Negative for PE	Negative for PE	NP	NP
Coronary angiography	NP	NP	Normal coronaries	NP
Cardiac MRI				
Interval after vaccination, d	3	5	3	3
LVEF, %	53	58	40	59
Regional wall motion abnormality	Yes	Yes	Yes	Yes
Pericardial effusion	Trace	Small	Small	Trace
Pericardial thickness	Normal	Normal	Normal	Normal
LGE present	Yes	Yes	Yes	Yes
Location	Apical lateral	Multiple	Multiple	Lateral
Myocardial pattern	Epicardial	Epicardial	Patchy, diffuse	Epicardial, patchy
Pericardial enhancement	No	No	No	No
Native T1				
In region of LGE	Abnormal	Abnormal	Abnormal	Abnormal
In region without LGE	Normal	Normal	Normal	Normal
Native T2				
In region of LGE	Not imaged	Abnormal	Abnormal	Abnormal
In region without LGE	Normal	Normal	Normal	Normal
Therapy				
Corticosteroids	No	Yes	No	No
Colchicine	Yes	Yes	No	Yes
NSAIDs	Yes	No	No	Yes

Abbreviations: CAD, coronary artery disease; CRP, C-reactive protein; CT, computed tomography; ESR, erythrocyte sedimentation rate; hs-Tn, high-sensitivity troponin; LGE, late gadolinium enhancement; LVEF, left ventricular ejection fraction; MI, myocardial infarction; MRI, magnetic resonance imaging; NP, not performed; NSAIDs, nonsteroidal anti-inflammatory drugs; PCR, polymerase chain reaction; PE, pulmonary emboli; proBNP, pro-brain-type natriuretic peptide; WBC, white blood cell count.

SI conversion factors: To convert CRP to milligrams per liter, multiply by 10; ESR to millimeters per hour, multiply by 1; troponin to micrograms per liter, multiply by 1; WBC to $\times 10^9$ per liter, multiply by 0.001.

^a Upper respiratory tract symptoms, fever, muscle aches.

^b Performed within 2 days after the onset of chest pain in those who underwent testing.

^c Isothermal COVID-19 test was performed (Abbott ID Now; lower detection limit of 125 genome equivalent/mL).

^d Real-time PCR COVID-19 test was performed (Cepheid Xpert Xpress SARS-CoV-2; lower detection limit of 131 copies/mL).

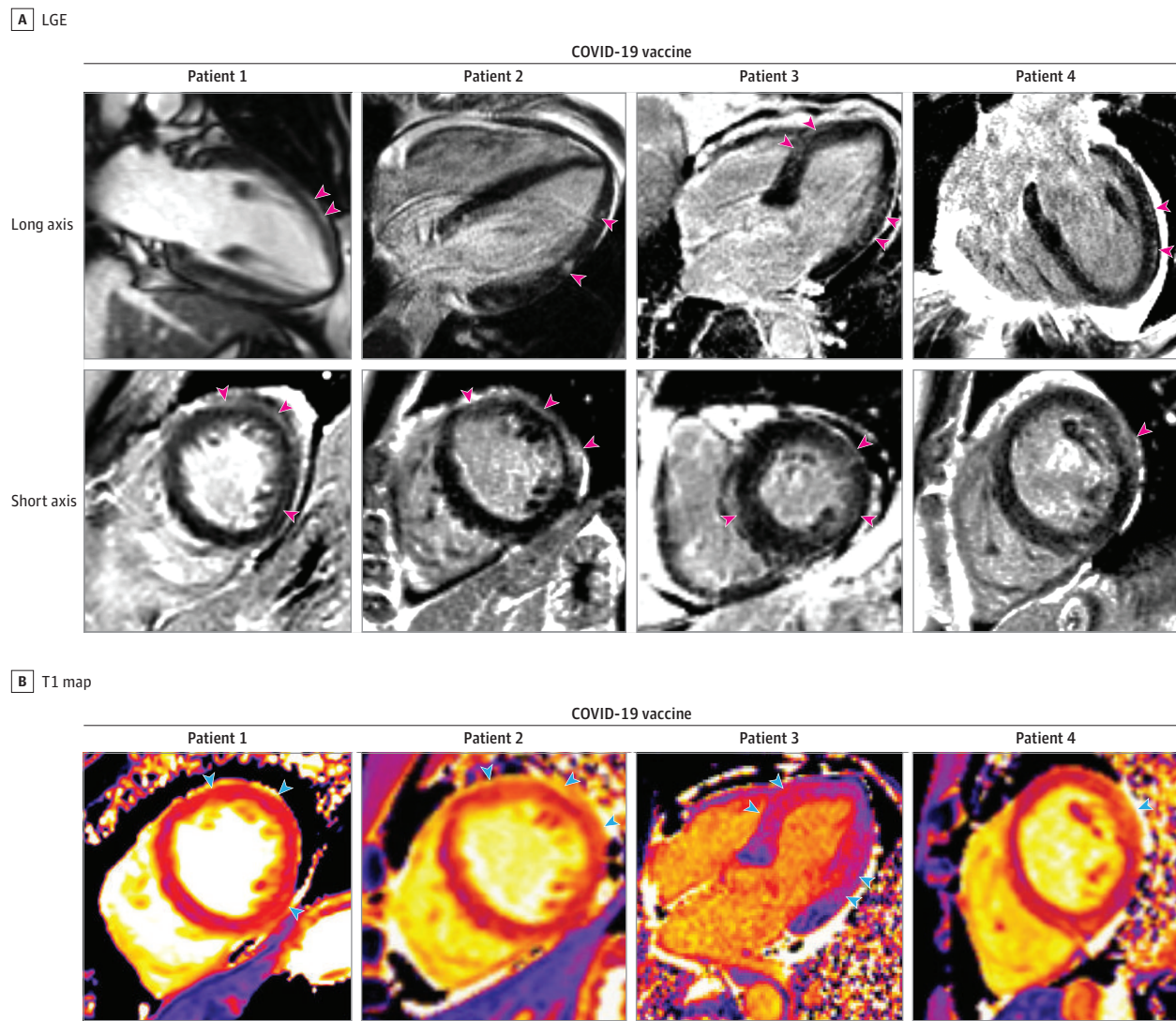
^e Influenza A, influenza B, respiratory syncytial virus.

native explanation. None had COVID-19 infection in the prior year, suggesting that myocarditis from subsequent multisystem inflammatory syndrome is also unlikely.⁸ Additionally, the diagnosis of acute myocarditis was straightforward. The presenting symptom was acute onset of severe chest pain, and myocardial injury was detected by elevated troponin levels in all patients. CMR imaging abnormalities were observed across multiple techniques (regions with wall motion abnormalities on cine imaging–matched regions with LGE and regions with abnormal native T1 and T2) and cannot be attributed to image artifacts. Moreover, the concordant findings were typical for

acute myocarditis. Hence, it is possible that these 4 cases of acute myocarditis represent a rare, potential adverse event linked to mRNA COVID-19 vaccination.

On January 7, 2021, the first patients at our institution began receiving COVID-19 vaccines, and vaccination was opened to all people 16 years and older on April 7, 2021. The first patient at our institution with myocarditis following COVID-19 vaccination was observed in the middle of February 2021, in line with the timing of the second vaccination dose. As of April 30, 2021, there were 561 197 individuals in North Carolina living in the 6 counties surrounding our institution who had been fully vaccinated against

Figure 2. Cardiac Magnetic Resonance Imaging in Patients With Acute Myocarditis Following COVID-19 Vaccination



Late gadolinium enhancement (LGE) images and T1 maps are shown in 4 patients who recently received COVID-19 vaccine. Patients 1, 2, and 4 demonstrate epicardial LGE, and patient 3 demonstrates patchy, diffuse LGE

(pink arrowheads), which are consistent with myocarditis. T1 maps demonstrate abnormal (elevated) native T1 in the regions with LGE (blue arrowheads).

COVID-19 infection, representing 33% of the population (state-wide, 99.1% received an mRNA vaccine).⁹ Since we have identified 4 patients with myocarditis following vaccination, this indicates that if COVID-19 vaccination is associated with myocarditis, it is quite rare. Nonetheless, these 4 patients represent the majority of patients with acute myocarditis identified in the past 3 months at our institution, and this led to the highest total number of patients with acute myocarditis compared with the same 3-month period for the past 5 years (Figure 1). Additionally, we identified only those patients with severe unremitting chest pain who sought medical attention. Those with mild or moderate chest pain might not seek medical attention, and it is possible that sub-clinical myocarditis may occur and could be detected by active surveillance, as has been described with smallpox vaccination.¹⁰

Fortunately, the hospital courses of the 4 patients with myocarditis following COVID-19 vaccination were unevent-

ful, and they were discharged within 2 to 4 days. In brief follow-up, none required rehospitalization (1 was seen in the emergency department for chest pain with negative troponin and pro-brain-type natriuretic peptide levels and was discharged), suggesting that the early prognosis could be benign. This is consistent with the study by Ammirati et al¹¹ that showed that the cardiac mortality plus transplant rate was 0% at 5 years in patients with an uncomplicated presentation of acute myocarditis. Conversely, patients with a complicated presentation (left ventricular ejection fraction, <50% with sustained ventricular arrhythmias or a low cardiac output syndrome requiring inotropes or mechanical circulatory support) had a cardiac mortality plus transplant rate of 14.7% at 5 years. Further study is needed to determine the range of clinical presentations and outcomes for patients with myocarditis following mRNA vaccines.

Limitations

Several caveats should be considered. First, there is no control group, and it is not possible to compare rates of acute myocarditis between those randomly assigned to receive vaccination vs no vaccination. Second, given the media attention, there could be recall or referral bias after COVID-19 vaccination compared with other vaccine exposures, and any temporal link between vaccination and myocarditis could just be due to chance. Third, although tests for COVID-19 infection and respiratory viruses were undertaken in some of the patients, these tests are neither foolproof nor comprehensive. Finally, there is no serological data, which could provide evidence of an excessive response to vaccination or prior subclinical COVID-19 infection (as determined by antinucleocapsid antibodies).

Conclusions

The findings from the present report raise the possibility of an association between mRNA COVID-19 vaccination and acute myocarditis. Since most individuals in North Carolina have received mRNA vaccines, it remains unknown if acute myocarditis will be observed following non-mRNA vaccines. Additionally, whether patients who experience acute myocarditis following COVID-19 vaccination should receive subsequent booster vaccinations for COVID-19 variants (or annual vaccinations for prophylaxis, if needed) is an open question, and the risk vs benefit profile will have to be considered carefully.

ARTICLE INFORMATION

Accepted for Publication: May 28, 2021.

Published Online: June 29, 2021.

doi:10.1001/jamacardio.2021.2828

Author Contributions: Drs H. W. Kim and R. J. Kim had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: H. W. Kim, Azevedo, Campbell, R. J. Kim.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: H. W. Kim, Jenista, Wendell, Campbell, Darty, Parker, R. J. Kim.

Critical revision of the manuscript for important intellectual content: H. W. Kim, Jenista, Azevedo, Campbell.

Administrative, technical, or material support: H. W. Kim, Jenista, Wendell, Azevedo, Campbell, Darty. **Supervision:** H. W. Kim, R. J. Kim.

Conflict of Interest Disclosures: Dr Campbell reported personal fees from Longeveron outside the submitted work. Dr R. J. Kim reported holding equity interest in Heart Imaging Technologies and grants from Siemens outside the submitted work. No other disclosures were reported.

Additional Contributions: We thank all 4 patients for granting permission to publish this information.

REFERENCES

1. Eckart RE, Love SS, Atwood JE, et al; Department of Defense Smallpox Vaccination Clinical Evaluation

Team. Incidence and follow-up of inflammatory cardiac complications after smallpox vaccination. *J Am Coll Cardiol*. 2004;44(1):201-205. doi:10.1016/j.jacc.2004.05.004

2. Kuntz J, Crane B, Weinmann S, Naleway AL; Vaccine Safety Datalink Investigator Team. Myocarditis and pericarditis are rare following live viral vaccinations in adults. *Vaccine*. 2018;36(12):1524-1527. doi:10.1016/j.vaccine.2018.02.030

3. Cheng MP, Kozoriz MG, Ahmadi AA, Kelsall J, Paquette K, Onrot JM. Post-vaccination myositis and myocarditis in a previously healthy male. *Allergy Asthma Clin Immunol*. 2016;12:6. doi:10.1186/s13223-016-0114-4

4. Kim YJ, Bae JI, Ryoo SM, Kim WY. Acute fulminant myocarditis following influenza vaccination requiring extracorporeal membrane oxygenation. *Acute Crit Care*. 2019;34(2):165-169. doi:10.4266/acc.2017.00045

5. Heitner JF, Kim RJ, Kim HW, et al. Prognostic value of vasodilator stress cardiac magnetic resonance imaging: a multicenter study with 48 000 patient-years of follow-up. *JAMA Cardiol*. 2019;4(3):256-264. doi:10.1001/jamacardio.2019.0035

6. Kramer CM, Barkhausen J, Bucciarelli-Ducci C, Flamm SD, Kim RJ, Nagel E. Standardized cardiovascular magnetic resonance imaging (CMR) protocols: 2020 update. *J Cardiovasc Magn Reson*. 2020;22(1):17. doi:10.1186/s12968-020-00607-1

7. Schulz-Menger J, Bluemke DA, Bremerich J, et al. Standardized image interpretation and post processing in cardiovascular magnetic resonance: Society for Cardiovascular Magnetic Resonance (SCMR) board of trustees task force on standardized post processing. *J Cardiovasc Magn Reson*. 2013;15:35. doi:10.1186/1532-429X-15-35

8. Morris SB, Schwartz NG, Patel P, et al. Case series of multisystem inflammatory syndrome in adults associated with SARS-CoV-2 infection: United Kingdom and United States, March-August 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(40):1450-1456. doi:10.15585/mmwr.mm6940e1

9. North Carolina Department of Health and Human Services. COVID-19 North Carolina dashboard. Accessed April, 30 2021. <https://covid19.ncdhhs.gov/dashboard>

10. Engler RJ, Nelson MR, Collins LC Jr, et al. A prospective study of the incidence of myocarditis/pericarditis and new onset cardiac symptoms following smallpox and influenza vaccination. *PLoS One*. 2015;10(3):e0118283. doi:10.1371/journal.pone.0118283

11. Ammirati E, Cipriani M, Moro C, et al; Registro Lombardo delle Miocarditi. Clinical presentation and outcome in a contemporary cohort of patients with acute myocarditis: multicenter Lombardy registry. *Circulation*. 2018;138(11):1088-1099. doi:10.1161/CIRCULATIONAHA.118.035319



Shedding of Infectious SARS-CoV-2 Despite Vaccination

Kasen K. Riemersma, DVM, PhD¹; Brittany E. Grogan, MPH²; Amanda Kita-Yarbro, MPH²; Peter J. Halfmann, PhD¹; Hannah E. Segaloff, PhD³; Anna Kocharian, MS⁴; Kelsey R. Florek, MPH, PhD⁵; Ryan Westergaard, MD, PhD⁶; Allen Bateman, PhD⁵; Gunnar E. Jeppson, BS⁷; Yoshihiro Kawaoka, DVM, PhD¹; David H. O'Connor, PhD⁸; Thomas C. Friedrich, PhD¹; Katarina M. Grande, MPH²

¹ Department of Pathobiological Sciences, University of Wisconsin-Madison, Madison, WI, USA

² Public Health Madison & Dane County, Madison, WI, USA

³ Epidemic Intelligence Service, CDC, Atlanta, GA, USA

³ Wisconsin Department of Health Services, Madison, WI, USA

⁵ Wisconsin State Laboratory of Hygiene, Madison, WI, USA

⁶ Department of Medicine, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA

⁷ Exact Sciences, Madison, WI, USA

⁸ Department of Pathology and Laboratory Medicine, University of Wisconsin-Madison, Madison, WI, USA

[^]These authors contributed equally. Correspondence can be addressed to:

Katarina Grande KGrande@publichealthmdc.com

Abstract

The SARS-CoV-2 Delta variant might cause high viral loads, is highly transmissible, and contains mutations that confer partial immune escape ^{1,2}. Outbreak investigations suggest that vaccinated persons can spread Delta ^{3,4}. We compared RT-PCR cycle threshold (Ct) data from 699 swab specimens collected in Wisconsin 29 June through 31 July 2021 and tested with a qualitative assay by a single contract laboratory. Specimens came from residents of 36 counties, most in southern and southeastern Wisconsin, and 81% of cases were not associated with an outbreak. During this time, estimated prevalence of Delta variants in Wisconsin increased from 69% to over 95%. Vaccination status was determined via self-reporting and state immunization records ([Supplemental Figure 1](#)).

Main text

We observed low Ct values (<25) in 212 of 310 fully vaccinated (68%; [Figure 1A](#)) and 246 of 389 (63%) unvaccinated individuals. 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 ([Figure 1B](#)).

Low Ct values were detected in vaccinated people regardless of symptoms at the time of testing ([Figure 1C](#)). Ct values <25 were detected in 7 of 24 unvaccinated (29%; CI: 13-51%) and 9 of 11 fully vaccinated asymptomatic individuals (82%; CI: 48-97%), and 158 of 232 unvaccinated (68%, CI: 62-74%) and 156 of 225 fully vaccinated (69%; CI: 63-75%) symptomatic individuals. Time from symptom onset to testing did not vary by vaccination status ($p=0.40$; [Supplemental Figure 2](#)). Infectious virus was detected in the sole specimen tested from an asymptomatic fully vaccinated individual. Although few asymptomatic individuals were sampled, these results indicate that even asymptomatic, fully vaccinated people might shed infectious virus.

Combined with other studies ²⁻⁵, these data indicate that vaccinated and unvaccinated individuals infected with the Delta variant might transmit infection. Importantly, we show that infectious SARS-CoV-

2 is frequently found even in vaccinated persons when specimen Ct values are low. The inclusion of viruses from Pango lineages B.1.617.2, AY.2, and AY.3, and multiple counties without a linking outbreak, indicate that Delta-lineage SARS-CoV-2 can achieve low Ct values consistent with transmissibility in fully vaccinated individuals across a range of settings. Vaccinated and unvaccinated persons should get tested when symptomatic or after close contact with someone with suspected or confirmed COVID-19. Continued adherence to non-pharmaceutical interventions during periods of high community transmission to mitigate spread of COVID-19 remain important for both vaccinated and unvaccinated individuals.

Figure

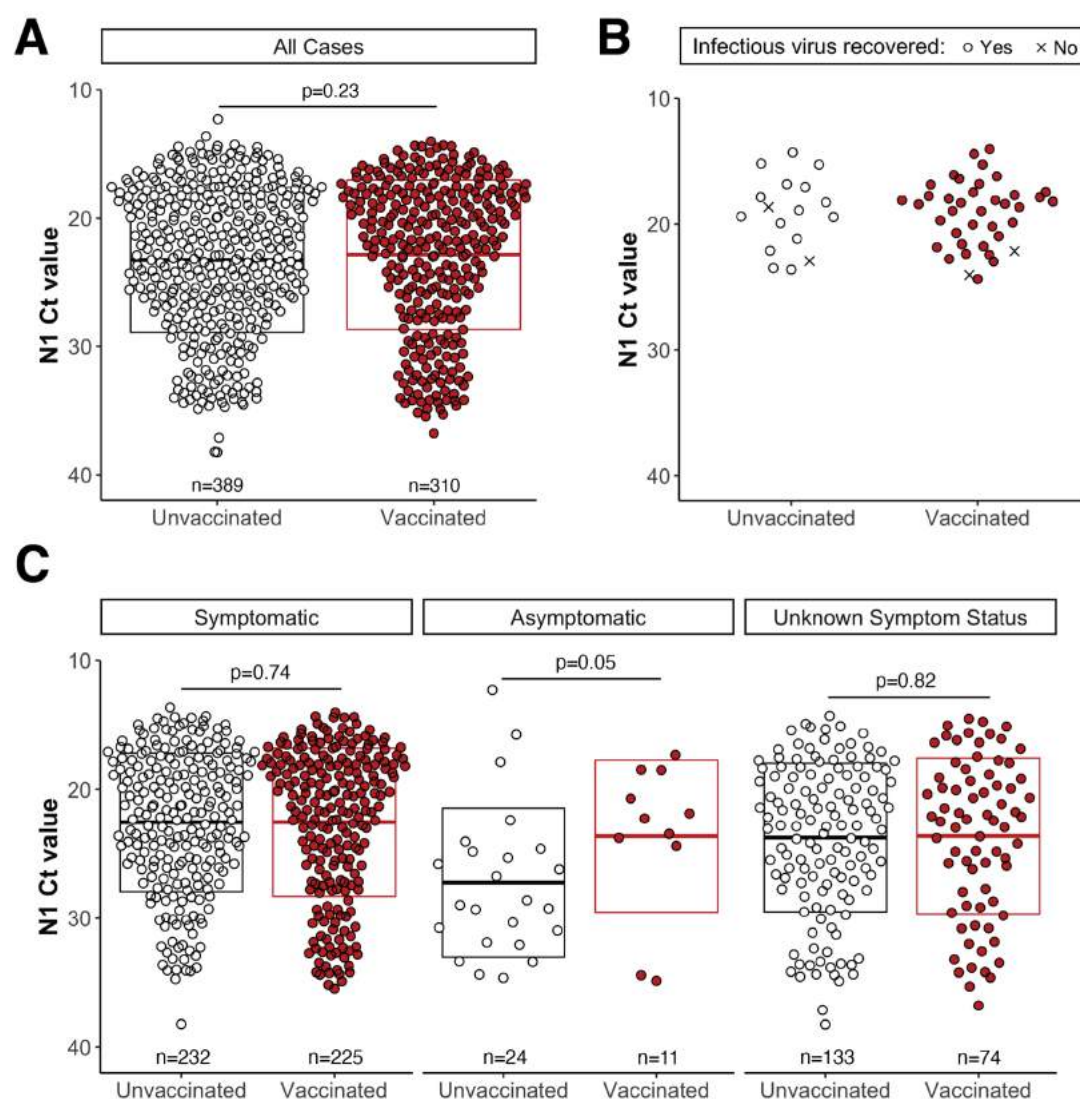
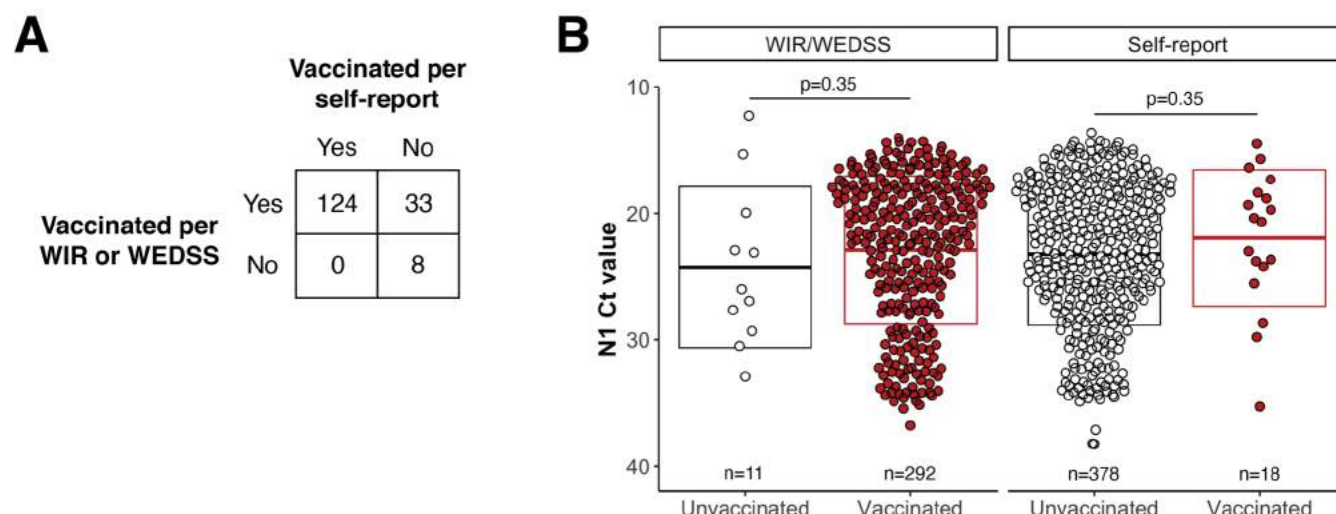


Figure 1. Individuals infected with SARS-CoV-2 despite full vaccination have low Ct values and shed infectious virus. A. Ct values for SARS-CoV-2-positive specimens grouped by vaccination status. RT-PCR was performed by Exact Sciences Corporation, responsible for over 10% of all PCR tests in Wisconsin during this period, using a qualitative diagnostic assay targeting the SARS-CoV-2 N gene (oligonucleotides identical to CDC's N1 primer and probe set) that has been authorized for emergency use by FDA (<https://www.fda.gov/media/138328/download>). **B.** Infectiousness was determined for a subset of N1 Ct-matched specimens with Ct <25 by inoculation onto Vero E6 TMPRSS2 cells and determining presence of cytopathic effects (CPE) after 5 days in culture. Specimens were selected by N1 Ct-matching between fully vaccinated and not fully vaccinated persons, then specimens from persons with unknown vaccination status were excluded from the analysis. Circles indicate presence of CPE; 'X' indicates no CPE detected. **C.** N1 Ct values for SARS-CoV-2-positive specimens grouped by vaccination status for individuals who were symptomatic or asymptomatic, or those whose symptom status was not determined, at the time of testing. In **A** and **C**,

boxplots represent mean N1 Ct values +/- one standard deviation. P-values were calculated by comparing mean Ct values by independent two-group Mann-Whitney U tests.

Supplemental materials

Supplemental figure 1



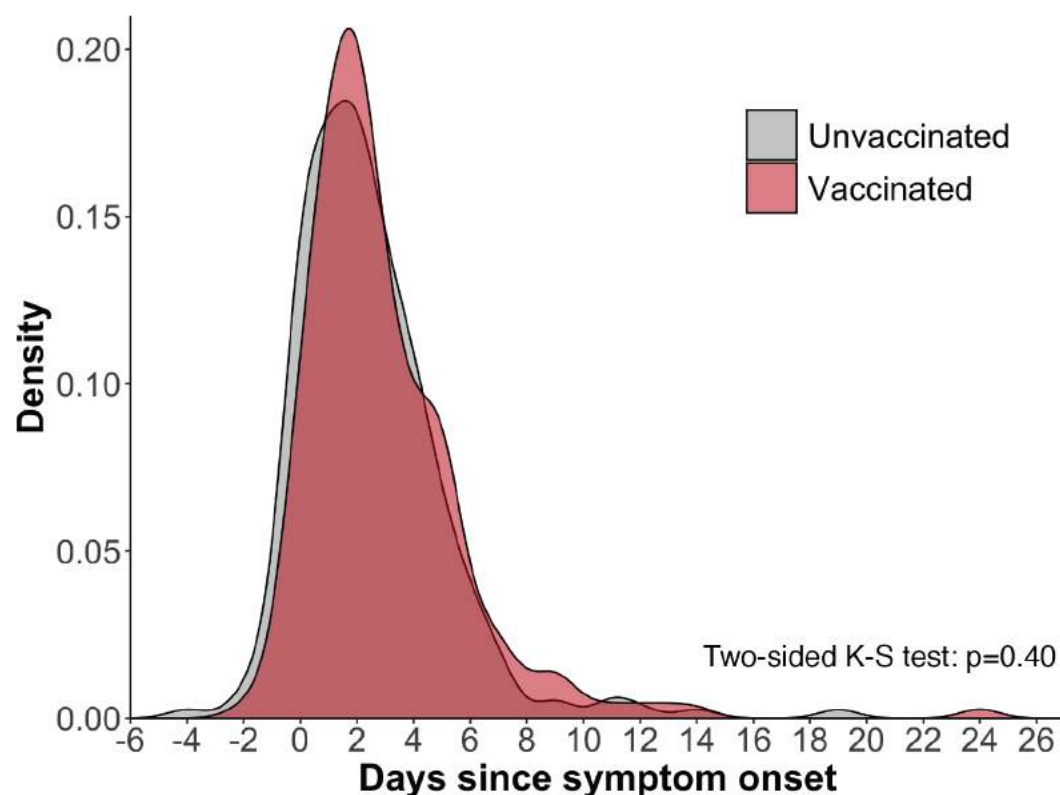
Supplemental figure 1. Concordance between self-reported vaccination status and the Wisconsin Immunization Registry (WIR) or Wisconsin Electronic Disease Surveillance System (WEDSS). For all individuals, vaccination status was determined using WIR/WEDSS electronic registries when data were available. Individuals were identified as unvaccinated at the time of testing if WIR/WEDSS data indicated receipt of a first SARS-CoV-2 vaccine dose after the test date.

Individuals were considered fully vaccinated based on WIR/WEDSS data if the registries indicated receipt of a final vaccine dose at least 14 days prior to testing. For individuals whose vaccination status could not be verified in WIR/WEDSS, self-reported data collected at the time of testing were used. Individuals were considered unvaccinated based on self-report only if there was an explicit declaration of unvaccinated status in the self-reported data. Individuals were considered fully vaccinated based on self-report if they fulfilled all of the following criteria: (1) indicated that they had received a COVID vaccine prior to testing; (2) indicated that they did not require another vaccine dose; and (3) reported a date of last vaccine dose that was at least 14 days prior to testing.

Specimens lacking data on vaccination status were excluded from the study. Specimens from partially vaccinated individuals (incomplete vaccine series, or <14 days post-final dose) were also excluded. Fully vaccinated status was determined by WIR/WEDSS for 292 specimens and by self-reported data for 18. Unvaccinated status was determined by WIR/WEDSS for 11 and by self-reported data by 378. **A.** Of the 699 specimens with vaccination status available from at least one source, 165 specimens had data available from both sources. For self-reporting, under-reporting of full vaccination status (33/157) was more common than over-reporting (0/124). **B.** N1 Ct values for SARS-CoV-2-positive specimens grouped by vaccination status for individuals whose vaccination status was determined by WIR/WEDSS or by self-reported data. Boxplots represent mean N1 Ct values +/- one standard

deviation. P-values were calculated by comparing mean Ct values by independent two-group Mann-Whitney U tests.

Supplemental figure 2



Supplemental figure 2. Density distributions of unvaccinated and vaccinated specimen collection dates by day since symptom onset. Day 0 on the x-axis denotes self-reported day of symptom onset. Negative values for days indicate specimen collection prior to symptom onset. Symptom onset data were available for n=263 unvaccinated cases and n=232 vaccinated cases.

Conflict of interest

The authors declare no conflicting interests.

Ethics statement

Per the University of Wisconsin-Madison IRB, this project qualifies as public health surveillance activities as defined in the Common Rule, 45 CFR 46.102(l)(2). As such, the project is not deemed to be research regulated under the Common Rule and therefore, does not require University of Wisconsin-Madison IRB review and oversight.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the Centers for Disease Control and Prevention or the institutions with which the authors are affiliated.

Data availability

Data and processing workflows are available at <https://go.wisc.edu/p22116>. To protect potentially personally identifiable information, the publicly available dataset contains only PCR Ct values, vaccine status, symptom status, culture status, and days from symptom onset to testing for each specimen.

References

1. Planas D, Veyer D, Baidaliuk A, et al. Reduced sensitivity of SARS-CoV-2 variant Delta to antibody neutralization. Nature [Internet] 2021 [cited 2021 Jul 28];1–7. Available from: <https://www.nature.com/articles/s41586-021-03777-9>
2. Mlcochova P, Kemp S, Dhar MS, et al. SARS-CoV-2 B.1.617.2 Delta variant replication, sensitivity to neutralising antibodies and vaccine breakthrough [Internet]. bioRxiv. 2021 [cited 2021 Aug 15];2021.05.08.443253. Available from: <https://www.biorxiv.org/content/10.1101/2021.05.08.443253v5>
3. Brown CM, Vostok J, Johnson H, et al. 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 [Internet] 2021;70(31):1059–62. Available from: https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?utm_source=mp-fotoscapes
4. Hetemäki I, Kääriäinen S, Alho P, et al. An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021. Euro Surveill [Internet] 2021;26(30). Available from: <http://dx.doi.org/10.2807/1560-7917.ES.2021.26.30.2100636>
5. Chia PY, Xiang Ong SW, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study [Internet]. bioRxiv. 2021;Available from: <http://medrxiv.org/lookup/doi/10.1101/2021.07.28.21261295>



August 30th, 2021

SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis

Authors: Tracy Beth Høeg MD, PhD¹; Allison Krug, MPH²; Josh Stevenson³; John Mandrola, MD⁴

Affiliations:

1. University of California - Davis, Sacramento, CA
2. Artemis Biomedical Communications, LLC, Virginia Beach, Virginia, USA
3. Truth in Data, LLC, Nashville, Tennessee, USA
4. Baptist Health Louisville, Louisville KY

Corresponding Author email: tracybethhoeg@gmail.com

Corresponding Author: 4860 Y St #1700, Sacramento, CA 95817; (916) 734-7041

Funding: None

Keywords: myocarditis, mRNA, vaccination, COVID-19, pediatrics, drug-related side effects and adverse reactions

SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis

ABSTRACT

Objectives: Establishing the rate of post-vaccination cardiac myocarditis in the 12-15 and 16-17-year-old population in the context of their COVID-19 hospitalization risk is critical for developing a vaccination recommendation framework that balances harms with benefits for this patient demographic.

Design, Setting and Participants: Using the Vaccine Adverse Event Reporting System (VAERS), this retrospective epidemiological assessment reviewed reports filed between January 1, 2021, and June 18, 2021, among adolescents ages 12-17 who received mRNA vaccination against COVID-19. Symptom search criteria included the words chest pain, myocarditis, pericarditis and myopericarditis to identify children with evidence of cardiac injury. The word troponin was a required element in the laboratory findings. Inclusion criteria were aligned with the CDC working case definition for probable myocarditis. Stratified cardiac adverse event (CAE) rates were reported for age, sex and vaccination dose number. A harm-benefit analysis was conducted using existing literature on COVID-19-related hospitalization risks in this demographic.

Main outcome measures: 1) Stratified rates of mRNA vaccine-related myocarditis in adolescents age 12-15 and 16-17; and 2) harm-benefit analysis of vaccine-related CAEs in relation to COVID-19 hospitalization risk.

Results: A total of 257 CAEs were identified. Rates per million following dose 2 among males were 162.2 (ages 12-15) and 94.0 (ages 16-17); among females, rates were 13.0 and 13.4 per

million, respectively. For boys 12-15 without medical comorbidities receiving their second mRNA vaccination dose, the rate of CAE is 3.7 to 6.1 times higher than their 120-day COVID-19 hospitalization risk as of August 21, 2021 (7-day hospitalizations 1.5/100k population) and 2.6-4.3-fold higher at times of high weekly hospitalization risk (7-day hospitalizations 2.1/100k), such as during January 2021. For boys 16-17 without medical comorbidities, the rate of CAE is currently 2.1 to 3.5 times higher than their 120-day COVID-19 hospitalization risk, and 1.5 to 2.5 times higher at times of high weekly COVID-19 hospitalization.

Conclusions: Post-vaccination CAE rate was highest in young boys aged 12-15 following dose two. For boys 12-17 without medical comorbidities, the likelihood of post vaccination dose two CAE is 162.2 and 94.0/million respectively. This incidence exceeds their expected 120-day COVID-19 hospitalization rate at both moderate (August 21, 2021 rates) and high COVID-19 hospitalization incidence. Further research into the severity and long-term sequelae of post-vaccination CAE is warranted. Quantification of the benefits of the second vaccination dose and vaccination in addition to natural immunity in this demographic may be indicated to minimize harm.

INTRODUCTION

Pfizer-BioNTech BNT162b2 and Moderna mRNA-1273 vaccines for SARS-CoV-2 have demonstrated exceptional safety and real-world effectiveness in preventing severe disease and death from COVID-19. Concerns about vaccination-related myocarditis in young men were initially raised in Israel with rates between $\frac{1}{3000}$ - $\frac{1}{6000}$. [1] In the United States, the initial Centers for Disease Control and Prevention (CDC) report [2,3] identified a rate of approximately

12.6 per million (1/80,000) second doses administered in ages 12-39, but approximately 1/15,000 for males 12-17 and 1/19,000 for males 18-24.[2,3]

Although the CDC analyses [2,3] identified a higher rate of myocarditis in boys than young men, further stratification by adolescent age group (e.g., 12-15 and 16-17 years) was not provided. A second potential limitation was the sensitivity of the CDC symptom search inclusion criteria, which may have failed to identify cases of cardiac adverse events (CAEs), consistent with myocarditis, with objective evidence of cardiac injury following vaccination.

On August 23rd, the Federal Drug Administration (FDA) released a Pfizer-BioNTech vaccine report[4] which outlines “an excess risk [of myocarditis] approaching 200 cases/million” or 1/5000 in 16–17-year-old boys, which was three times higher than reported by the CDC [2,3]. In their harm-benefit analysis, the most likely scenario was the benefits of vaccination would outweigh harms in 16-17-year-old males, but “predicted excess cases of vaccine-associated myocarditis/pericarditis would exceed COVID-19 hospitalizations and deaths under the ‘worst case’ scenario” [4].

Post-vaccination myocarditis rates for the 12-15-year-old age group had not yet been reported beyond the initial trial with 1131 vaccination recipients [5], until August 30th, 2021, when the CDC reported [6] the following rates for boys ages 12-15 and 16-17 within seven days of their second dose of Pfizer-BioNTech at 42.6 and 71.5 per million, respectively. For females, rates were 4.3 and 8.1 per million, respectively. A harm-benefit analysis of vaccination in the pediatric age group has not yet been performed based on presence of absence of underlying medical

conditions. While medical comorbidities confer higher risk for severe COVID-19, this is not known to be the case for post-vaccination myocarditis.

The CDC [2,6] reported a 94-96% hospitalization rate for VAERS-identified myocarditis. The CDC used a 120-day COVID-19 hospitalization rate as a meaningful comparator to vaccination-related harms, and we have chosen to use this same comparison for our study.

Our primary aim was to stratify post-mRNA vaccination myocarditis by age and vaccination dose within the 12–17-year-old population. Our secondary aim was to provide an updated estimate to complement the CDC’s [2,3,6] and FDA’s [4] findings. Our final aim was to perform a harm-benefit analysis of mRNA COVID-19 vaccination myocarditis with that of COVID-19 hospitalization for children with and without one or more comorbidity at low, moderate, and high 120-day COVID-19 hospitalization rates.

METHODS

We searched the Vaccine Adverse Event Reporting System (VAERS) data for females and males ages 12-17 in reports processed from 1/1/2021 through 6/18/2021 with diagnoses of “myocarditis,” “pericarditis,” “myopericarditis” or “chest pain” in the symptom notes and required the term “troponin” in the laboratory data. We defined a CAE using the CDC working case definition for a probable case.[2] Specifically, the symptom of “chest pain” required at least one of the following: diagnosis of myocarditis, peri- or myopericarditis, acute myocardial infarction; elevated troponin; abnormal electrocardiogram (EKG), abnormal echocardiogram (ECHO), or cardiac MRI (cMRI) findings consistent with myocarditis (as defined in Supplement

1). Cases and hospitalizations with an unknown dose number were assigned to dose 1 or dose 2 in the same proportion as the known doses: 15% occurred following dose 1 and 85% occurred following dose 2.

To compute crude rates per million for doses 1 and 2, our denominators included all children with at least 1 dose of any vaccination and all fully vaccinated children, respectively, as of 6/11/2021[6] to accommodate both reporting lag and a pre-defined 7-day risk window, consistent with the CDC's analysis. 95% Poisson confidence intervals were calculated for these rates.

To perform a harm-benefit analysis, pediatric hospitalization rates for COVID-19 were obtained from the CDC's COVID-NET.[7] COVID-19 hospitalization rates among children with and without one or more medical comorbidities were calculated based on hospitalization rates at times of low (June 2021), moderate (August 2021) and high (January 2021) incidence.[8] Children with at least one medical comorbidity were considered to have 4.7 times the likelihood of COVID-19 hospitalization as those without comorbidities based on 70% of children hospitalized for COVID-19 having one or more medical comorbidity.[9] We estimate 33% of children in this age group have one or more comorbidity based upon current data[10] suggesting 21.2% of children 12-19 have obesity and around 8.4% have asthma.[11] These comorbidities are also found in the summary of underlying conditions for pediatric COVID-19 hospitalizations reported to COVID-NET.[8] The two most common underlying conditions among pediatric hospitalizations are obesity (33.8%) and asthma (14.8%).[8] Other relevant comorbidities such as diabetes[11] or the medically complex children[12] appear to make up <5% of this demographic.[11] The estimated ratio of expected hospitalizations for children by presence or

absence of comorbidity must therefore account for the relative proportions of children with and without comorbidities in the population, and among those admitted for COVID-19. The computation is as follows: $[(0.67/0.33) / (0.3/0.7) = (0.67*0.7) / (0.33*0.3) = 0.469 / 0.099 = 4.7]$, in other words a 4.7-fold difference in hospitalization risk for children with and without medical comorbidities.

We provided an additional rate which adjusted for the reported approximate 40% of pediatric hospitalizations for COVID-19 being incidental positive tests on admission.[9,13,14] Finally, the risk of post-vaccination CAE post-dose two in 12–15-year-old-boys was compared with their overall risk of hospitalization from COVID-19 according to presence or absence of comorbidities and adjusted for the 40% hospitalization overestimate as well as the asymptomatic fraction of pediatric cases.

Data were analyzed using Microsoft PowerBI, Stata and Microsoft Excel

RESULTS

A total of 276 reports met our initial search criteria; of these, 18 were excluded because they had no objective evidence of elevated troponins or abnormal findings on ECG/EKG or ECHO, or we could not exclude the possibility of viral myocarditis or concomitant pneumonia. Of the 18 excluded cases, eight were hospitalized. Nine were 12-15 and nine were 16-17 years old. Sixteen of the excluded cases were coded “chest pain” in the symptom notes and the remaining two females were coded as “myocarditis” but no troponin values nor EKG/ECG findings were

included. Of the remaining 258 cases, we excluded from sex-specific rates one case with “unknown” sex, leaving 257 cardiac adverse event reports for full analysis (25 females and 232 males). Of these, 211 cases had peak troponin values available for analysis (Supplement 2); 37 reports did not include the vaccine dose number. Of the 257 included cases, 256 had received Pfizer-BioNTech mRNA vaccination, one had received Moderna mRNA vaccination (only Pfizer-BioNTech was approved for vaccination of children <18 at the time of our database search).

The CAE rates by age and sex and vaccination dose are shown in Figure 1 and Table 1.

(Interactive data visualizations and full VAERS case notes available at this link:

<https://bit.ly/CAEmRNA>). Our post-second-dose-vaccination rates of CAE among adolescent boys aged 12-15 was 162.2/million which exceeded the rates reported by the CDC[2,6] by 143-280% (2.4-3.8 times). Among boys age 16-17, our estimate was 94.0/million, 31.5-41% higher than the CDC estimate. For girls 12-15 years old, our rate was 13.0/million, which was 43-100% higher than the CDC’s estimate.[2,6] Among girls 16-17, our estimate was 13.4/million, which was 47-65% higher than the CDC’s estimate.

Rates per million following dose 1 among males were: 12.0 per million (ages 12-15) and 8.2 per million (ages 16-17). Rates per million following dose 1 among females were 0 (ages 12-15) and 2.0 (ages 16-17). With respect to dose 1 and compared to CDC findings, 12–15-year-old boys were 22-150% higher than the CDC, while girls this age had zero CAEs in our analysis. Among adolescents ages 16-17, our rates were 16% lower to 58% higher for boys and 82% higher for

girls [2] and in the updated CDC report [6] the reported rate for girls 16-17 post-dose one was 0.0 per million.

The CAE cases in our investigation occurred a median of 2 days following vaccination, and 91.9% occurred within 5 days. The reported CAE hospitalization rate for our study group was 222/257 (86.4%); 112/130 (86.2%) in the 12–15-year-old cohort and 110/127 (86.6%) in the 16–17-year-old cohort (Figure 2). Specific hospitalization rates for boys were 106/122 (86.9%) for the 12–15-year-old boys and 96/110 (87.3%) for the 16–17-year-old boys (Figure 2).

The median peak troponin T/I (Figure 3) (normal <0.1 ng/mL) was 5.2 ng/mL in boys ages 12-15 and 11.6 ng/mL in boys ages 16-17; for girls, the medians were 0.8 ng/mL and 7.3 ng/mL, respectively. Peak troponin values exceeded 2 ng/mL for 71% of cases age 12-15 and 82% of cases age 16-17. Figure 4 shows the time course of troponin increases after vaccination: 183/211 (86.7%) measured as elevated within 4 days. For the 221 cases for which the dose number was available, 32 (15%) occurred after dose 1 and 189 (85%) occurred after dose 2. The 37 cases with an unknown dose number were assigned proportionately to the overall distribution among the cases with a known dose number: 5 were assigned to dose one and 32 were assigned to dose two.

COVID-19 hospitalization vs. vaccination harms

In the seven-month period of January 2021-July 2021, the rate of COVID-19 hospitalization among adolescents (ages 12-17) has ranged from a low of ≤ 4 per million weekly (July 2021) to moderate level (15 per million per week in mid-August 2021) and high (21 per million per week in January 2021) (Figure 6).[8,9] A healthy adolescent might expect a COVID-19 hospitalization

risk of 44.4 per million over the next 120 days, assuming disease-related hospitalization prevalence stays at moderate levels (Figure 6, Figure 7). A child with at least one comorbidity might expect a disease-associated hospitalization rate of 210.5 per million per 120 days during times of moderate hospitalization, with a peak hospitalization risk of 294.7 per million per 120-days if rates surge to the same high level as January 2021.

At times of low adolescent COVID-19 hospitalization rates, such as in June 2021, a CAE from the second dose of an mRNA vaccine in a healthy 12–15-year-old boy was 13.7-fold more likely, at 162.2 per million, than the 120-day risk of COVID-19 hospitalization. The rate of post-vaccination CAE for boys 12-15 years without comorbidities (162.2/million) receiving their second vaccination dose exceeds their current 120-day COVID-19 hospitalization risk (44.4/million) by 3.7 times. In 16–17-year-old boys without comorbidities, the risk of post-dose two vaccination CAE exceeds their current 120-day hospitalization risk by 2.1 times (94.0/million vs. 44.4/million per 120-days). Our estimated risk of post-second vaccination dose CAE hospitalization for boys 12-15 without medical comorbidities (141/million; based on 86.9% hospitalization rate) also exceeds that of their 120-day COVID-19 hospitalization risk even at high hospitalization rates (Figures 6 and 7). For 12–17-year-old-boys with at least one medical comorbidity (Figure 6 and 7) their risk of post-vaccination CAE only exceeds their 120-day COVID-19 hospitalization risk at times of low hospitalization rates.

We also performed an adjusted analysis based on 40% of COVID-19 hospitalizations being due to another cause with incidental positive COVID-19 test during the hospitalization [8,12,13]. At current moderate incidence, the 120-day hospitalization risk for COVID-19 for a healthy child

may be as low as 26.7 per million (Figure 6 in italics), twice the risk of a CAE after vaccine dose 1 in boys without comorbidities and after dose 2 in girls without comorbidities (Table 1). The risk for boys aged 12-15 with no comorbidities of CAE after dose two would be 22.8 times higher than their COVID-19 hospitalization risk at the adjusted low (7.1/million), 6.1 times higher for moderate (26.7/million) and 4.3 times higher at high (37.3/million) 120-day hospitalization rates (Figures 6 and 7). The risk for boys 16-17 with no comorbidities of CAE after dose 2 would be and 13.2 times higher than their COVID-19 hospitalization risk at the adjusted low (7.1/million), 3.5 times higher at moderate (26.7/million) and 2.5 times higher at high (37.3/million) 120-day adjusted hospitalization rates (Figures 6 and 7). For 12–15-year-old boys with one or more comorbidity, the vaccine-associated CAE risk following dose two is less than the adjusted COVID-19 hospitalization risk at times of high COVID-19 incidence. For 16–17-year-old boys with one or more comorbidity, the CAE rate was below that of the adjusted COVID-19 hospitalization risks at both current (moderate) and high disease prevalence (Figure 7; Table 1).

DISCUSSION

Principal findings

The main finding of this study was the cardiac adverse event (CAE) rates of 162/million and 94/million post- Pfizer-BioNTech BNT162b2 vaccination dose two for the 12-15- and 16–17-year-old boys, respectively. Approximately 86% of these resulted in hospitalization for both age groups. We included a case-finding method in VAERS which utilized the symptom “chest pain” to identify adolescents for review of troponins, EKG/ECG and ECHO findings. We otherwise maintained the specificity of our analysis by requiring the same objective findings of cardiac

injury used by the CDC to identify probable cases (Supplement 1) and excluded cases without sufficient objective evidence of cardiac-specific injury.

Using these broader search and inclusion criteria, we found post-vaccination rates of CAEs among adolescents aged 12-17 that exceeded the rates previously reported by the CDC[2] by 2.5 times in boys aged 12-15 and by 1.7 x in 16-17-year-old boys. Our results show the risk of myocarditis depends heavily on sex and age, as it appears that young boys 12-15 have a greater than 12 times higher rate than girls. Due to a markedly increased risk for the youngest boys, prospective safety analyses would be most useful if stratified by ages 12-15 years and 16-17 years.

The highest troponin elevations were seen in the 16–17-year-old boys and girls. In the setting of cardiac symptoms, children with elevated troponin levels have a high likelihood of cardiac disease.[17, 18] Of note, the threshold for normal levels in children may be even lower than the 0.1 ng/mL used in adults.[17]

To contextualize the benefits of vaccination for adolescents, we chose, as the CDC did [2,3] to provide a benefit-harm analysis based on varying levels of COVID-19 hospitalization rates.[19] Our analysis not only considered circulating disease levels but also the presence of individual risk factors for severe disease. A weakness of our analysis was not being able to stratify hospitalization risks for children with and without natural immunity. The CDC estimated that on May 29th, 2021, that 36.2% [15] of all children had already been infected with SARS-CoV-2. This estimate was made 16 months into the pandemic, thus adjusting for the current time (19 months), the current estimate would be $(19/16) \times 36.2\% = 42.9\%$ of children previously infected.

Absolute infection-hospitalization rates for children with and without medical comorbidities and with and without history of infection have yet to be established.

In a recent report[20] of 15 patients aged 12-18 hospitalized with post-vaccination myocarditis, the clinical course was reported to be relatively benign, but 1/15 had abnormal echocardiogram on follow-up and 4/15 had ongoing symptoms post-discharge. The CDC reported [2] that 218 of the 323 (67.5%) cases of myo/pericarditis in vaccine recipients <30 years were known to have had resolution of symptoms. Another study[21] found 16/23 (70%) males with vaccination-associated myocarditis to have had resolution of symptoms within a week. Long-term sequelae of myocarditis is unknown; follow-up of this vaccine-associated condition is warranted.

COVID-19 has also been found to result in symptomatic myocarditis in 0.3% of collegiate athletes,[22] but its rate in children post-COVID-19 infection has not been well described. The one existing study[23] is limited by an inappropriately small denominator due to apparent underestimate of COVID-19 disease incidence during the study period. The study[23] reported only six post-COVID myocarditis cases in boys ages 12-17 over the course of a year in a 60-million patient catchment area. Children have in general been spared from the worst effects of COVID-19. The reported mortality rate in England has so far been 2/million children [24,25], which may translate to around 6/million infections based on a prior infection rate of 1/3.[15] In the US, there have been 4404 multisystem-inflammatory syndrome in children (MIS-C) cases in a population of 74 million.[26] Long-duration of symptoms post-COVID-19 also appears less frequent in children than initially feared, with 1.8% of children with symptomatic COVID-19 experiencing at least one symptom two months after infection compared with 0.9% of negatively

tested controls after one month.[27] A thorough understanding of vaccine safety is thus crucial in this age group, especially for children without known risk factors for severe COVID-19 and those with history of infection. This report only outlines rates associated with the Pfizer-BioNTech. A recent report from Canada [28] suggests a greater than 2-fold higher rate of post-vaccination myocarditis from the Moderna mRNA vaccine compared to the Pfizer-BioNTech mRNA vaccine. The most recent CDC update [6] also found Moderna to have higher rates of post-vaccination myocarditis than Pfizer-BioNTech in all male age groups except those 16-17 years and those 65 and older.

A concern about using VAERS for our data analysis is the risk of over-ascertainment of a safety signal due to the open access system. To address this concern, we aligned our inclusion criteria with the CDC's case definition for probable myocarditis. Our rate of myocarditis post-vaccination of 94.0/million was more than two times lower than that reported by the FDA (200/million) [2] and yet 31.5% higher than the CDC. This suggests that both VAERS and CDC are providing an underestimate of the true incidence of this condition. Furthermore, the reports in VAERS reviewed for this study were of children with myocarditis *with* cardiac symptoms and not cases of incidental cardiac inflammation noted on imaging. It is thus unclear how large of an underestimate of CAE incidence this report provides.

We, like the CDC, used a 120-day COVID-19 hospitalization rate as a meaningful comparator to vaccination-related harms, but this type of harm-benefit analysis does not take into account any benefits the vaccine provides against transmission to others, long-term COVID-19 disease risk or protection from non-severe COVID-19 symptoms. With this in mind, the risk of CAE for a boy

receiving his second dose of the vaccine is 2 to 6 times higher than the 120-day risk of hospitalization in boys 12-17 without underlying medical conditions. For boys with medical comorbidities, the 120-day COVID hospitalization rates are slightly higher than their rate of CAE if not adjusting for possible 40% overestimate of hospitalization rates [9,13,14], in which case the rate of CAE would be slightly higher than 120-day hospitalization [Figures 6 and 7].

As of the last week of August 2021, hospitalization rates for children ages 12-17 in the United States continued to approximate the moderate rate shown in Figures 6 and 7.[8] Current pediatric hospitalization rates are also a product of increasing natural infection and vaccination rates. Overall pediatric case hospitalization rate from COVID-19 has been estimated by the CDC [15] and American Academy of Pediatrics [19] to be 0.8-0.9%, irrespective of comorbidities and not adjusting for possible 40% overestimate of hospitalization rates [9,13,14]. This rate has remained consistent through August of 2021.

Given the nearly fivefold disparity in risk of hospitalization for adolescents with and without comorbidities, it is important that the benefits of vaccination be clearly weighed and conveyed in the context of the unique health risks of the individual and the household. The benefits of vaccination in previously-infected children should be further studied and a harm-benefit analysis performed. A history of SARS-CoV-2 infection may be found to provide similar or superior immunity to vaccination [29]. A recent study [30] found a 4-fold increased risk of post-vaccination myocarditis in those who had previously been infected with SARS-CoV-2.

In light of the vaccine-associated cardiac harms described in this report, further research as well as transparency about possible vaccine-related harms in relation to an individual child's COVID-19 risks is indicated. Alternate vaccination types, dosing or strategies, such as those that take a history of infection into consideration, may eventually be found to be more appropriate in this age group.

Conclusion

Our report found post-vaccination CAE rates following dose two of 162.2 and 94.0/million for boys 12-15 and 16-17, respectively. For boys with no underlying health conditions, the chance of either CAE, or hospitalization for CAE, after their second dose of mRNA vaccination are considerably higher than their 120-day risk of COVID-19 hospitalization, even at times of peak disease prevalence. The long-term consequences of this vaccine-associated cardiac inflammation are not yet fully defined and should be studied. In lieu of pediatric vaccination mandates, the US may: 1) consider gathering data on previous infection in this age group and/or 2) follow the example of Germany,[31] Sweden [32], Norway [33] and the WHO[34] and hold off on definitively recommending vaccination of low-risk children against COVID-19, or 3) offer one dose to adolescents as the UK has just announced [35] while more information about risks, benefits, harms and alternative dosing or vaccination strategies are studied and considered.

References

1. Israel sees probable link between Pfizer vaccine and myocarditis cases. Published June 2, 2021. Available at <https://www.reuters.com/world/middle-east/israel-sees-probable-link-between-pfizer-vaccine-small-number-myocarditis-cases-2021-06-01/>. Accessed June 23, 2021.
2. Shimabukuro T. (2021, June 23-25). COVID-19 Vaccine Safety Updates. Centers for Disease Control and Prevention. Advisory Committee for Immunization Practices. [ACIP Workgroup Presentation] ACIP Meeting. Atlanta, GA, United States. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf> accessed June 23, 2021.
3. Wallace M, Oliver S. (2021, June 23-25). COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion. Centers for Disease Control and Prevention. Advisory Committee for Immunization Practices. [ACIP Workgroup Presentation] ACIP Meeting. Atlanta, GA, United States. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf>, accessed June 23, 2021.
4. Food and Drug Administration. Summary for regulatory action. <https://www.fda.gov/media/151733/download> Accessed August 27, 2021.
5. Centers for Disease Control and Prevention. Vaccination Demographics Trends. <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends> Accessed June 12, 2021.
6. Su J. (2021, August 30) Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS). <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf> accessed August 30, 2021
7. Frenck RW Jr, Klein NP, Kitchin N, et al. C4591001 Clinical Trial Group. Safety, Immunogenicity, and Efficacy of the BNT162b2 Covid-19 Vaccine in Adolescents. *N Engl J Med*. 2021 Jul 15;385(3):239-250. doi: 10.1056/NEJMoa2107456. Epub 2021 May 27. PMID: 34043894; PMCID: PMC8174030.
8. COVID-NET: COVID-19-Associated Hospitalization Surveillance Network, Centers for Disease Control and Prevention. https://gis.cdc.gov/grasp/covidnet/covid19_3.html: Accessed on July 6, 2021.
9. Havers FP, Whitaker M, Self JL, et al. Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020–April 24, 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:851–857. DOI: <http://dx.doi.org/10.15585/mmwr.mm7023e1>external icon
10. Prevalence of Childhood Obesity in the United States. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/data/childhood.html#:~:text=For%20children%20and%20adolescents%20aged,to%2019%2Dyear%2Dold>
11. Miller GF, Coffield E, Leroy Z, Wallin R. Prevalence and Costs of Five Chronic Conditions in Children. *J Sch Nurs*. 2016;32(5):357-364. doi:10.1177/1059840516641190
12. Kuo DZ, Cohen E, Agrawal R, Berry JG, Casey PH. A national profile of caregiver challenges among more medically complex children with special health care needs. *Arch Pediatr Adolesc Med*. 2011 Nov;165(11):1020-6. doi: 10.1001/archpediatrics.2011.172. PMID: 22065182; PMCID: PMC3923457.

13. Webb NE and Osburn TS. Characteristics of Hospitalized Children Positive for SARSCoV-2: Experience of a Large Center. *Hosp Pediatr*. 2021; doi: 10.1542/hpeds.2021-005919
14. Kushner LE, et al. “For COVID” or “With COVID”: Classification of SARS-CoV-2. Hospitalizations in Children. *Hosp Pediatr*. 2021; doi: 10.1542/hpeds.2021-006001
15. Estimated COVID-19 Burden. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>: Accessed on August 22, 2021.
16. Poletti P, Tirani M, Cereda D, et al. Association of Age With Likelihood of Developing Symptoms and Critical Disease Among Close Contacts Exposed to Patients With Confirmed SARS-CoV-2 Infection in Italy. *JAMA Netw Open*. 2021;4(3):e211085. doi:10.1001/jamanetworkopen.2021.1085
17. Abrams JY, Oster ME, Godfred-Cato SE, Bryant B, Datta SD, Campbell AP, Leung JW, Tsang CA, Pierce TJ, Kennedy JL, Hammett TA, Belay ED. Factors linked to severe outcomes in multisystem inflammatory syndrome in children (MIS-C) in the USA: a retrospective surveillance study *Lancet Child Adolesc Health* 2021; 5: 323–31.
18. Dionne A, Kheir JN, Sleeper LA, Esch JJ, Breitbart RE. Value of Troponin Testing for Detection of Heart Disease in Previously Healthy Children. *JAHA* 2020;9(4): <https://doi.org/10.1161/JAHA.119.012897>
19. Children and COVID-19: State-Level Data Report. AAP. Available at <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/> Accessed August 30th, 2021.
20. Dionne A, Sperotto F, Chamberlain S, et al. Association of Myocarditis With BNT162b2 Messenger RNA COVID-19 Vaccine in a Case Series of Children. *JAMA Cardiol*. Published online August 10, 2021. doi:10.1001/jamacardio.2021.3471
21. Montgomery J, Ryan M, Engler R, et al. Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military. *JAMA Cardiol*. Published online June 29, 2021. doi:10.1001/jamacardio.2021.2833
22. Daniels CJ, Rajpal S, Greenshields JT, et al. Prevalence of Clinical and Subclinical Myocarditis in Competitive Athletes With Recent SARS-CoV-2 Infection: Results From the Big Ten COVID-19 Cardiac Registry. *JAMA Cardiol*. Published online May 27, 2021. doi:10.1001/jamacardio.2021.2065
23. Singer ME, Taub IB, Kaelber DC. Risk of Myocarditis from COVID-19 Infection in People Under Age 20: A Population-Based Analysis. Preprint. medRxiv <https://www.medrxiv.org/content/10.1101/2021.07.23.21260998v1.full>
24. Smith C, Odd D, Harwood R, et al. Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data. Preprint. medRxiv 2021.07.07.21259779; doi: <https://doi.org/10.1101/2021.07.07.21259779>
25. Ladhani SN, Ireland G, Baawuah F, et al. Emergence of SARS-CoV-2 Alpha (B.1.1.7) variant, infection rates, antibody seroconversion and seroprevalence rates in secondary school students and staff: active prospective surveillance, December 2020 to March 2021, England. Preprint. medRxiv 2021.07.14.21260496; doi: <https://doi.org/10.1101/2021.07.14.21260496>
26. Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the United States. <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>. Accessed August 30, 2021.

27. Molteni E, Sudre CH, Canas LS, et al. Illness duration and symptom profile in a large cohort of symptomatic UK school-aged children tested for SARS-CoV-2. Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2. *Lancet Child Adolesc Health*. 2021 Aug 3:S2352-4642(21)00198-X. doi: 10.1016/S2352-4642(21)00198-X. Epub ahead of print. PMID: 34358472.
28. Adverse Events Following Immunization (AEFIs) for COVID-19 in Ontario: December 13, 2020 to August 14, 2021. Public Health Ontario. Available at: <https://www.publichealthontario.ca/en/health-topics/immunization/vaccine-safety>. Accessed August 22, 2021.
29. Gazit S, Shlezinger R, Perez G, et al. Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. *medRxiv*. 2021.08.24.21262415
30. Barda N, Dagan N, Ben-Shlomo Y, et al. Safety of the BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Setting. *NEJM*. August 25, 2021. Accessed August 27, 2021. DOI: 10.1056/NEJMoa2110475
31. German panel gives limited approval for COVID-19 shot for adolescents. Available at <https://www.reuters.com/world/europe/german-panel-gives-limited-approval-covid-19-shot-adolescents-2021-06-10/> Accessed June 24, 2021.
32. Children and adolescents. -information about vaccination against COVID-19. Public Health Agency of Sweden. Accessed August 5, 2021. <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/vaccination-against-covid-19/children-and-adolescents--information-about-vaccination-against-covid-19/#:~:text=In%20Sweden%2C%20vaccination%20against%20COVID,start%20sometime%20in%20August%202021>. Accessed August 5, 2021.
33. Plans to offer a vaccine to 16 and 17-year-olds. <https://www.regjeringen.no/en/aktuelt/plans-to-offer-a-vaccine-to-16-and-17-year-olds/id2865629/> Accessed August 22, 2021.
34. COVID-19 advice for the public: getting vaccinated. Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice> Accessed June 24, 2021.
35. Department of Health and Social Care, United Kingdom. JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021. Published July 19, 2021. Available at <https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-15-july-2021> Accessed August 2, 2021.

Figures

Figure 1. Cardiac Adverse Event (CAE) rate per million vaccinated persons, by age and sex and vaccination dose

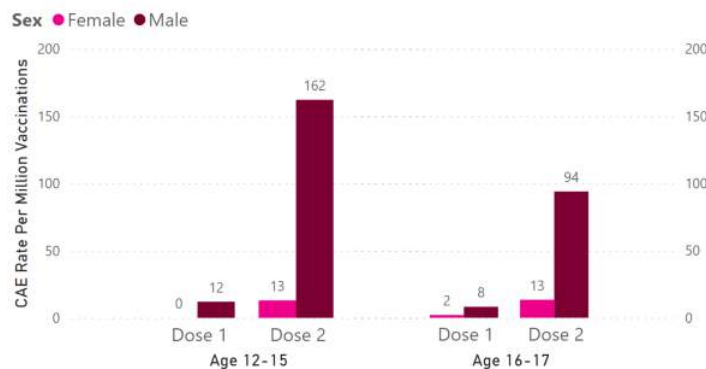


Figure 2. Total number of Cardiac Adverse Event (CAE) hospitalizations by age and sex

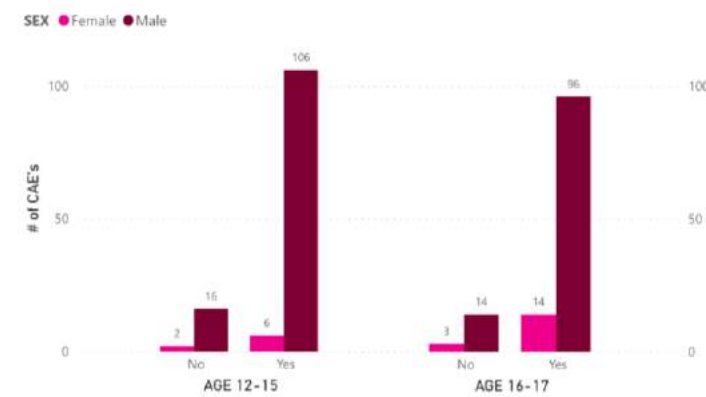


Figure 3. Median of Peak Troponin by age and sex in ng/mL

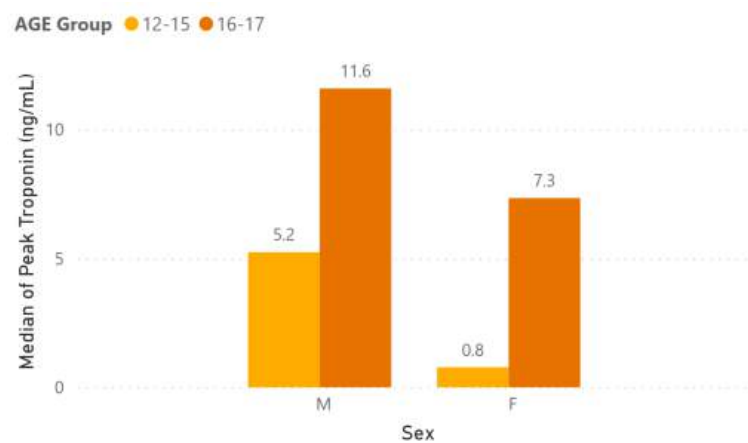


Figure 4. Symptom onset interval of Cardiac Adverse Events in days following vaccination among recipients with elevated troponin, by age

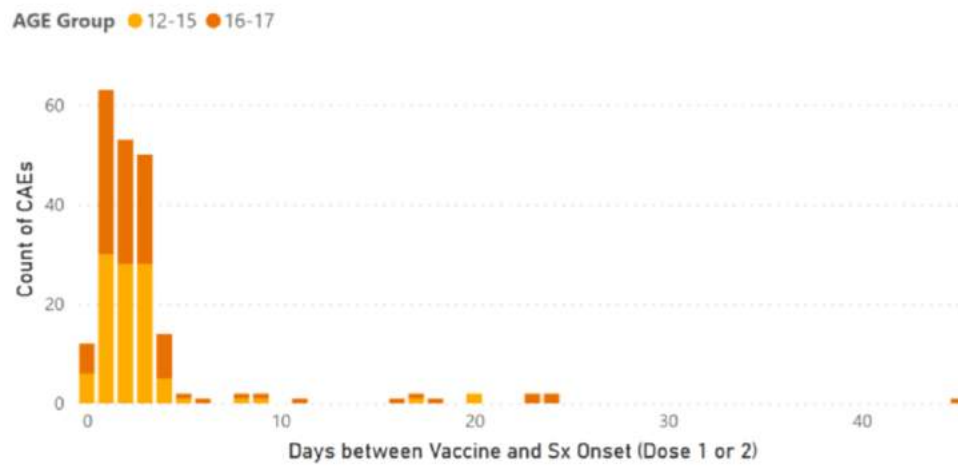


Figure 5. Vaccine recipients with cardiac adverse events by vaccination dose
UNK= unknown

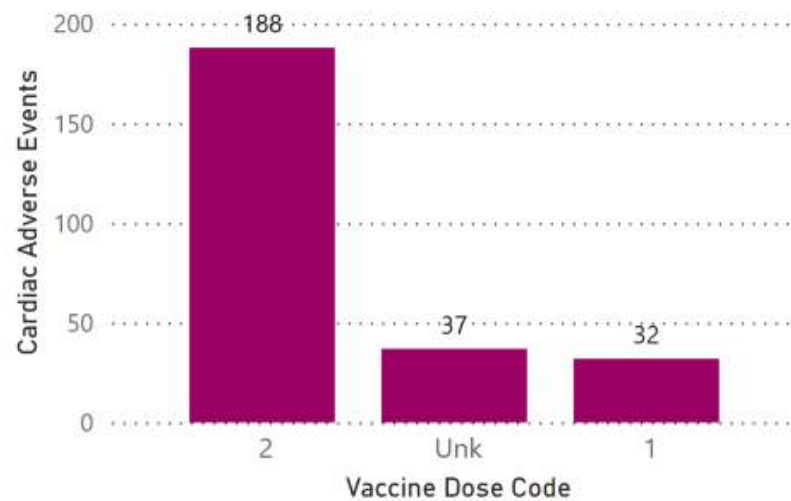


Table 1. Cardiac Adverse Event (CAE) rates per million adolescents following vaccination doses 1 and 2, by age and sex.

	Females (n=25)		Males (n=232)	
	Dose 1 (95% CI) ^a	Dose 2 (95% CI) ^b	Dose 1 (95% CI) ^a	Dose 2 (95% CI) ^b
12-15 years				
CAE Criteria met	0	8	22	100
Denominator*	1,834,687	616,511	1,834,687	616,511
CAE Rate per million	0 (0-0.20)	13.0 (5.6-25.6)	12.0 (7.51-18.2)	162.2 (132.0-197.3)
16-17 years				
CAE Criteria met	3	14	12	98
Denominator*	1,471,878	1,042,863	1,471,878	1,042,863
CAE Rate per million	2.0 (0.42-5.96)	13.4 (7.34-22.5)	8.2 (4.21-14.2)	94.0 (76.3-114.5)

^a Dose 1 denominator: at least 1 dose by June 11, 2021.

^b Dose 2 denominator: fully vaccinated by June 11, 2021. Sex-specific denominator estimated by dividing total by 2.

Figure 6. Harm-benefit analysis for second dose of mRNA vaccine vs. COVID-19 hospitalization for boys ages 12-17 in the context of disease incidence and presence of ≥ 1 comorbidity.

Darker shading denotes vaccine-associated risk of myocarditis equivalent to or exceeds disease-associated hospitalizations.

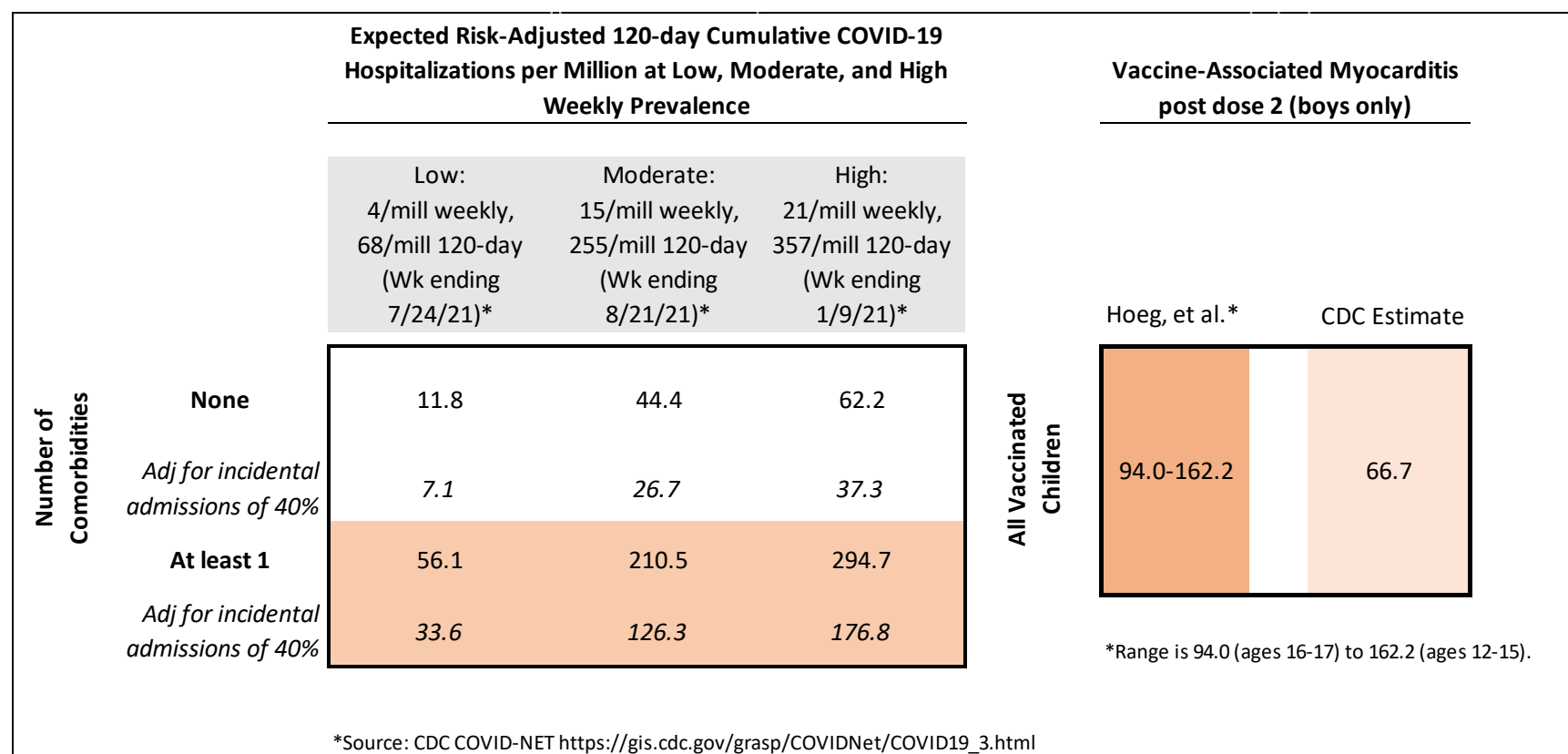
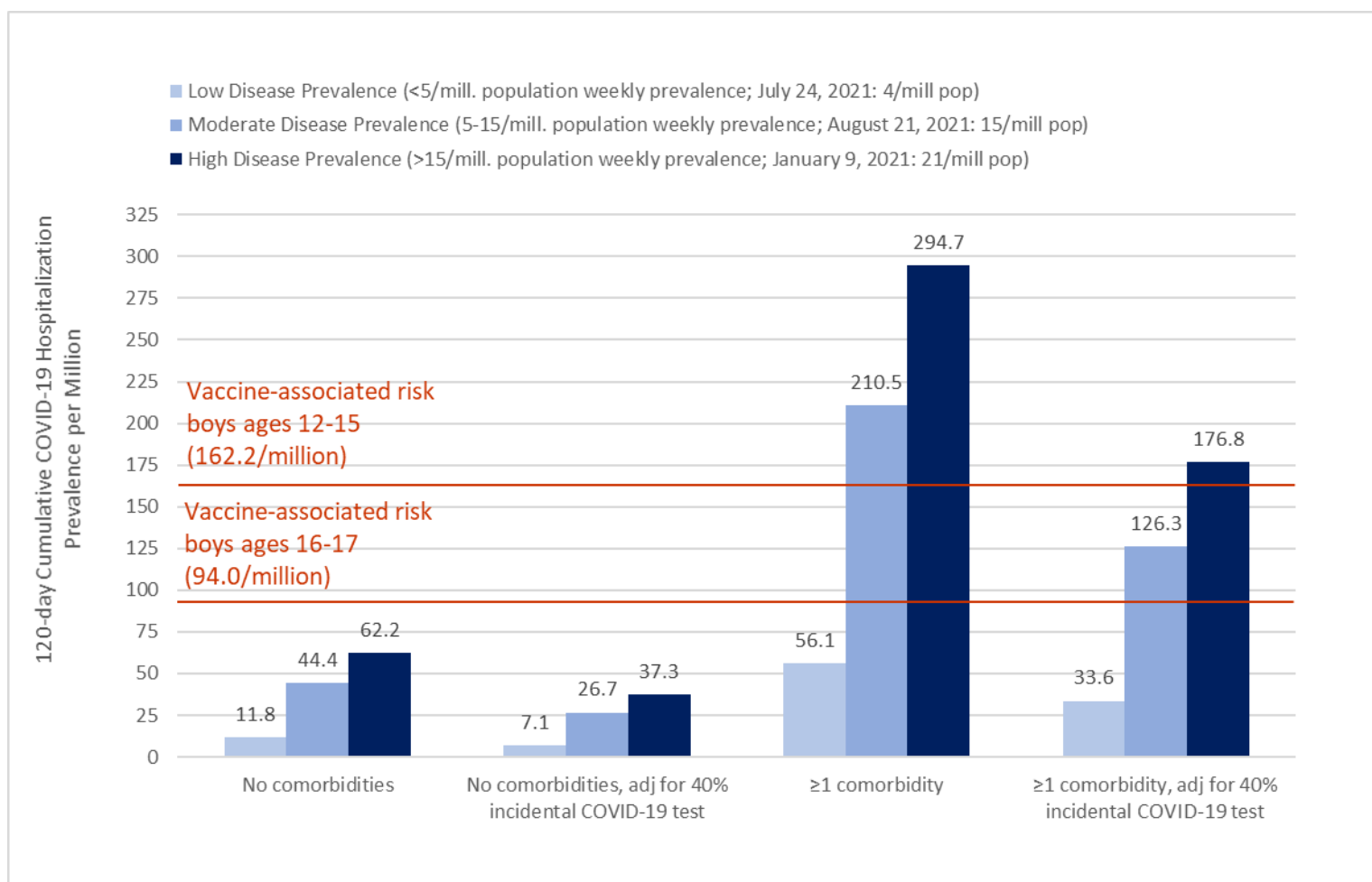


Figure 7. Harm-benefit analysis for second dose of mRNA vaccine cardiac adverse event (CAE) in boys by age vs. COVID-19 hospitalization risk in the context of disease prevalence and presence of ≥ 1 comorbidity.



Supplement 1: CDC working case definition for acute myocarditis

CDC working case definition for acute myocarditis

Acute Myocarditis	
<p>Clinical myocarditis</p> <p>Probable Case</p> <p>Presence of ≥ 1 new or worsening of the following clinical symptoms:</p> <ul style="list-style-type: none"> • chest pain/pressure/discomfort • dyspnea/shortness of breath/pain with breathing • palpitations • syncope <p>OR, infants and children <12 years of age may instead present with ≥ 2 of:</p> <ul style="list-style-type: none"> • irritability • vomiting • poor feeding • tachypnea • lethargy <p>AND</p> <p>≥ 1 new finding of:</p> <ul style="list-style-type: none"> • troponin level above upper limit of normal (any type of troponin) • abnormal electrocardiogram (ECG or EKG) or rhythm monitoring findings consistent with myocarditis¹ • abnormal cardiac function or wall motion abnormalities on echocardiogram • cMRI findings consistent with myocarditis² <p>AND</p> <ul style="list-style-type: none"> • No other identifiable cause of the symptoms and findings 	<p>Confirmed Case</p> <p>Presence of ≥ 1 new or worsening of the following clinical symptoms:</p> <ul style="list-style-type: none"> • chest pain/pressure/discomfort • dyspnea/shortness of breath/pain with breathing • palpitations • syncope <p>OR, infants and children <12 years of age may instead present with ≥ 2 of:</p> <ul style="list-style-type: none"> • irritability • vomiting • poor feeding • tachypnea • lethargy <p>AND</p> <ul style="list-style-type: none"> • Histopathologic confirmation of myocarditis³ OR • Troponin level above upper limit of normal (any type of troponin), AND • cMRI findings consistent with myocarditis² <p>AND</p> <ul style="list-style-type: none"> • No other identifiable cause of the symptoms and findings

¹To meet the ECG or rhythm monitoring criterion, must include at least one of:

- ST-segment or T-wave abnormalities
- Paroxysmal or sustained atrial, supraventricular, or ventricular arrhythmias
- AV nodal conduction delays or intraventricular conduction defects

²Using either the original or the revised Lake Louise criteria (Ferreira et al. *J Am Coll Cardiol*. 2018;72:3158-76)

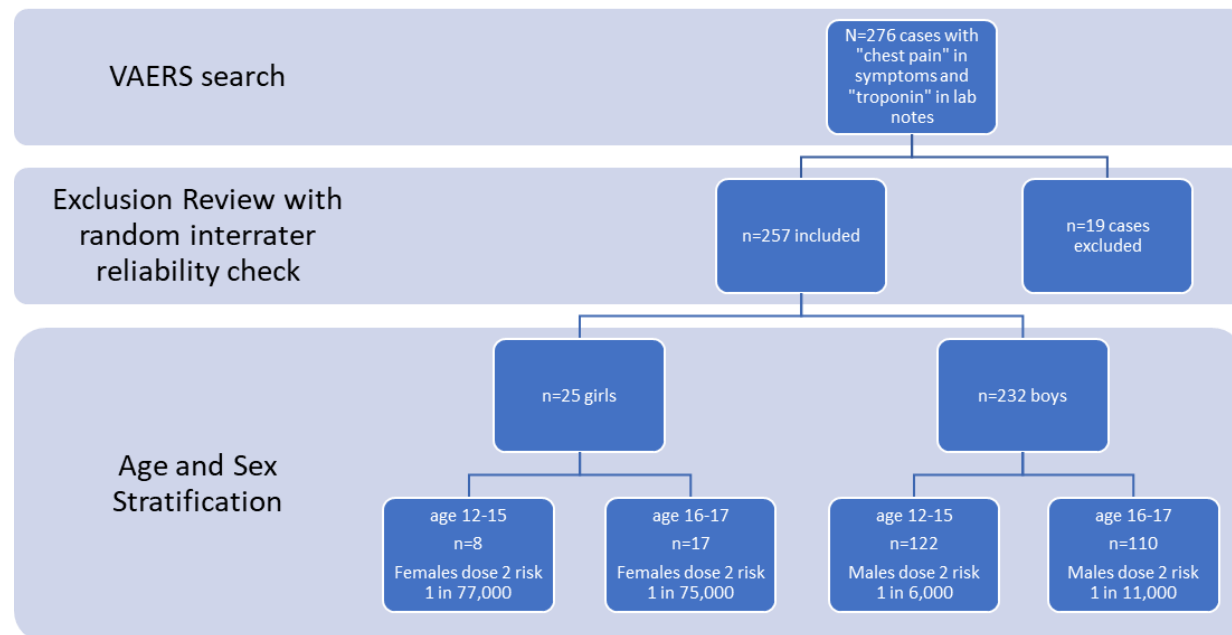
³Using the Dallas criteria (Kretz et al. *Am J Cardiovasc Pathol*. 1987;1:3-14)

Notes:

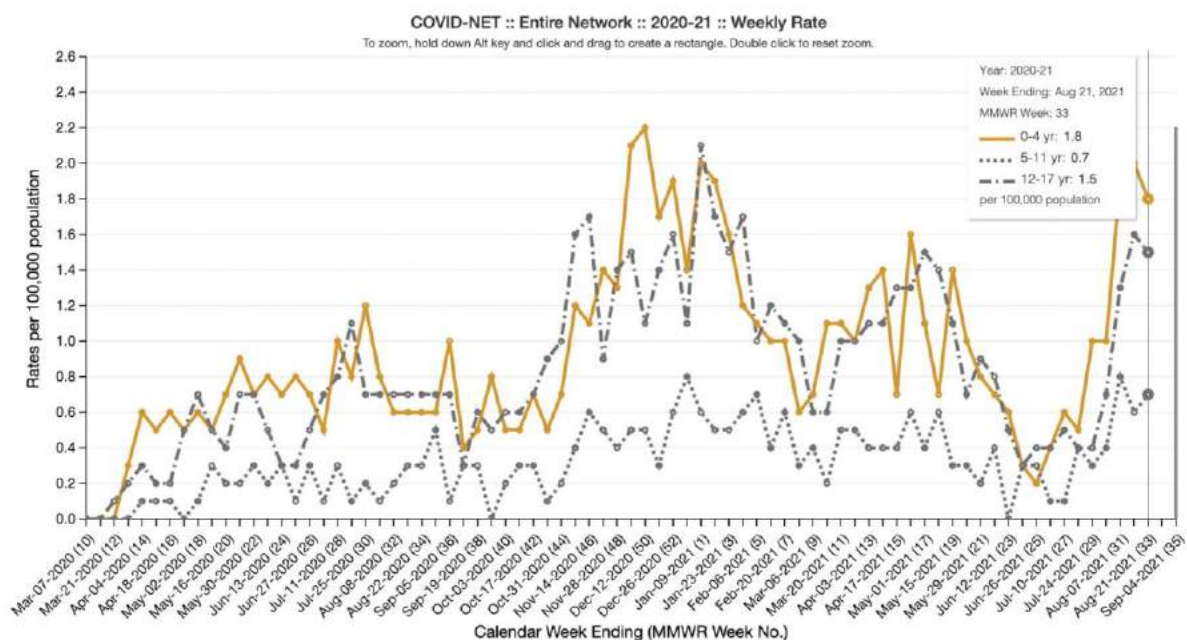
1. Autopsy cases may be classified as confirmed clinical myocarditis on the basis of meeting histopathologic criteria if no other identifiable cause
2. Cases with individuals who lack the listed symptoms but who meet other criteria may be classified as subclinical myocarditis (probable or confirmed)



Supplement 2: Study Profile



Supplement 3. Pediatric COVID-19 hospitalization rates by age and week in the United States from COVID-NET [8].





On a long enough timeline the survival rate for everyone drops to zero.

Protests Erupt In South Korea Over Vaccination Deaths



BY TYLER DURDEN

MONDAY, DEC 27, 2021 - 06:40 PM

Americans and Europeans aren't the only people to express skepticism of the COVID jabs produced by a handful of pharmaceutical giants, most notably Pfizer and Moderna. As reports of deaths and other 'adverse health events' suspected of being triggered by vaccines mount, South Koreans **are reportedly taking to the streets to protest their governments' refusal to acknowledge thousands of deaths** that many believe were caused by vaccines.



As we said above, **more than 10K people have died under murky circumstances shortly after being vaccinated in South Korea.** The government has only reported a connection in a handful of serious cases. But it has also moved to recognize and compensate victims: for example, a nursing assistant was recognized in August as a victim of an industrial accident and awarded government benefits after suffering paralysis in the wake of receiving AstraZeneca's COVID shot.

Back in August, the government investigated after a teenager with no underlying health conditions died following inoculation with the Pfizer-BioNTech COVID jab.

But in the absence of more concrete answers, thousands of South Koreans are taking to the streets to protest the vaccine mandate in one of the world's most heavily vaccinated countries.

According to RT, **an association called the COVID Vaccine Victims and Families Council has held rallies in several South Korean cities.** Demonstrators on Sunday marched from Busan City Hall to Busan National University of Education in a large demonstration held in the country's second city.



On a long enough timeline the survival rate for everyone drops to zero.

administration of being indifferent to damages caused by vaccines.

"I think the people have reached a point where they can't trust the government," Kim said.

The government promised to compensate victims of vaccine side effects before the first jabs arrived. But it's also responsible for determining which cases merit compensation, a fact that has rankled some purported victims, who feel they have been shafted.

Roughly 83% of South Koreans have been vaccinated against Covid-19, easily the highest rate among G20 nations.

155,989 492

DISCRIMINATION NOTICE

PRIVACY POLICY

DISCLAIMER

ADVERTISE WITH ZEROHEDGE

COPYRIGHT ©2009-2021 ZEROHEDGE.COM/ABC MEDIA, LTD

Dear DOH and To Whom It May Concern:

I have a 16 year old daughters' bodily sovereignty I am defending with my comments. She is a straight A student, has fought to conquer the odds to stay active in her school through sports and leadership. And is on an added extracurricular board of students across the state to provide insight to the legislation as to what the students perspectives are regarding policies and proposals.

Our daughter does not want the Covid-19 vaccine. She has had Covid, and thankfully fared well throughout the illness. We are responsible citizens, quarantining over 10 plus times to be considerate of the public around us. But we stand in a legal and moral place to defend her Informed Medical Consent and right to bodily sovereignty, in all things.

I will be BCC some Representatives in my community in this email, for full disclosure.

I understand the discussion with the TAG panel is purely from a medical basis. But I would like to encourage a couple of points for considerations:

- 1) Medical involves psychological and I see this lacking in the panel, happy to be proven wrong in this though.
- 2) With only one panelist from Eastern Washington I would like to present that this is a politically skewed optic out the gate. Eastern Washington often has little voice and say, policy speaking, as to what goes on in our own state. When weighing such a massive advisory vote, one that holds much power, as a constituent of this state I would appreciate more balance on this front.

I do not say this as a personal attack on those picked for this panel. Honestly I do not assume to know your experience and expertise, or be a judge of this. I do assume each person is acting in their own best conscious.

The continued marginalization of half the landmass of this state's population is incredibly frustrating to watch over and over and over in different governing decisions. Including giving unvoted power to regulatory agencies such as the Washington State Board of Health.

An example: Seattle Public School District feels they have the right to make a vaccine mandate request for the entire state and this is then blasted via media. This one school district does not hold the place to make a request above the 295 other districts that make up the OSPI oversight.

- 3) If you do, indeed, continue to push this vaccine, while ignoring the experimental nature of its creation, onto the schools you are directly responsible for an obvious step in marginalization of a demographic with sincerely held religious beliefs.

Marginalization often hides in under the guise of "the greater good." Just look at mass incarceration. People as commodity has gone far enough, just look at the Indian Farmer's and the fight against corporate elite's attack in the last five years.

Marginalization happens in many ways.

- 4) Time will be the true measure that lets our population know if any measure is necessary and when it has to do with our children, time is what is requested. Especially looking at the risk factors

involved, complete lack of long-term studies done, and FDA decision to allow Pfizer to withhold important data in regard to their specific Covid-19 vaccine variation.

We now have evidence that the lockdown measures were not as productive as hoped. Spokane Mayor Nadine Woodward has brought this issue as well as the issue of mental health to the forefront in our community. Sadly, my own sister has been attempting a FOIA request with Spokane Regional Health District and been met with roadblocks.

Her request is the statistics involving drug overdoses and suicide rates from 2020 and 2021. As this data has not been released. So, in the name of transparency, what is this information and why is it not readily available to the public? We can count weekly Covid-19 test numbers but we cannot publicly and accurately check these stats as well? Or make them easily publicly available?

5) The hate I see in our community? Is pushed by Governor Inslee when he heavily insinuates over and over that my family, including many law-abiding citizens with not so much as a speeding ticket, are domestic terrorist. FEMA defines Terrorism as “the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom.”

Mr. Inslee’s behavior and continued hateful rhetoric constitutes this definition much closer than mine. I have loved my community and family members boundaries incredibly intentionally throughout the pandemic. Regardless of political view or medical decisions I might add. Mr. Inslee, as the leader of Washington state, cannot in good faith claim the same.

6) If our state legislation and acting agencies decide to continue to push this line, while ignoring ALL of the scientific data, onto our children we are left with little choice but to very seriously consider removing her from the system to defend her rights as an American citizen. We as parents will know then, that the true intent is to persecute, not to act in public health.

As such, we respectfully request vaccine clinics moved OFF school property and to local community centers. This allows the families that would like to participate in the vaccination process close access for their children but respects the boundaries and the families that do not. Placing clinics on taxpayer funded property like the school ignores the mental health of our youth during a devastating time.

7) One of the most beautiful aspects of being a Constitutionalist is that my family’s community is not a specific ethnicity. It holds no line on outside optics. It does not hold people in a class, but rather works to honor each person’s life experience. It includes people from all over the world, that have fled their countries, often fleeing for their lives.

This is my culture and this I feel in my heart. This is shown in our family’s constant attempt to love those around us. To live our life by the Golden Rule. Are we perfect people? Absolutely not, nor would we ever claim to be. But have raised our daughter with these values. And we use these values to make our decision on Informed Medical Consent.

8) In conclusion, I understand it is a difficult place to be in, making these big decisions at this moment in history. But I encourage each person that reads this letter to do some research on a few topics that may seem outside the box. Read Professor Harriet Washington’s Book, Carte Blanche as well as Oneness vs. the 1% by Environmentalist Shavana Shiva and do some soul searching on the lessons

history can teach us. While we are in unprecedented times, we as a population don't need to re-write a script.

One last thing, we beg you as community members, constitutes, and people of this land. Stop searching for ways to control an uncontrollable situation. And start leading by example through bridge building, compassion, and understanding. This is what our great state truly needs. I say this in the name of equality, Love for my community regardless of beliefs, and as a citizen trying to do the same thing on a daily basis.

Sincerely,

Rachel Buck

Born and Raised Citizen of Spokane County



Madrid, Spain
 Cite this as: *BMJ* 2021;375:n2635
<http://dx.doi.org/10.1136/bmj.n2635>
 Published: 2 November 2021

BMJ INVESTIGATION

Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial

Revelations of poor practices at a contract research company helping to carry out Pfizer's pivotal covid-19 vaccine trial raise questions about data integrity and regulatory oversight. **Paul D Thacker** reports

Paul D Thacker *investigative journalist*

In autumn 2020 Pfizer's chairman and chief executive, Albert Bourla, released an open letter to the billions of people around the world who were investing their hopes in a safe and effective covid-19 vaccine to end the pandemic. "As I've said before, we are operating at the speed of science," Bourla wrote, explaining to the public when they could expect a Pfizer vaccine to be authorised in the United States.¹

But, for researchers who were testing Pfizer's vaccine at several sites in Texas during that autumn, speed may have come at the cost of data integrity and patient safety. A regional director who was employed at the research organisation Ventavia Research Group has told *The BMJ* that the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial. Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding. After repeatedly notifying Ventavia of these problems, the regional director, Brook Jackson, emailed a complaint to the US Food and Drug Administration (FDA). Ventavia fired her later the same day. Jackson has provided *The BMJ* with dozens of internal company documents, photos, audio recordings, and emails.

Poor laboratory management

On its website Ventavia calls itself the largest privately owned clinical research company in Texas and lists many awards it has won for its contract work.² But Jackson has told *The BMJ* that, during the two weeks she was employed at Ventavia in September 2020, she repeatedly informed her superiors of poor laboratory management, patient safety concerns, and data integrity issues. Jackson was a trained clinical trial auditor who previously held a director of operations position and came to Ventavia with more than 15 years' experience in clinical research coordination and management. Exasperated that Ventavia was not dealing with the problems, Jackson documented several matters late one night, taking photos on her mobile phone. One photo, provided to *The BMJ*, showed needles discarded in a plastic biohazard bag instead of a sharps container box. Another showed vaccine packaging materials with trial participants' identification numbers written on them left out in the open, potentially unblinding participants. Ventavia

executives later questioned Jackson for taking the photos.

Early and inadvertent unblinding may have occurred on a far wider scale. According to the trial's design, unblinded staff were responsible for preparing and administering the study drug (Pfizer's vaccine or a placebo). This was to be done to preserve the blinding of trial participants and all other site staff, including the principal investigator. However, at Ventavia, Jackson told *The BMJ* that drug assignment confirmation printouts were being left in participants' charts, accessible to blinded personnel. As a corrective action taken in September, two months into trial recruitment and with around 1000 participants already enrolled, quality assurance checklists were updated with instructions for staff to remove drug assignments from charts.

In a recording of a meeting in late September 2020 between Jackson and two directors a Ventavia executive can be heard explaining that the company wasn't able to quantify the types and number of errors they were finding when examining the trial paperwork for quality control. "In my mind, it's something new every day," a Ventavia executive says. "We know that it's significant."

Ventavia was not keeping up with data entry queries, shows an email sent by ICON, the contract research organisation with which Pfizer partnered on the trial. ICON reminded Ventavia in a September 2020 email: "The expectation for this study is that all queries are addressed within 24hrs." ICON then highlighted over 100 outstanding queries older than three days in yellow. Examples included two individuals for which "Subject has reported with Severe symptoms/reactions ... Per protocol, subjects experiencing Grade 3 local reactions should be contacted. Please confirm if an UNPLANNED CONTACT was made and update the corresponding form as appropriate." According to the trial protocol a telephone contact should have occurred "to ascertain further details and determine whether a site visit is clinically indicated."

Worries over FDA inspection

Documents show that problems had been going on for weeks. In a list of "action items" circulated among Ventavia leaders in early August 2020, shortly after the trial began and before Jackson's hiring, a Ventavia executive identified three site staff members with

whom to “Go over e-diary issue/falsifying data, etc.” One of them was “verbally counseled for changing data and not noting late entry,” a note indicates.

At several points during the late September meeting Jackson and the Ventavia executives discussed the possibility of the FDA showing up for an inspection (box 1). “We’re going to get some kind of letter of information at least, when the FDA gets here . . . know it,” an executive stated.

Box 1: A history of lax oversight

When it comes to the FDA and clinical trials, Elizabeth Woeckner, president of Citizens for Responsible Care and Research Incorporated (CIRCARE),³ says the agency’s oversight capacity is severely under-resourced. If the FDA receives a complaint about a clinical trial, she says the agency rarely has the staff available to show up and inspect. And sometimes oversight occurs too late.

In one example CIRCARE and the US consumer advocacy organisation Public Citizen, along with dozens of public health experts, filed a detailed complaint in July 2018 with the FDA about a clinical trial that failed to comply with regulations for the protection of human participants.⁴ Nine months later, in April 2019, an FDA investigator inspected the clinical site. In May this year the FDA sent the triallist a warning letter that substantiated many of the claims in the complaints. It said, “[I]t appears that you did not adhere to the applicable statutory requirements and FDA regulations governing the conduct of clinical investigations and the protection of human subjects.”⁵

“There’s just a complete lack of oversight of contract research organisations and independent clinical research facilities,” says Jill Fisher, professor of social medicine at the University of North Carolina School of Medicine and author of *Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials*.

Ventavia and the FDA

A former Ventavia employee told *The BMJ* that the company was nervous and expecting a federal audit of its Pfizer vaccine trial.

“People working in clinical research are terrified of FDA audits,” Jill Fisher told *The BMJ*, but added that the agency rarely does anything other than inspect paperwork, usually months after a trial has ended. “I don’t know why they’re so afraid of them,” she said. But she said she was surprised that the agency failed to inspect Ventavia after an employee had filed a complaint. “You would think if there’s a specific and credible complaint that they would have to investigate that,” Fisher said.

In 2007 the Department of Health and Human Services’ Office of the Inspector General released a report on FDA’s oversight of clinical trials conducted between 2000 and 2005. The report found that the FDA inspected only 1% of clinical trial sites.⁶ Inspections carried out by the FDA’s vaccines and biologics branch have been decreasing in recent years, with just 50 conducted in the 2020 fiscal year.⁷

The next morning, 25 September 2020, Jackson called the FDA to warn about unsound practices in Pfizer’s clinical trial at Ventavia. She then reported her concerns in an email to the agency. In the afternoon Ventavia fired Jackson—deemed “not a good fit,” according to her separation letter.

Jackson told *The BMJ* it was the first time she had been fired in her 20 year career in research.

Concerns raised

In her 25 September email to the FDA Jackson wrote that Ventavia had enrolled more than 1000 participants at three sites. The full trial (registered under NCT04368728) enrolled around 44 000 participants across 153 sites that included numerous commercial companies and academic centres. She then listed a dozen concerns she had witnessed, including:

- Participants placed in a hallway after injection and not being monitored by clinical staff
- Lack of timely follow-up of patients who experienced adverse events
- Protocol deviations not being reported
- Vaccines not being stored at proper temperatures
- Mislabeled laboratory specimens, and
- Targeting of Ventavia staff for reporting these types of problems.

Within hours Jackson received an email from the FDA thanking her for her concerns and notifying her that the FDA could not comment on any investigation that might result. A few days later Jackson received a call from an FDA inspector to discuss her report but was told that no further information could be provided. She heard nothing further in relation to her report.

In Pfizer’s briefing document submitted to an FDA advisory committee meeting held on 10 December 2020 to discuss Pfizer’s application for emergency use authorisation of its covid-19 vaccine, the company made no mention of problems at the Ventavia site. The next day the FDA issued the authorisation of the vaccine.⁸

In August this year, after the full approval of Pfizer’s vaccine, the FDA published a summary of its inspections of the company’s pivotal trial. Nine of the trial’s 153 sites were inspected. Ventavia’s sites were not listed among the nine, and no inspections of sites where adults were recruited took place in the eight months after the December 2020 emergency authorisation. The FDA’s inspection officer noted: “The data integrity and verification portion of the BIMO [bioresearch monitoring] inspections were limited because the study was ongoing, and the data required for verification and comparison were not yet available to the IND [investigational new drug].”

Other employees’ accounts

In recent months Jackson has reconnected with several former Ventavia employees who all left or were fired from the company. One of them was one of the officials who had taken part in the late September meeting. In a text message sent in June the former official apologised, saying that “everything that you complained about was spot on.”

Two former Ventavia employees spoke to *The BMJ* anonymously for fear of reprisal and loss of job prospects in the tightly knit research community. Both confirmed broad aspects of Jackson’s complaint. One said that she had worked on over four dozen clinical trials in her career, including many large trials, but had never experienced such a “helter skelter” work environment as with Ventavia on Pfizer’s trial.

“I’ve never had to do what they were asking me to do, ever,” she told *The BMJ*. “It just seemed like something a little different from normal—the things that were allowed and expected.”

She added that during her time at Ventavia the company expected a federal audit but that this never came.

After Jackson left the company problems persisted at Ventavia, this employee said. In several cases Ventavia lacked enough employees to swab all trial participants who reported covid-like symptoms, to test for infection. Laboratory confirmed symptomatic covid-19 was the trial’s primary endpoint, the employee noted. (An FDA review memorandum released in August this year states that across the full trial swabs were not taken from 477 people with suspected cases of symptomatic covid-19.)

“I don’t think it was good clean data,” the employee said of the data Ventavia generated for the Pfizer trial. “It’s a crazy mess.”

A second employee also described an environment at Ventavia unlike any she had experienced in her 20 years doing research. She told *The BMJ* that, shortly after Ventavia fired Jackson, Pfizer was notified of problems at Ventavia with the vaccine trial and that an audit took place.

Since Jackson reported problems with Ventavia to the FDA in September 2020, Pfizer has hired Ventavia as a research subcontractor on four other vaccine clinical trials (covid-19 vaccine in children and young adults, pregnant women, and a booster dose, as well as an RSV vaccine trial; NCT04816643, NCT04754594, NCT04955626, NCT05035212). The advisory committee for the Centers for Disease Control and Prevention is set to discuss the covid-19 paediatric vaccine trial on 2 November.

Provenance and peer review: commissioned; externally peer reviewed.

Competing interests: PDT has been doubly vaccinated with Pfizer’s vaccine.

- 1 Bourla A. An open letter from Pfizer chairman and CEO Albert Bourla. Pfizer. https://www.pfizer.com/news/hot-topics/an_open_letter_from_pfizer_chairman_and_ceo_albert_bourla.
- 2 Ventavia. A leading force in clinical research trials. <https://www.ventaviaresearch.com/company>.
- 3 Citizens for Responsible Care and Research Incorporated (CIRCARE). <http://www.circare.org/corp.htm>.
- 4 Public Citizen. Letter to Scott Gottlieb and Jerry Menikoff. Jul 2018. <https://www.citizen.org/wp-content/uploads/2442.pdf>.
- 5 Food and Drug Administration. Letter to John B Cole MD. MARCS-CMS 611902. May 2021. <https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/jon-b-cole-md-611902-05052021>.
- 6 Department of Health and Human Services Office of Inspector General. The Food and Drug Administration’s oversight of clinical trials. Sep 2007. <https://www.oig.hhs.gov/oei/reports/oei-01-06-00160.pdf>.
- 7 Food and Drug Administration. Bioresearch monitoring. <https://www.fda.gov/media/145858/download>.
- 8 FDA takes key action in fight against covid-19 by issuing emergency use authorization for first covid-19 vaccine. Dec 2020. <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>.

This article is made freely available for use in accordance with BMJ’s website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.



Why are we vaccinating children against COVID-19?

Ronald N. Kostoff^{a,*}, Daniela Calina^b, Darja Kanduc^c, Michael B. Briggs^d,
Panayiotis Vlachoyiannopoulos^e, Andrey A. Svistunov^f, Aristidis Tsatsakis^g

^a Independent Consultant, Gainesville, VA, 20155, USA

^b Department of Clinical Pharmacy, University of Medicine and Pharmacy of Craiova, 200349, Craiova, Romania

^c Department of Biosciences, Biotechnologies and Biopharmaceutics, University of Bari, Italy

^d Independent Consultant, Roscommon, MI, 48653, USA

^e Department of Pathophysiology, Medical School, National and Kapodistrian University of Athens, Athens, Greece

^f Department of Pharmacology, I.M. Sechenov First Moscow State Medical University (Sechenov University), 119146, Moscow, Russia

^g Department of Forensic Sciences and Toxicology, Faculty of Medicine, University of Crete, 71003, Heraklion, Greece

ARTICLE INFO

Handling Editor: Dr. Konstantinos Poulas

Keywords:

COVID-19
SARS-CoV-2
Inoculation
mRNA vaccines
Viral vector vaccines
Adverse events
Vaccine safety

ABSTRACT

This article examines issues related to COVID-19 inoculations for children. The bulk of the official COVID-19-attributed deaths per capita occur in the elderly with high comorbidities, and the COVID-19 attributed deaths per capita are negligible in children. The bulk of the normalized post-inoculation deaths also occur in the elderly with high comorbidities, while the normalized post-inoculation deaths are small, but not negligible, in children. Clinical trials for these inoculations were very short-term (a few months), had samples not representative of the total population, and for adolescents/children, had poor predictive power because of their small size. Further, the clinical trials did not address changes in biomarkers that could serve as early warning indicators of elevated predisposition to serious diseases. Most importantly, the clinical trials did not address long-term effects that, if serious, would be borne by children/adolescents for potentially decades.

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.

1. Introduction

Currently, we are in the fifteenth month of the WHO-declared global COVID-19 pandemic. Restrictions of different severity are still in effect throughout the world [1]. The global COVID-19 mass inoculation is in its eighth month. As of this writing in mid-June 2021, over 800,000,000 people globally have received at least one dose of the inoculation and roughly half that number have been fully inoculated [2]. In the USA, about 170,000,000 people have received at least one dose and roughly 80 % of that number have been fully inoculated [2].

Also, in the USA, nearly 600,000 deaths have been officially attributed to COVID-19. Almost 5,000 deaths following inoculation have been reported to VAERS by late May 2021; specifically, “Over 285 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through May 24, 2021. During this time, VAERS received 4,863 reports of death (0.0017 %) among people who received

a COVID-19 vaccine.” [3] (the Vaccine Adverse Events Reporting System (VAERS) is a passive surveillance system managed jointly by the CDC and FDA [3]. Historically, VAERS has been shown to report about 1% of actual vaccine/inoculation adverse events [4]. See Appendix 1 for a first-principles confirmation of that result). By mid-June, deaths following COVID-19 inoculations had reached the 6000 levels.

A vaccine is legally defined as any substance designed to be administered to a human being for the prevention of one or more diseases [5]. For example, a January 2000 patent application that defined vaccines as “compositions or mixtures that when introduced into the circulatory system of an animal will evoke a protective response to a pathogen.” was rejected by the U.S. Patent Office because “The immune response produced by a vaccine must be more than merely some immune response but must be protective. As noted in the previous Office Action, the art recognizes the term “vaccine” to be a compound which prevents infection” [6]. In the remainder of this article, we use the term

* Corresponding author.

E-mail address: rkostoff@gmail.com (R.N. Kostoff).

<https://doi.org/10.1016/j.toxrep.2021.08.010>

Received 16 July 2021; Received in revised form 11 August 2021; Accepted 29 August 2021

Available online 14 September 2021

2214-7500/© 2021 The Author(s). Published by Elsevier B.V. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

‘inoculated’ rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission. Since its main function in practice appears to be symptom suppression, it is operationally a “treatment”.

In the USA, inoculations were administered on a priority basis. Initially, first responders and frontline health workers, as well as the frailest elderly, had the highest priority. Then the campaign became more inclusive of lower age groups. Currently, approval has been granted for inoculation administration to the 12–17 years demographic, and the target for this demographic is to achieve the largest number of inoculations possible by the start of school in the Fall. The schedule for inoculation administration to the 5–11 years demographic has been accelerated to start somewhere in the second half of 2021, and there is the possibility that infants as young as six months may begin to get inoculated before the end of 2021 [7].

The remainder of this article will focus on the USA situation, and address mainly the pros and cons of inoculating children under eighteen. The article is structured as follows:

Section 1 (the present section) introduces the problem.

Section 2 (Background):

- 1) provides the background for the declared COVID-19 “pandemic” that led to the present inoculations;
- 2) describes the clinical trials that provided the justification for obtaining Emergency Use Authorization (EUA) from the FDA to administer the inoculations to the larger population;
- 3) shows why the clinical trials did not predict either the seriousness of adverse events that have occurred so far (as reported in VAERS) or the potential extent of the underlying pre-symptomatic damage that has occurred as a result of the inoculations.

Section 3 (Mass Inoculation) summarizes the adverse events that have occurred already (through reporting in VAERS) from the mass inoculation and will present biological evidence to support the potential occurrence of many more adverse effects from these inoculations in the mid-and long-term.

Section 4 (Discussion) addresses these effects further

Section 5 (Summary and Conclusions) presents the conclusions of this study.

There are four appendices to this paper.

Appendix A provides some idea of the level of under-reporting of post-inoculation adverse events to VAERS and presents estimations of the actual number of post-inoculation deaths based on extrapolating the VAERS results to real-world experiences.

Appendix B provides a detailed analysis of the major clinical trials that were used to justify EUA for the inoculants presently being administered in the USA.

Appendix C summarizes potential adverse effects shown to have resulted from past vaccines, all of which could potentially occur as a result of the present inoculations.

Appendix D presents a novel *best-case scenario* cost-benefit analysis of the COVID-19 inoculations that have been administered in the USA.

2. Background

2.1. Pandemic history

In December 2019, a viral outbreak was reported in Wuhan, China, and the responsible coronavirus was termed Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) [8,9]. The associated disease was called Coronavirus Disease 2019, or COVID-2019. The virus spread worldwide, and a global pandemic was declared by the WHO in March 2020 [10,11]. Restrictive measures of differing severity were implemented by countries globally, and included social distancing, quarantining, face masks, frequent hand sanitation, etc. [12,13]. In the USA, these measures were taken as well, differing from state-to-state [14]. At

the same time, vaccine development was initiated to control COVID-19 [15]. In the USA, non-vaccine treatments were not encouraged at the Federal level, but different treatment regimens were pursued by some healthcare practitioners on an individual level [11,16,17].

By the end of May 2021, the official CDC death count attributed to COVID-19 was approaching 600,000, as stated previously. This number has been disputed for many reasons. First, before COVID-19 testing began, or in the absence of testing, after it was available, the diagnosis of COVID-19 (in the USA) could be made by the presumption of the healthcare practitioner that COVID-19 existed [4,18]. Second, after testing began, the main diagnostic used was the RT-PCR test. This test was done at very high amplification cycles, ranging up to 45 [19–21]. In this range, very high numbers of false positives are possible [22].

Third, most deaths attributed to COVID-19 were elderly with high comorbidities [1,22]. As we showed in a previous study [22], attribution of death to one of many possible comorbidities or especially toxic exposures in combinations [23] is highly arbitrary and can be viewed as a political decision more than a medical decision. For over 5 % of these deaths, COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death [24]. These deaths with comorbidities could equally have been ascribed to any of the comorbidities [22]. Thus, the actual number of COVID-19-based deaths in the USA may have been on the order of 35,000 or less, characteristic of a mild flu season.

Even the 35,000 deaths may be an overestimate. Comorbidities were based on the clinical definition of specific diseases, using threshold biomarker levels and relevant symptoms for the disease(s) of interest [25,26]. But many people have what are known as pre-clinical conditions. The biomarkers have not reached the threshold level for official disease diagnosis, but their abnormality reflects some degree of underlying dysfunction. The immune system response (including pre-clinical conditions) to the COVID-19 viral trigger should not be expected to be the same as the response of a healthy immune system [27]. If pre-clinical conditions had been taken into account and coupled with the false positives as well, the CDC estimate of 94 % misdiagnosis would be substantially higher.

2.2. Clinical trials

2.2.1. Clinical trials to gain FDA Emergency Use Authorization (EUA) approval

The unprecedented accelerated development of COVID-19 vaccines in the USA, dubbed Operation Warp Speed, resulted in a handful of substances available for clinical trials by mid-2020 [28]. These clinical trials were conducted to predict the safety and efficacy of the potential vaccines (which have turned out to be treatments/inoculations as stated previously), and thereby gain approval for inoculating the public at large [29]. An overview of the Pfizer clinical trials is presented in this section, and a more detailed description of the main clinical trials is shown in Appendix B.

Two types of inoculants have gained FDA EUA in the US: mRNA-based inoculants and viral vector-based inoculants, with the mRNA inoculants having the widest distribution so far. Comirnaty is the brand name of the mRNA-based inoculant developed by Pfizer/BioNTech, and Moderna COVID-19 Vaccine is the brand name of the mRNA-based inoculant developed by Moderna [30]. Both inoculants contain the genetic information needed for the production of the viral protein S (spike), which stimulates the development of a protective immune response against COVID-19 [31]. Janssen COVID-19 Vaccine is the brand name of the viral vector-based inoculant developed by Johnson and Johnson. Janssen COVID-19 vaccine uses an adenovirus to transport a gene from the coronavirus into human cells, which then produce the coronavirus spike protein. This spike protein primes the immune system to fight off potential coronavirus infection [32].

The results of these trials that allowed granting of EUA by the FDA

Table 1

Demographics (population for the primary efficacy endpoint). The number of participants who received vaccine and placebo, stratified by age.

AGE GROUP	Pfizer-BioNTech COVID-19 Vaccine (N = 18,242) n (%)	Placebo (N = 18,379) n (%)
≥12 through 15 years ^b	46 (0.3 %)	42 (0.2 %)
≥16 through 17 years	66 (0.4 %)	68 (0.4 %)
≥16 through 64 years	14,216 (77.9 %)	14,299 (77.8 %)
≥65 through 74 years	3176 (17.4 %)	3226 (17.6 %)
≥75 years	804 (4.4 %)	812 (4.4 %)

Symbols: b: “100 participants 12 through 15 years of age with limited follow-up in the randomized population received at least one dose (49 in the vaccine group and 51 in the placebo group). Some of these participants were included in the efficacy evaluation depending on the population analyzed. They contributed to exposure information but with no confirmed COVID-19 cases, and did not affect efficacy conclusions.”; N: number of test subjects, n: number of controls.

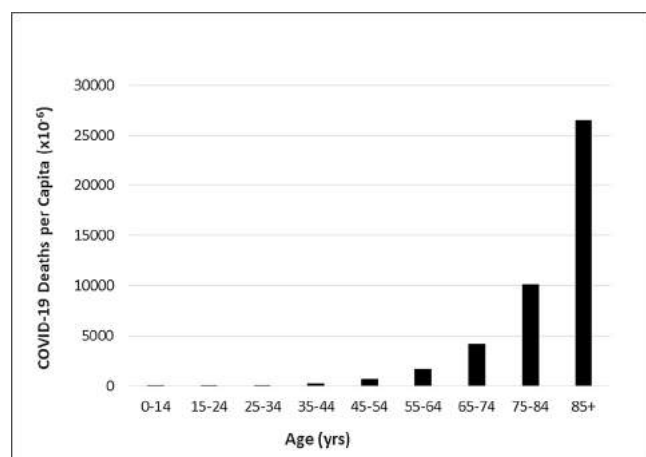


Fig. 1. COVID-19 Deaths per capita by age in the United States (as of Jun 5, 2021). Population-based on U.S. CDC WONDER Bridge-Race Population Estimate 2019. Data obtained from <https://wonder.cdc.gov/bridged-race-v2019.html> on 6/15/2021. Provisional COVID-19 deaths based on CDC data provided by the National Center for Health Statistics for the period 1/1/2020 – 6/5/2021. Data obtained from <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku> on 6/10/2021.

can be found in the inserts to the inoculation materials. For example, the Pfizer inoculation trial results are contained in the fact sheet for healthcare providers administering vaccine (vaccination providers) [33].

There were two clinical trials conducted to gain FDA EUA for Pfizer: a smaller Phase 1/2 study, and a larger Phase 1/2/3 study. The age demographics for the larger clinical study are as follows (from the Pfizer insert): “Of the total number of Pfizer-BioNTech COVID-19 Vaccine recipients in Study 2 (N = 20,033), 21.4 % (n = 4,294) were 65 years of age and older and 4.3 % (n = 860) were 75 years of age and older.” Additionally: “In an analysis of Study 2, based on data up to the cutoff date of March 13, 2021, 2,260 adolescents (1,131 Pfizer-BioNTech COVID-19 Vaccine; 1,129 placebo) were 12 through 15 years of age. Of these, 1,308 (660 Pfizer-BioNTech COVID-19 Vaccine and 648 placebo) adolescents have been followed for at least 2 months after the second dose of Pfizer-BioNTech COVID-19 Vaccine. The safety evaluation in Study 2 is ongoing.”

The relevant demographics are presented in Table 7 on p.31 of the Pfizer insert. The age component of those demographics is shown below in Table 1.

There are very minor differences between most of the data in the above table and the preceding narrative shown, and they are probably due to different time horizons. The major difference is the number of adolescents used and appears to result from a much later reporting time.

Fig. 1 uses the official large CDC numbers (coupled with USA census data estimates from CDC Wonder) to show the COVID-19 deaths per capita as a function of age, circa early June 2021. Unfortunately, the most critical range, 85+, has the least resolution. It is obvious that most of the deaths occurred in the 55 to 100+ range, and the remaining individuals in the other ranges (especially under 35) have negligible risk of dying from the disease.

The age distribution in Fig. 1 differs substantially from the age distribution in Table 1. Why is this important? When designing a trial for the efficacy and safety of a potential treatment, the focus should be on the target population who could benefit from that treatment. There is little rationale for including participants in a trial for whom the treatment would not be relevant or warranted.

For the COVID-19 Pfizer trials, based on the data from Fig. 1, the trial population should have been limited at most to the 45–100+ age segment, appropriately weighted toward the higher end where the deaths per capita are most frequent. That was almost the exact opposite of what was done in the Pfizer clinical trials. In Fig. 1, approximately 58 % of the deaths occurred in the age range 75+, whereas 4.4 % of the participants in the Pfizer clinical trial were 75+. Thus, the age range most impacted by COVID-19 deaths was minimally represented in the Pfizer clinical trials, and the age range least impacted by COVID-19 deaths was maximally represented in the Pfizer clinical trials. This skewed sampling has major implications for predicting the expected numbers of deaths for the target population from the clinical trials.

Besides age, the other metric of importance in determining COVID-19 deaths is the presence of comorbidities. The more comorbidities, and the more severe the comorbidities, the greater the chances of death or severe adverse outcomes from COVID-19. It is not clear how well the number and severity of comorbidities in the clinical trial sample matched those reflected in Fig. 1, but the insert does mention the large number of conditions that excluded participation in the trials. In sum, the results from the clinical trials could not be expected to reflect the results that could occur (and have occurred) from mass inoculation of the public, given the unaffected nature of the bulk of the trial population from SARS-CoV-2 exposure.

The prior discussion on the clinical trials has focused on the efficacy and safety of the inoculants, and the relationship of the trial test population to the total target population. We have limited the focus so far to the safety and efficacy issues since these constituted the core of what was presented to the FDA for EUA approval. We have not focused on the trials from an early warning indicator perspective.

We will address summarily the science/early warning indicator issues associated with the Pfizer trials, and how the neglect of these issues has translated into disastrous consequences during the mass inoculation rollout. Standard practice for determining and understanding the impact of new technology (such as mRNA “vaccines”) on a system involves measuring the state and flux variables of the system before the new technology intervention, measuring the state and flux variables of the system after the new technology intervention, and identifying the types and magnitudes of changes in the state and flux variables attributable to the intervention. This would be in addition to evaluating performance metrics before and after the intervention.

In Pfizer’s proposed clinical trials for the mRNA “vaccine” (Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals - <https://clinicaltrials.gov/ct2/show/NCT04368728>), the focus was on determining 1) adverse events/symptoms, 2) SARS-CoV-2 serum neutralizing antibody levels, 3) SARS-CoV-2 anti-S1 binding antibody levels and anti-RBD binding antibody levels, and 4) effectiveness. These metrics are all related to safety at the symptom level and performance.

However, symptoms/diseases are typically end points of processes

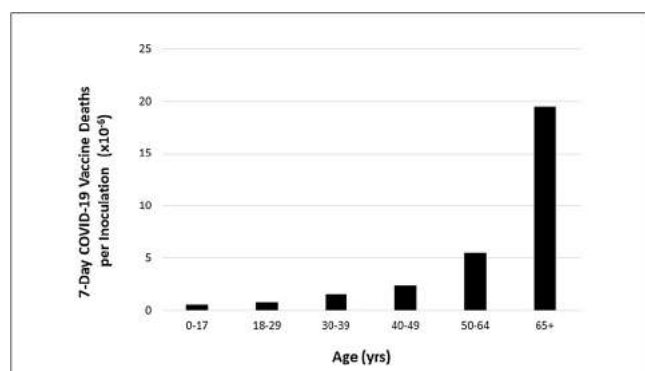


Fig. 2. Post-inoculation deaths per dose of inoculant. 7-day COVID-19 vaccine deaths per inoculation by age in the United States (as of 5/28/2021). Data shown includes the total number of all deaths up to 7 days after receiving the vaccine for both those administered 1 dose and the complete series of doses by age in the United States as of 5/28/2021 reported in VAERS (updated on 5/28/2021). COVID-19 Vaccinations (Inoculations) based on CDC data provided by ISSInfo up thru 5/28/2021. Data obtained from <https://data.cdc.gov/Vaccinations/COVID-19-Vaccination-Demographics-in-the-United-St/km4m-vcsb> on 6/10/2021. COVID-19 Vaccinations Deaths based on CDC WONDER VAERS Database as of 5/28/2021, obtained from <https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=4B5522C8D1DA68F1A364646B0DA5> on 6/9/2021.

that can take months, years, or decades to surface. During that symptom/disease development period, many biomarker early warning indicators tend to exhibit increasing abnormalities that reflect an increasing predisposition to the eventual symptom/disease. Thus, serious symptoms/diseases that ordinarily take long periods to develop would be expected to be rare events if they occurred shortly following an inoculation. If the clinical trials that were performed by Pfizer and Moderna were designed to focus on efficacy and *only adverse effects at the symptom level of description* as an indicator of safety, the trial results would be limited to the identification of rare events, and the trial results would potentially under-estimate the actual pre-symptom level damage from the inoculations.

Credible safety science applied to this experiment would have required a much more expansive approach to determining effects on a wide variety of state and flux metrics that could serve as early warning indicators of potentially serious symptoms/disease, and might occur with much higher frequencies at this early stage than the rare serious symptoms. The only mention of these other metrics in the above proposal is in the Phase I trial description: “Percentage of Phase 1 participants with abnormal haematology and chemistry laboratory values”, to be generated seven days after dose 1 and dose 2.

A paper published in NEJM in December 2020 [34] summarized the Phase 1 results. The focus was on local and systemic adverse events and efficacy metrics (antibody responses). The only metrics other than these reported were transiently decreased lymphocyte counts.

We view this level of reporting as poor safety science for the following reasons. Before the clinical trials had started, many published articles were reporting serious effects associated with the presence of the SARS-CoV-2 virus such as hyperinflammation, hypercoagulation, hypoxia, etc. SARS-CoV-2 includes the S1 Subunit (spike protein), and it was not known how much of the damage was associated with the spike protein component of SARS-CoV-2. A credible high-quality safety science experiment would have required state measurements of specific biomarkers associated with each of these abnormal general biomarkers before and after the inoculations, such as d-dimers for evidence of enhanced coagulation/clotting; CRP for evidence of enhanced inflammation; troponins for evidence of cardiac damage; occludin and claudin for evidence of enhanced barrier permeability; blood oxygen levels for evidence of enhanced hypoxia; amyloid-beta and phosphorylated tau for

evidence of increased predisposition to Alzheimer’s disease; Serum HMGB1, CXCL13, Dickkopf-1 for evidence of an increased disposition to autoimmune disease, etc. A credible high-quality safety science experiment would have required flux measurements of products resulting from the mRNA interactions, from the LNP shell interactions, from dormant viruses that might have been stimulated by the mRNA-generated spike protein, etc., emitted through the sweat glands, faeces, saliva, exhalation, etc.

Most importantly, these types of measurements would have shown changes in the host that did not reach the symptom level of expression but raised the general level of host abnormality that could predispose the host to a higher probability of serious symptoms and diseases at some point in the future. Instead, in the absence of high-quality safety science reflected in these experiments, all that could be determined were short-term adverse effects and deaths. This focus on symptoms masked the true costs of the mRNA intervention, which would probably include much larger numbers of people whose health could have been degraded by the intervention as evidenced by increased abnormal values of these biomarkers. For example, the trials and VAERS reported clots that resulted in serious symptoms and deaths but gave no indication of the enhanced predisposition to forming serious clots in the future with a higher base of micro-clots formed because of the mRNA intervention. The latter is particularly relevant to children, who have a long future that could be seriously affected by having an increased predisposition to multiple clot-based (and other) serious diseases resulting from these inoculations.

3. Mass inoculation

3.1. Adverse events reported for adults

This section describes the adverse effects that followed COVID-19 mass inoculation in the USA. The main source of adverse effects data used was VAERS. Because VAERS is used to estimate adverse event information by many other countries as well, a short overview of VAERS and its intrinsic problems is summarized in Appendix 1.

The period in the present study covered by the reported inoculations is mid-December 2020 to the end of May 2021. The population inoculated during this period is mainly adults. Child inoculations did not begin until mid-May. Because the different age groups were inoculated starting at different times based on priority, the elapsed times after inoculation will be different, and any adverse event comparisons across age groups will require some type of elapsed post-inoculation time normalization.

We examined VAERS-reported deaths by age group, normalized to:

- 1) the number of inoculations given
- 2) the period within seven days after inoculation.

This allows a credible comparison of very short-term adverse effects post-inoculation for all age groups. During this period, which is eight days post-inoculation (where day zero is the day of inoculation), sixty percent of all post-inoculation deaths are reported in VAERS.

Fig. 2 below shows the results circa late May 2021 [3]. The age band ranges are different from those in Fig. 1 because the CDC provides inoculation after-effect age bands differently from COVID-19 death age bands. In general, the inoculation deaths by age per inoculant roughly parallel the COVID-19 deaths by age per capita (the curve structures are very similar), with one exception: the 0–17 demographic. In the normalized COVID-19 death graph (Fig. 1), the deaths per capita in the 0–17 demographic are negligible, while in the normalized inoculant death graphs (Fig. 2) the normalized deaths are small, but not negligible. The members of the 65+ demographic, where the bulk of deaths are occurring in Figs. 1 and 2, have been receiving inoculations for five months, whereas the members of the youngest demographic have been receiving inoculations only for a few weeks. More time needs to pass

before more definitive conclusions can be drawn about the youngest demographic, and how its members are impacted adversely following the inoculations.

The high death rates from both COVID-19 and the inoculations in the 65+ demographic should not be surprising. In both cases, the immune system is challenged, and in both cases, a dysfunctional immune system characteristic of many elderly people with multiple comorbidities cannot respond adequately to the challenge.

3.1.1. Specific short-term adverse events reported in VAERS

The most comprehensive single evaluation of VAERS-reported adverse events (mainly for adult recipients of the COVID-19 “vaccines”) we have seen is a non-peer-reviewed collection of possible side effects by Dr. Ray Sahelian [35]. We recommend reading this short data-rich summary of the broad types of events reported already, in the context that these events are very short-term. Dr. Sahelian identifies five mechanisms he believes are responsible for most of these events, with research potentially uncovering other mechanisms. These five mechanisms include:

- 1 “An overreacting inflammatory response is known as systemic inflammatory response syndrome (SIRS). This SIRS reaction, perhaps a cytokine storm, can range from very mild to very severe. It can begin the very first day of the shot or begin days or weeks later as a delayed reaction.”
- 2 “Interaction of the spike proteins with ACE2 receptors on cell membranes. Such cells are found widely in the body including the skin, lungs, blood vessels, heart, mouth, gastrointestinal tract, kidneys, and brain.”
- 3 “Interaction of spike proteins with platelets and/or endothelial cells that line the inside of blood vessels. This can lead to clotting or bleeding (low number of circulating platelets in the bloodstream). Some of the clots, even if tiny, cause certain neurological symptoms if the blood supply to nerves is compromised.”
- 4 “Immediate or delayed release of histamine from mast cells and basophils (mast cell activation syndrome, MCAS).”
- 5 “Swelling of lymph nodes in various areas of the body could interfere with blood flow, put pressure on nerves causing pain, or compromise their proper function.”

These reactions can be classified as Hyperinflammation, Hypercoagulation, Allergy, and Neurological, and can contribute to many symptoms and diseases, as VAERS is showing.

An excellent review of acute and potential long-term pathologies resulting from the COVID-19 inoculations [36] showed potential relationships to blood disorders, neurodegenerative diseases and autoimmune diseases. This review discussed the relevance of prion-protein-related amino acid sequences within the spike protein.

3.1.2. Potential mid- and long-term events and serious illnesses for adults and children from past vaccines

A detailed description of potential mid- and long-term events and serious illnesses for adults and children from past vaccines is presented in Appendix C. Most of these events and illnesses are not predictable, and most, if not all, would be possible for the COVID-19 inoculations in the mid- and long-term for adults and children.

3.1.3. Potential short-, mid-, and long-term risks of mass COVID-19 inoculation for children

3.1.3.1. Intrinsic inoculant toxicity. Children are unique relative to COVID-19. They have negligible risks of serious effects from the disease, as shown in Fig. 1. Given that the COVID-19 inoculants were only tested for a few months, and mid-or long-term adverse effects are unknown, any mid- or long-term adverse events that emerge could impact children

adversely for decades.

We believe that mid-or long-term adverse effects are possible based on the recent emergence of evidence that would support the probability of mid-and long-term adverse effects from the COVID-19 inoculants, such as:

- 1) The spike protein itself can be a toxin/pathogenic protein:
- 2) S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function [37].
- 3) it is concluded that ACE2 and endothelial damage is a central part of SARS-CoV2 pathology and may be induced by the spike protein alone [38].
- 4) the spike protein of SARS-CoV-1 (without the rest of the virus) reduces ACE2 expression, increases angiotensin II levels, exacerbates lung injury, and triggers cell signaling events that may promote pulmonary vascular remodeling and Pulmonary Arterial Hypertension (PAH) as well as possibly other cardiovascular complications [39].
- 5) the recombinant S protein alone elicits functional alterations in cardiac vascular pericytes (PCs) [40]. This was documented as:
- 6) increased migration
- 7) reduced ability to support EC network formation on Matrigel
- 8) secretion of pro-inflammatory molecules typically involved in the cytokine storm
- 9) production of pro-apoptotic factors responsible for EC death. Furthermore, the S protein stimulates the phosphorylation/activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) through the CD147 receptor, but not ACE2, in cardiac PCs, the S protein may elicit vascular cell dysfunction, potentially amplifying, or perpetuating, the damage caused by the whole coronavirus [40].
- 10) “even in the absence of the angiotensin-converting enzyme 2 receptors, the S1 subunit from SARS-CoV-2 spike protein binding to neutral phospholipid membranes leads to their mechanical destabilization and permeabilization. A similar cytotoxic effect of the protein was seen in human lung epithelial cells.” [125].
- 11) The LNP layer encapsulating the mRNA of the inoculant is highly inflammatory in both intradermal and intranasal inoculation [41] and “Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine” [42]. “Humans are likely developing PEG antibodies because of exposure to everyday products containing PEG. Therefore, some of the immediate allergic responses observed with the first shot of mRNA-LNP vaccines might be related to pre-existing PEG antibodies. Since these vaccines often require a booster shot, anti-PEG antibody formation is expected after the first shot. Thus, the allergic events are likely to increase upon re-vaccination” [43].
- There is also the possibility that the components of the LNP shell could induce the ASIA Syndrome (auto-immune/inflammatory syndrome induced by adjuvants), as shown by studies on post-inoculation thyroid hyperactivity [44] and post-inoculation subacute thyroiditis [45].
- 12 The spike protein has been found in the plasma of post-inoculation individuals, implying that it could circulate to, and impact adversely, any part of the body [46].
- 13 The spike protein of SARS-CoV-2 crosses the blood-brain barrier in mice [47], and “the SARS-CoV-2 spike proteins trigger a pro-inflammatory response on brain endothelial cells that may contribute to an altered state of BBB function” [48].
- 14 The spike proteins manufactured in vivo by the present COVID-19 inoculations could potentially “precipitate the onset of autoimmunity in susceptible subgroups, and potentially exacerbate autoimmunity in subjects that have pre-existing autoimmune diseases”, based on the finding that anti-SARS-CoV-2 protein

antibodies cross-reacted with 28 of 55 diverse human tissue antigens [49].

- 15 “The biodistribution of ChaAdOx1 [Astra Zeneca’s recombinant adenovirus vaccine candidate against SARS-CoV-2] in mice confirmed the delivery of vaccine into the brain tissues [50]. The vaccine may therefore spur the brain cells to produce CoViD spike proteins that may lead to an immune response against brain cells, or it may spark a spike protein-induced thrombosis. This may explain the peculiar incidences of the fatal cerebral venous sinus thrombosis (CVST) observed with viral vector-based CoViD-19 vaccines” [51,52].

A complementary perspective to explain adenovirus-based vaccine-induced thrombocytopenia is that “transcription of wildtype and codon-optimized Spike open reading frames enables alternative splice events that lead to C-terminal truncated, soluble Spike protein variants. These soluble Spike variants may initiate severe side effects when binding to ACE2-expressing endothelial cells in blood vessels.” [100].

- 16 A Pfizer Confidential study performed in Japan showed that “modRNA encoding luciferase formulated in LNP comparable to BNT162b2” injected intramuscularly concentrated in many organs/tissues in addition to the injection site [53]. The main organs/sites identified were adrenal glands, liver, spleen, bone marrow, and ovaries. While damage to any of these organs/sites could be serious (if real for humans), adverse effects on the ovaries could be potentially catastrophic for women of child-bearing or pre-childbearing age.

The main objective of credible biodistribution studies (of inoculants for eventual human use) is to identify the spatio-temporal distribution of the actual inoculant in humans; i.e., how much of the final desired product (in this case, expressed protein antigen/spike protein) is produced in different human tissues and organs as a function of time. That’s not what was reported in the Pfizer Confidential study.

Rats were used for the *in vivo* studies; the relationship of their biodistribution to that of humans is unclear. They were injected in different locations (hindpaw/intramuscular); the relationship to human injections in the deltoid muscle is unclear. They were injected with “modRNA encoding luciferase formulated in LNP comparable to BNT162b2”; it is unclear why they weren’t injected with BNT162b2, it is unclear why spike protein expression wasn’t evaluated rather than LNP concentration, and it is unclear how well the biodistribution from the actual inoculant used in the experiments compares to the biodistribution from BNT162b2.

They were injected once per rat. Given that a second injection would not be in the same exact location as the first, and that the circulatory system might have changed due to clotting effects from the first injection and other potential vascular complications, it is unclear how the biodistribution change with the second injection would compare with the first. If a booster injection is given to counter variants, it is unclear how its biodistribution would be altered as a consequence of the preceding two injections.

Clotting will occur with the highest probability where the blood flow is reduced (and more time is available for LNP-endothelial cell interaction). It is unclear whether the clotting process would show *positive feedback* behaviour where the initial inoculation constricts the flow in low-velocity regions even further by enhanced clotting, and subsequent inoculations further amplify this reduced flow-enhanced clotting cycle.

The rats were injected under pristine conditions; how that compares with humans, who have been, are being, and will continue to be exposed to multiple toxic substances in combination, is open to question. We know these combinations can act synergistically to adversely impact myriad organs and tissues throughout the body [23]. We don’t know how these toxic exposures in humans affect the permeability of the blood/tissue barriers, and especially the ability of the injected material to diffuse into the bloodstream (and also the ability of the manufactured

spike proteins to diffuse from the bloodstream into the surrounding tissue).

Higher-level primates should have been used for these short-term experiments, to obtain a more realistic picture of the biodistribution of inoculant in human organs and tissues. In other words, these laboratory experiments may be just the tip of the iceberg of estimating the amount of inoculant that concentrates in critical organs and tissues of human beings.

The many studies referenced above indicate collectively that the mRNA-based COVID-19 inoculations (the most prolific inoculations used in the USA for COVID-19 so far) consist of (at least) two major toxins: the instructions for the spike protein (mRNA) and the mRNA-encapsulating synthetic fat LNP. The vaccine is injected into the deltoid muscle, at which time it contributes to inflammation at the injection site due in part to the LNP and potentially to anaphylaxis from the LNP PEG-2000 component. Some of the injected material stays at the injection site, where it combines with cells through endocytosis to express spike protein on the cell surface, stimulating the adaptive immune system to eventually produce antibodies to the spike protein [54].

The remainder of the injected material enters the lymphatic system and the bloodstream, and is distributed to tissues and organs throughout the body: e.g., “Drugs administered by the intramuscular (IM) route are deposited into vascular muscle tissue, which allows for rapid absorption into the circulation” [55]. The basis of this process is that the bulky muscles have good vascularity, and therefore the injected drug quickly reaches the systemic circulation and thereafter into the specific region of action, bypassing the first-pass metabolism [56]. The widespread distribution is greatly enhanced by the LNP PEG-2000 coating as follows: building from the success of PEGylating proteins to improve systemic circulation time and decrease immunogenicity [57]. PEG coatings on nanoparticles shield the surface from aggregation, opsonization, and phagocytosis, prolonging systemic circulation time. [57]. PEG coatings on nanoparticles have also been utilized for overcoming various biological barriers to efficient drug and gene delivery associated with other modes of administration. [57]

In the bloodstream, one possible outcome is that the LNPs coalesce with the endothelial cells on the inner lining of the blood vessels and transfer the mRNA to the cells through endocytosis. The endothelial cells would then express the spike protein on their surface. Platelets flowing by the spike protein express ACE2 receptors on their surface; therefore, one possible outcome would be activation of the platelets by the spike protein and initiation of clotting. Another possible outcome would be the modified endothelial cells being recognized by innate immune system cells as foreign. These immune killer cells would then destroy parts of the endothelium and weaken the blood-organ barriers. The LNPs would inflame the endothelium as well, both increasing barrier permeability and increasing the blood vessel diameter. This weakening of the blood-organ barriers would be superimposed on any inflammation due to the myriad toxic contributing factors operable [4]. The newly-formed cells with spike proteins would penetrate the blood-organ barriers and bind to tissue with expressed ACE2 receptors. Any LNPs that did not coalesce with the endothelial cells, but remained intact, could also pass through the permeable blood-organ barrier, and coalesce directly with the organ cells. This could lead to an attack by innate immune system cells, and be a precursor to autoimmunity [4].

In the preceding discussion of the Pfizer biodistribution studies, the issue of multiple inoculations on changes in biodistribution was raised. Similarly, the alteration of effects as described above by multiple inoculations must be considered. Each inoculation will have positive aspects and negative aspects. The positive aspects are the formation of antibodies in the muscle cells and lymphatic system. The negative aspects include, but are not limited to, the potential clotting effects and permeability increases for that fraction of the inoculant that enters the bloodstream. The first inoculant dose can be viewed as priming the immune system. The immune response will be relatively modest. The second inoculant dose can be expected to elicit a more vigorous immune

Table A1
Expected deaths from non-COVID-19 causes for inoculees (Thousands).

Potential covid deaths/# non-covid expected	Mean time location/five months									
	0	%REP	1/3	%REP	1/2	%REP	2/3	%REP	1	%REP
0	723	0.5	482	0.74	362	0.98	242	1.47	4.77	75
.5	1085	0.33	723	0.5	543	0.66	363	0.98	7.14	50
1	1446	0.25	964	0.37	724	0.49	484	0.74	9.51	37

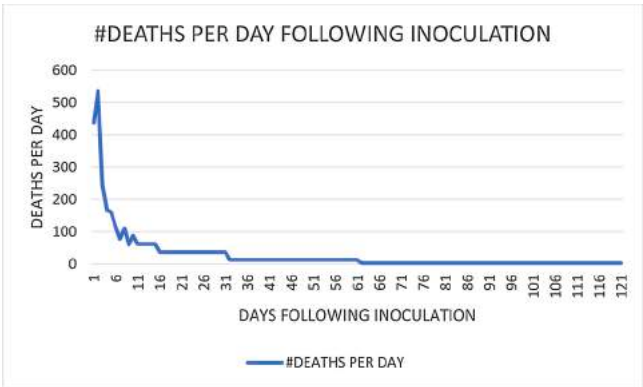


Fig. A1. Figure A1-1 is a plot of number of deaths from COVID-19 inoculation (reported to VAERS and obtained from the CDC search engine CDC Wonder) as a function of days from inoculation (zero reflects day of inoculation). If there were no effect from the inoculation, as claimed by the CDC and other official government agencies, the curve would be essentially a straight horizontal line, reflecting normal expected deaths in a non-COVID-19 year. The curve is stepped past the tenth day because the data after that point is provided in bands by CDC Wonder. The knee of the curve, which will denote the beginning of the transition of 1) deaths **from** inoculation to 2) deaths **expected**, appears somewhere in the range between day ten and day thirty.

Table A2
Actual COVID-19 inoculation-based deaths.

Actual COVID-19 inoculation-based deaths from vaers reporting				
	Separate Groups		Overlapping Groups	
Expected Deaths Reported	37	20	37	20
Range Of Days Inoculation Deaths	0–30	0–30	0–30	0–30
Total Reported Deaths Over Range	2901	2901	2901	2901
Total Expected Deaths Over Range	1147	620	1147	620
Inoculation-Based Deaths Reported	1754	2281	2901	2901
Expected Deaths Reported/Total Expected	.0077	.0041	.0077	.0041
Total Actual Inoculation-Based Deaths Using Expected Ratio (Above)	227792	556341	376753	707561

Table A3
Possible COVID-19 inoculation-based deaths.

Possible COVID-19 inoculation-based deaths from vaers reporting				
	Separate Groups		Overlapping Groups	
Expected Deaths Reported	10	15	10	15
Range Of Days Inoculation Deaths	0–30	0–30	0–30	0–30
Total Reported Deaths Over Range	2901	2901	2901	2901
Total Expected Deaths Over Range	310	465	310	465
Inoculation-Based Deaths Reported	2591	2436	2901	2901
Expected Deaths Reported/Total Expected	.0021	.0031	.0021	.0031
Total Actual Inoculation-Based Deaths Using Expected Ratio (Above)	1233810	785806	1381429	935806

response. This will enhance the desired antibody production in the muscle cells and lymphatic system, but may also enhance the immune response to both the blood vessel-lining endothelial cells displaying the spike protein and the platelets, causing more severe damage. If a booster (s) inoculation is also required, this may further enhance both the positive and negative immune responses resulting from the second inoculation. While the positive effects are reversible (antibody levels decrease with time), adverse effects may be cumulative and irreversible, and therefore injury and death rates may increase with every additional inoculation [58].

These effects can occur throughout the body in the short term, as we are seeing with the VAERS results. They can occur in the mid- and long-term as well, due to the time required for destructive processes to have full effect and the administration of further inoculations. For example, micro-clots resulting from the inoculation that were insufficient to cause observable symptoms could in effect raise the baseline for thrombotic disease [92]. Lifestyle activities that contribute to enhanced blood clotting would have less distance to travel to produce observable symptoms, and thus the serious effects of clotting would have been accelerated [59,60]. As an example: the risk of venous thrombosis is approximately 2- to 4-fold increased after air travel [61]. How much this rate would increase after the inoculations, where microthrombi have formed in some recipients, is unknown. These potential baseline-raising effects could impact the interpretation of the VAERS results, as we show at the end of Appendix 1.

3.1.3.2. Adverse inoculant effects on children. What are the potential mid- and long-term adverse health effects from the COVID-19 inoculation on children specifically, taking into account that they will be exposed not only to the spike protein component of the SARS-CoV-2 virus but also to the toxic LNP encapsulating-shell? This toxic combination will have bypassed many defensive safeguards (typically provided by the innate immune system) through direct injection [62]. As we have shown, the main reasons why we believe the spike protein could be harmful to children even though they don't seem to get sick from exposure to SARS-CoV-2 are 1) the bypassing of the innate immune system by inoculation, 2) the larger volume of spike protein that enters the bloodstream, and 3) the additional toxic effects of the encapsulating LNP layer.

3.1.3.2.1. Potential mid-term adverse health effects. Examination of the myriad post-COVID-19 inoculation symptoms/biomarker changes for the 0–17 age demographic reported to VAERS circa mid-June 2021 provides some indication of very early damage [84]. Main regions/systems affected adversely (VAERS symptoms/biomarkers shown in parentheses) include:

- Cardiovascular (blood creatine phosphokinase increased, cardiac imaging procedure abnormal, echocardiogram abnormal, electrocardiogram abnormal, heart rate increased, myocarditis, palpitations, pericarditis, tachycardia, troponin I increased, troponin increased, fibrin D-Dimer increased, platelet count decreased, blood pressure increased, bradycardia, brain natriuretic peptide increased, ejection fraction decreased, migraine)
- Gastrointestinal (abdominal pain, diarrhoea, vomiting, alanine aminotransferase increased, aspartate aminotransferase increased.)
- Neural (gait disturbance, mobility decreased, muscle spasms, muscle twitching, seizure, tremor, Bell's Palsy, dyskinesia)

- Immune (C-Reactive Protein increased, red blood cell sedimentation rate increased, white blood cell counts increased, inflammation, anaphylactic reaction, pruritis, rash, lymphadenopathy)
- Endocrine (heavy menstrual bleeding, menstrual disorder)

In addition, there were large numbers of different vision and breathing problems reported.

All the major systems of the body are impacted, and many of the major organs as well. Given the lag times in entering data into VAERS and the fact that inoculations of children started fairly recently, we would expect the emphasis to be immediate symptomatic and biomarker reactions. More time is required for organ and system damage to develop and emerge. Cardiovascular problems dominate, as our model for spike protein/LNP circulation and damage predicts, and it is unknown how reversible such problems are. Many of the VAERS symptoms listed above were also found in COVID-19 adult patients [64].

Consider the example of Multisystem Inflammatory Syndrome in Children (MIS-C). It has emerged in VAERS with modest frequency so far, and it also occurred about a month after COVID-19 infection [65]. In both cases, the presence of the spike protein was a common feature. Many of its characteristic symptoms are those listed above from VAERS. MIS-C has similarities with known disease entities like Kawasaki Disease (KD), toxic shock syndrome (TSS) and macrophage activation syndrome (MAS)/secondary hemophagocytic lymphohistiocytosis (HLH) [66]. One presentation of MIS-C is in adolescents with a high disease burden as evidenced by more organ systems involved, almost universally including cardiac and gastrointestinal systems, and with a higher incidence of shock, lymphopenia, and elevated cardiac biomarkers indicating myocarditis [67]. Since the first reports of children developing MIS-C, it was evident that others presented with some of the classic symptoms of the well-recognized childhood illness KD [68]. Further, despite KD being ordinarily incredibly rare in adults, patients with MIS-A have also been reported with KD-like features. [68] Thus, an examination of the adverse effects from COVID-19 as evidenced through these diseases might shed some light on what can be expected further down the line from the inoculations.

The following section addresses Kawasaki disease (KD) and Multisystem Inflammatory Syndrome in Children (MIS-C) [65].

KD is an acute vasculitis and inflammation that predominantly affects the coronary arteries and can cause coronary artery aneurysms. Other KD manifestations include systemic inflammation of arteries, organs, and tissues, with consequent hepatitis and abdominal pain; lung interstitial pneumonitis, aseptic meningitis due to brain membrane inflammations; myocarditis, pericarditis, and valvulitis; urinary tract pyuria, pancreatitis; and lymph-node enlargement [69]. In general, although almost all children fully recover, some of them later develop coronary artery dilation or aneurysm [70]. Etiologically and pathologically, numerous studies indicate that KD is triggered by an abnormal autoimmune response caused by an infection [71]. The infection hypothesis is supported by epidemiology data showing that an infectious disease is involved at least as a starting point. Previously proposed infectious agents include Herpesviridae, retroviruses, Parvovirus B19, bocavirus, and bacterial infections such as staphylococci, streptococci, Bartonella, and Yersinia infections [72].

SARS-CoV-2 adds to these infectious agents by eliciting autoantibodies likely via molecular mimicry and cross-reactivity with autoantigens [72,73].

Then, the formation of antigen–antibody immune complexes can lead to KD symptoms via activation of the receptors of mast cells, neutrophils, and macrophages with consequent release of pro-inflammatory cytokines and increase of blood vessel permeability; activation of the complement system, stimulation of neutrophils and macrophages to secrete proteases and more proinflammatory cytokines [74], thus merging into the “cytokine storm” that characterizes MIS-C [75]. Indeed, features of KD are raised levels of Interleukin (IL)-6, IL-8, IL-15, and IL-17, with the cytokine level predicting coronary aneurysm

formation in KD patients [76,77]

3.1.3.2.2. Potential long-term adverse health effects. In the long-term, SARS-CoV-2-induced KD vasculitis can lead to severe pathologies. Vasculitis has a predilection for coronary arteries with a high complication rate across the lifespan for those with medium to large coronary artery aneurysms [78]. The cytokine-induced inflammation produces endothelial dysfunction and damage to the vascular wall, leading to aneurysmal dilatation. Successively, vascular remodeling can also occur, but this does not imply resolution of the disease or reduction of risk for future complications. A rigorous follow-up to detect progressive stenosis, thrombosis and luminal occlusion that may lead to myocardial ischemia and infarction becomes mandatory [78]. Of equal importance, among other long-term outcomes, children with KD may have increased risks not only for ischemic heart disease, but also for autoimmune disorders, cancer as well as an increased all-cause mortality [71].

Additional questions regarding mass inoculation of children and adolescents include:

- a) Do children, being asymptomatic carriers of SARS-CoV-2, transmit the virus?
- b) Do recently vaccinated people, infected with SARS-CoV-2, transmit the virus?

There is evidence of children transmitting SARS-CoV-2 in community settings, but the existing literature is heterogeneous with regards to the relative rate at which they do so compared to adults [79].

Studies from South Korea and Thailand found a very limited number of secondary cases [80,81]. On the contrary, a large contact tracing study from India concluded that the highest probability of transmission was between case-contact pairs of similar age and that this pattern of enhanced transmission risk was highest among children 0–4 years of age as well as adults 65 years of age and older [80].

With regard to the second question, it was shown that household members of healthcare workers inoculated with a single dose of either Pfizer or Astra Zeneca COVID-19 inoculant were at significantly reduced risk of PCR-confirmed SARS-CoV-2 infection but at non-statistically significant reduced risk of hospitalization, compared to household members of uninoculated healthcare workers, fourteen days after inoculation [82]. This finding again underlines the association of severe disease to the characteristics of the infected person and not directly to the transmission, implying that the elderly should be inoculated and not the children.

3.2. Novel best-case scenario cost-benefit analysis of COVID-19 inoculations for most vulnerable

Traditional cost-benefit analyses are typically financial tools used to estimate the potential value of a proposed project. They involve generating cost streams over time, benefit streams over time, and then comparing the net present value of these two streams (including risk) to see whether the risk-adjusted discounted benefits outweigh the risk-adjusted discounted costs. Appendix D presents a detailed non-traditional *best-case scenario* pseudo-cost-benefit analysis of inoculating people in the 65+ demographic in the USA. In this incarnation of a cost-benefit analysis, the costs are the number of deaths resulting from the inoculations, and the benefits are the lives saved by the inoculations. The time range used was from December 2019 to end-of-May 2021. No discounting was done; an inoculation-based death occurring immediately post-inoculation was given the same importance/weighting as an inoculation-based death months after inoculation.

Why was this non-traditional approach selected for a cost-benefit analysis? In a traditional non-financial cost-benefit analysis relative to inoculations, the adverse events prevented by the inoculations would be compared with the adverse events resulting from the inoculations. Presently, in the USA, definitions, test criteria, and reporting incentives

for COVID-19 and its inoculants have shifted over time, and we believe a standard approach could not be performed credibly. Appendix Da presents some of the problems with the COVID-19 diagnostic criteria on which the above statements are based.

In contrast to the pandemic buildup phase, where many who died *with* COVID-19 were assumed to have died *from* COVID-19 by the medical community and the CDC, the post-inoculation deaths reported in VAERS are assumed by the CDC to be mostly from causes other than the inoculations. We wanted to use a modified cost-benefit analysis that would have less dependence on arbitrary criteria and subjective judgments.

The approach selected can be viewed as a *best-case scenario* pseudo-cost-benefit analysis. We assume the inoculations prevent *all* the deaths *truly* attributable to COVID-19 (these are the total deaths attributed to COVID-19 officially minus 1) the number of false positives resulting from the PCR tests run at very high amplification cycles and 2) the number of deaths that could have been attributed to one of the many comorbidities that were typical of those who succumbed, as shown in our results section) over the period December 2019 to end-of-May 2021, and relate that number to the deaths *truly* attributable to the inoculation (from January 2021 to end-of-May 2021) based on our computations in the results section. The results show *conservatively* that there are five times the number of deaths *truly* attributable to each inoculation vs those *truly* attributable to COVID-19 in the 65+ demographic. As age decreases, and the risk for COVID-19 decreases, the cost-benefit increases. Thus, if the best-case scenario looks *poor* for benefits from the inoculations, any realistic scenario will look *very poor*. For children the chances of death from COVID-19 are negligible, but the chances of serious damage over their lifetime from the toxic inoculations are not negligible.

4. Discussion

Two issues arise from these results.

First, where is the data justifying inoculation for children, much less most people under forty? It's not found on Fig. 1, where the most vulnerable are almost exclusively the elderly with many comorbidities [83]. Yet, in the USA, Pfizer has been approved to inoculate children 12–17, and the goal is to accomplish this by the start of the school year in the Fall. As stated previously, there are plans to inoculate children as young as six months starting before the end of 2021.

What is the rush for a group at essentially zero risks? Given that the inoculations were tested only for a few months, only very short-term adverse effects could be obtained. It is questionable how well even these short-term effects obtained from the clinical trials reflect the short-term effects from the initial mass inoculation results reported in VAERS.

Figs. 1 and 2 reflect only these very short-term results. A number of researchers have suggested the possibility of severe longer-term autoimmune, Antibody-Dependent Enhancement, neurological, and other potentially serious effects, with lag periods ranging from months to years. If such effects do turn out to be real, the children are the ones who will have to bear the brunt of the suffering. There appear to be no benefits for the children and young adults from the inoculations and only Costs!

The second issue is why the deaths shown on Fig. 2 were not predicted by the clinical trials. We examined the Pfizer trial results (based on a few months of testing) and did not see how (potentially) hundreds of thousands of deaths could have been predicted from the trials' mortality results. Why this gap?

As we showed in the clinical trials section, 17.4 % of the Pfizer sample members were over 65, and 4.4 % were over 75. When the later phases of the trials started in late July 2020, the managers knew the COVID-19 age demographics affected from the July 2020 analog of Fig. 1. Rather than sampling from the age region most affected, they sampled mainly from the age region least affected! And even in the very limited sampling from the oldest groups, it is unclear whether they

selected from those with the most serious comorbidities. Our impression is that the sickest were excluded from the trials, but were first in line for the inoculants.

It is becoming clear that the central ingredient of the injection, the recipe for the spike protein, will produce a product that can have three effects. Two of the three occur with the production of antibodies to the spike protein. These antibodies could allegedly offer protection against the virus (although with all the "breakthrough" cases reported, that is questionable), or could suppress serious symptoms to some extent. They could also cross-react with human tissue antigen, leading to potential autoimmune effects. The third occurs when the injected material enters the bloodstream and circulates widely, which is enabled by the highly vascular injection site and the use of the PEG-2000 coating.

This allows spike protein to be manufactured/expressed in endothelial cells at any location in the body, both activating platelets to cause clotting and causing vascular damage. It is difficult to believe this effect is unknown to the manufacturer, and in any case, has been demonstrated in myriad locations in the body using VAERS data. There appears to be modest benefit from the inoculations to the elderly population most at risk, no benefit to the younger population not at risk, and much potential for harm from the inoculations to both populations. It is unclear why this mass inoculation for all groups is being done, being allowed, and being promoted.

5. Overall conclusions

The people with myriad comorbidities in the age range where most deaths with COVID-19 occurred were in very poor health. Their deaths did not seem to increase all-cause mortality as shown in several studies. If they hadn't died with COVID-19, they probably would have died from the flu or many of the other comorbidities they had. We can't say for sure that many/most died from COVID-19 because of: 1) how the PCR tests were manipulated to give copious false positives and 2) how deaths were arbitrarily attributed to COVID-19 in the presence of myriad comorbidities.

The graphs presented in this paper indicate that the frail injection recipients receive minimal benefit from the inoculation. Their basic problem is a dysfunctional immune system, resulting in part or in whole from a lifetime of toxic exposures and toxic behaviors. They are susceptible to either the wild virus triggering the dysfunctional immune system into over-reacting or under-reacting, leading to poor outcomes or the injection doing the same.

This can be illustrated by the following analogy. A person stands in a bare metal enclosure. What happens when the person lights a match and drops it on the floor depends on what is on the floor. If the floor remains bare metal, the match burns for a few seconds until extinguished. If there is a sheet of paper on the floor under the match, the match and the paper will burn for a short time until both are extinguished. If, however, the floor is covered with ammonium nitrate and similar combustible/explosive materials, a major explosion will result! For COVID-19, the wild virus is the match. The combustible materials are the toxic exposures and toxic behaviors. If there are no biomarker 'footprints' from toxic exposures and toxic behaviors, nothing happens. If there are significant biomarker 'footprints' from toxic exposures and toxic behaviors, bad outcomes result.

Adequate safety testing of the COVID-19 inoculations would have provided a distribution of the outcomes to be expected from 'lighting the match'. Since adequate testing was not performed, we have no idea how many combustible materials are on the floor, and what the expected outcomes will be from 'lighting the match'.

The injection goes two steps further than the wild virus because 1) it contains the instructions for making the spike protein, which several experiments are showing can cause vascular and other forms of damage, and 2) it bypasses many front-line defenses of the innate immune system to enter the bloodstream directly in part. Unlike the virus example, the injection ensures there will always be some combustible materials on the

floor, even if there are no other toxic exposures or behaviors. In other words, the spike protein and the surrounding LNP are toxins with the potential to cause myriad short-, mid-, and long-term adverse health effects even in the absence of other contributing factors! Where and when these effects occur will depend on the biodistribution of the injected material. Pfizer's own biodistribution studies have shown the injected material can be found in myriad critical organs throughout the body, leading to the possibility of multi-organ failure. And these studies were from a single injection. Multiple injections and booster shots may have cumulative effects on organ distributions of inoculant!

The COVID-19 reported deaths are people who died **with** COVID-19, not necessarily **from** COVID-19. Likewise, the VAERS deaths are people who have died **following** inoculation, not necessarily **from** inoculation.

As stated before, CDC showed that 94 % of the reported deaths had multiple comorbidities, thereby reducing the CDC's numbers attributed strictly to COVID-19 to about 35,000 for all age groups. Given the number of high false positives from the high amplification cycle PCR tests, and the willingness of healthcare professionals to attribute death to COVID-19 in the absence of tests or sometimes even with negative PCR tests, this 35,000 number is probably highly inflated as well.

On the latter issue, both Virginia Stoner [85] and Jessica Rose [86] have shown independently that the deaths **following** inoculation are not coincidental and are **strongly related to** inoculation through strong clustering around the time of injection. Our independent analyses of the VAERS database reported in Appendix 1 confirmed these clustering findings.

Additionally, VAERS historically has under-reported adverse events by about two orders-of-magnitude, so COVID-19 inoculation deaths **in the short-term** could be in the hundreds of thousands for the USA for the period mid-December 2020 to the end of May 2021, potentially swamping the *real* COVID-19 deaths. Finally, the VAERS deaths reported so far are for the very short term. We have no idea what the death numbers will be in the intermediate and long-term; the clinical trials did not test for those.

The clinical trials used a non-representative younger and healthier sample to get EUA for the injection. Following EUA, the mass inoculations were administered to the very sick (and first responders) initially, and many died quite rapidly. However, because the elderly

who died following COVID-19 inoculation were very frail with multiple comorbidities, their deaths could easily be attributed to causes other than the injection (as should have been the case for COVID-19 deaths as well).

Now the objective is the inoculation of the total USA population. Since many of these potential serious adverse effects have built-in lag times of at least six months or more, we won't know what they are until most of the population has been inoculated, and corrective action may be too late.

All the authors contributed equally and approved the final version of the manuscript.

Author's contribution

Kostoff RN contributed to this paper with conception, data analysis, and writing the manuscript; Calina D contributed to data analysis, writing the manuscript, and editing; Kanduc D participated in data analysis and writing the manuscript; Briggs MB participated in data analysis, results validation, and graphics development; Vlachoyiannopoulos P participated in writing the manuscript; Svistunov AA participated in editing and reviewing the manuscript; Tsatsakis A participated in editing and reviewing the manuscript; all the authors contributed equally and approved the final version of the manuscript.

Ethical approval

Not applicable.

Declaration of Competing Interest

The authors declare that they have no competing interests. Aristides Tsatsakis is the Editor-in-Chief for the journal but had no personal involvement in the reviewing process, or any influence in terms of adjudicating on the final decision, for this article.

Acknowledgement

Not applicable.

Appendix A

EXPECTED DEATHS IN 65+ DEMOGRAPHIC VS COVID-19 INOCULATION DEATHS

The goal of this appendix is to estimate the number of actual deaths from the COVID-19 inoculation based on the number of deaths following inoculation reported in VAERS [93,94,101]. The approach used will:

- 1) identify the number of deaths following COVID-19 inoculation that would have been **expected** without COVID-19 inoculation (i.e., pre-COVID-19 death statistics);
- 2) relate the VAERS **expected** death data to the actual number of deaths **expected** based on historical death statistics; and
- 3) apply this ratio to scale-up the deaths attributed to COVID-19 inoculation reported in VAERS to arrive at actual deaths attributable to COVID-19 inoculation.

For example, if ten deaths could be shown in VAERS to reflect expected pre-COVID-19 deaths, and the actual number of expected pre-COVID-19 deaths from historical data was 100, the scaling factor of deaths would be ten to translate VAERS-reported deaths to actual deaths. Then, the deaths reported in VAERS that can be attributed to the COVID-19 inoculation will be multiplied by the expected deaths scaling factor, ten, to arrive at the actual number of deaths resulting from the COVID-19 inoculation. Thus, if VAERS shows fifty deaths that can be attributed to the COVID-19 inoculation, then the actual number of deaths attributed to COVID-19 will be 500 with these assumptions [3].

The basis for our approach is the following statement from the USA Federal government: "Healthcare providers are required to report to VAERS the following adverse events after COVID-19 vaccination [33] and other adverse events if later revised by FDA" [96,102,103]. "Serious AEs regardless of causality.", including death [3,95].

If there had been full compliance with this requirement in VAERS, then the VAERS-reported deaths would have equaled the sum of

- 1) actual expected deaths (based on past statistics)

2) actual deaths over and above expected deaths that could be attributed to the COVID-19 inoculations.

Based on this requirement, we will generate a rough estimate (in the simplest form possible) of the number of deaths that would have occurred in the 65+ demographic if there had been no COVID-19 “pandemic”. Then, we will relate this number to the number of deaths reported to VAERS following COVID-19 inoculations in the 65+ demographic. This would provide a “floor” for estimating the fraction of actual deaths reported to VAERS. This will be followed by parameterizing potential deaths attributable to the COVID-19 inoculations and displaying the effects on ratio of reported deaths to actual deaths. We will perform a global analysis and a local analysis, to see whether major or minor differences occur. The local analysis (Section A1-a2) may be somewhat easier to comprehend than the global analysis, but both come to similar conclusions.

A1-a Deaths Following COVID-19 Inoculations Reported to VAERS Compared to Expected Deaths

A1-a . Problems with VAERS

Before we discuss numbers of adverse events reported by VAERS, we need to identify potential shortcomings of, and problems with, VAERS, so these numbers of adverse events can be understood in their proper context. As stated previously, VAERS is a passive surveillance system managed jointly by the CDC and FDA, and historically has been shown to report about 1% of actual vaccine/inoculation adverse events (confirmed by the first principles analysis that follows in this appendix). There is no evidence that even the 1% reported have been selected randomly.

Some of this gross underreporting of adverse events reflects a major conflict-of-interest of CDC with respect to VAERS. CDC provides funding for administration of many vaccines, including the COVID-19 inoculations. Prior to COVID-19, the CDC provided about five billion dollars annually to the Vaccines for Children Program alone [102].

For COVID-19, the CDC has received many billions of dollars in supplemental funding for myriad activities, including vaccine distribution. It is difficult to separate out the CDC funding available for vaccine distribution from other CDC COVID-19 related activities, but one budget item (of many) should illustrate the magnitude of the effort: “Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116–260): P.L. 116–260 provided \$8.75 billion to CDC to plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage.” [3]. Low reporting rates of actual adverse events in VAERS should not be surprising, since the same organization that receives multi-billions of dollars in funding annually for promoting and administering vaccines also has responsibility for monitoring the safety of these products (whose liability has been waived).

In addition, the 1% reporting rates came from a thirty-day tracking study [22], and therefore are strictly applicable to *very near-term* adverse events. For mid-term and especially long-term events, the reporting rates would be much lower, since the links between inoculation and adverse events would be less obvious. That doesn’t mean these non-very-short-term adverse events don’t exist; it just means they haven’t been tracked. Absence of evidence is not evidence of absence. Thus, the VAERS numbers should be viewed as a very low “floor” of the numbers and types of adverse events from COVID-19 inoculations that exist in the real-world.

A1-a2 Global analysis

We used 2019 death statistics from CDC to start the analysis. According to search results from CDC Wonder [104] obtained 11 June 2021, there were 2,117,332 deaths from all causes for people aged 65+ in the United States in 2019. Assuming uniformity throughout the year, there would have been 882,000 deaths occurring the first five months of the year, and that number will be used as the expected deaths for the first five months of 2021. From the same source, the population estimate is 54,000,000 for the 65+ age range. From CDC COVID-19 data tracker, the number of people 65+ vaccinated with at least one dose is 44,000,000 [24].

For those who were inoculated somewhere in the time frame 1 January 2021 to 31 May 2021, the number who would have been expected to die in the period from inoculation to 31 May will be a function of the duration of this period. For example, if all 44,000,000 people had been fully inoculated on 1 January 2021, then the number expected to die post-inoculation from non-COVID-19 inoculation causes would be simply $(44,000,000 / 54,000,000) \times 882,000$, or 723,000 deaths. Conversely, if all 44,000,000 people had been fully inoculated on 31 May 2021, then the number expected to die post-inoculation from non-COVID-19 inoculation causes would be extremely small [24].

For an accurate estimation of the number expected to die post-inoculation from non-COVID-19 causes, one would need to integrate the time between inoculation and 31 May over the inoculation temporal distribution function. For present purposes, we will do a very rough approximation by modeling the inoculation distribution function as a delta function occurring at a mean temporal location. In other words, we compress all inoculations an individual receives into one, identify the mean temporal location from the actual inoculation distribution function, and compute the expected deaths based on the distance from 31 May to the temporal mean point.

From a graph of inoculation trends in the CDC data tracker [101] the distribution appears to be non-symmetrical pyramidal, rising to a peak in mid-April. This is slightly over the 2/3 point in the five-month range of interest. We will approximate the mean time point as 2/3 of the distance.

Table A1 displays the mean time normalized to the five-month study window vs potential deaths from COVID-19 inoculation (not expected from prior census data) normalized to the deaths expected from prior census data. Each cell represents the percent of deaths reported in VAERS following inoculation relative to total deaths (number of deaths expected from prior census data plus number of deaths following COVID-19 inoculation not contained in the expected death group). The model on which the table is based is as follows: there are two classes of deaths for the period following COVID-19 inoculation. One is the deaths expected from prior census data, and the other is deaths attributable mainly to COVID-19 inoculation. There would be potentially substantial overlap between the two in this age group (and perhaps other age groups as well). We assume that we can tag those individuals who would be expected to die based on prior census data. The remaining deaths attributable to COVID-19 inoculation not contained within the tagged group are classified as potential COVID deaths in Table A1.

Consider the cell (2/3,0). The mean time is about mid-April 2021 and the only deaths occurring are those expected (some may have died because of the inoculation, but they were sufficiently ill that they would have died during that period without the inoculation). There were 723,000 expected deaths and 3560 reported, yielding a ratio of deaths reported in VAERS to actual deaths of ½%.

Consider the cell (1/2,1). The mean time would have been about mid-March 2021 and the inoculation distribution would have resembled an isosceles triangle. The total deaths occurring are those expected and an equal number whose deaths were attributed to COVID-19 inoculation but did not overlap with those in the tagged expected group (there still could have been some/many in the latter group that may have died because of the

inoculation, but they were sufficiently ill that they would have died during that period without the inoculation). There were 724,000 total deaths that occurred during that period and 3560 reported, yielding a ratio of deaths reported in VAERS to actual deaths of $\frac{1}{200}$. [3]

So, according to Table A1, focusing on the parameter most closely reflecting the actual inoculation distribution (2/3), the reporting percentages of actual to total are about 1%. This mirrors the Harvard Pilgrim study results (referenced in our vaccine safety study) which were obtained through an entirely different empirical approach [4]. At least for deaths reporting, there appears to be an approximately two order of magnitude difference between actual and reported deaths in VAERS.

Table A1 used two parameters to examine a broad spectrum of possible results, the mean time and the number of deaths solely attributable to COVID-19 inoculation. The mean time parameter was fairly well known and constrained in interpretation, because it was based on an empirical inoculation distribution function. The number of deaths solely attributable to COVID-19 inoculation is completely unknown.

As will be shown in the next section, the numbers of deaths reported in VAERS are strongly related to the inoculation date by clustering, but those who died might also have been those who would have died anyway because they were expected to die. There were probably some of each in that group reported. But we have no idea of the total number whose death could be directly attributed to COVID-19 inoculation and who were not in the group expected to die. For all we know, there could have been ten million people in that group, and only an extremely small fraction of that total group was reported in VAERS.

Suppose, for example, that the actual number of deaths reported in VAERS came from two groups: 90 % were from the inoculation-attributable death group and 10 % were from the expected death group. Assume there is no overlap between the two groups. In that case, what VAERS shows is not that 1% of actual expected deaths were reported, but rather that 1/10 of one percent of the expected deaths were reported. If that metric is used as the standard to scale up to total deaths, then the number in the actual inoculation-attributable death group is not 100 times the VAERS reported deaths, but rather 1000 times the VAERS-reported deaths! The point is we can't "reverse-engineer" the reported VAERS death numbers to get the actual inoculation-attributable deaths because it depends on the unknown contribution of each of the two groups (expected deaths and inoculation-attributable deaths) to the VAERS reported deaths, and we can't separate those out.

All this analysis shows is that, at best, only about 1% of the number expected to die was reported, and because the number reported in VAERS included deaths from both groups, the fraction from each actual group of deaths could not be determined. Realistically, we may have to wait until mid-2022, when the 2021 total deaths for each age group are finalized, to ascertain whether we can see increases in all-cause mortality that could have come from the inoculation-attributable deaths.

A1-a3 Local Analysis

Another way of estimating VAERS reporting efficiency is to perform a local analysis, focused on clustering about date of COVID-19 inoculation. For the 65+ demographic, the post-inoculation deaths cluster near the vaccination date, providing evidence of a **strong link to the inoculation**.

Following the approach in the first section of this appendix, we calculate the deaths expected in any ten-day period based on 2019 pre-COVID-19 death statistics. For the inoculated group, the number of deaths expected for any ten-day period are (2,117, 332 deaths/per year) x (44,000,000/54,000,000 fraction of population in age range inoculated) x (10/365 fraction of year), or 47,270 deaths.

BEST-CASE SCENARIO

Consider the ten days following inoculation (including day of inoculation). Approximately 2,000 deaths were reported in VAERS. Assume hypothetically that all these deaths were in the expected category; this can be viewed as a *best-case scenario*. In this *best-case scenario*, where the concentration of deaths is the highest and is normalized to the expected number of non-COVID-19 inoculation deaths (excluding deaths due solely to COVID-19 inoculation), 2,000/47,270 % of actual deaths (inoculation-related or not), or 4.23%, are reported in VAERS. Thus, at best, VAERS is underreporting by a factor of 20.

Suppose in that ten-day interval there had been 10,000 deaths that could be directly attributed to COVID-19 inoculation in addition to the expected deaths. This would have given a ratio of 2,000/57,270 actual total deaths, or 3.5 % reported in VAERS. This latter approach requires less assumptions than the former approach, but still yields results of only a few percent actual deaths reported in VAERS.

The Harvard Pilgrim electronic tracking study of post-vaccination events reported to VAERS performed in 2010 [4] showed a 1 % reporting rate for a thirty-day period. In the present case, 2900 post-inoculation deaths were reported to VAERS within thirty days of inoculation, or 82 % of total deaths for the 65+ demographic. Substituting thirty days for ten in the above computation yields 141,810 expected non-COVID-19 post-inoculation deaths for the thirty-day period, or 2% that are reported in VAERS. The Harvard study used an electronic system that automatically tracked every event that occurred, no matter how small. Because of the effort (time and cost) required to submit event reports to VAERS, we suspect that only the more serious events, such as death, would be reported, and even in this case, the numbers reported are miniscule.

We also did an analysis for sixty days post-inoculation. In the present case, 3300 post-inoculation deaths were reported to VAERS within sixty days of inoculation, or 93 % of total deaths for the 65+ demographic. Substituting sixty days for ten in the above computation yields 283620 expected non-COVID-19 post-inoculation deaths for the thirty-day period, or 1.2 % that are reported in VAERS. Remember, this normalization is based only on expected deaths. If 100,000 deaths attributable mainly to the COVID-19 inoculation beyond those that overlapped with the expected group occurred during this period, then the denominator would have to be increased by 100,000, yielding a VAERS reporting rate of 0.86 %.

Thus, both the global and local analyses, and the Harvard Pilgrim empirical analysis, are converging on the same two orders-of-magnitude difference between the actual number of deaths that occurred in the USA and those reported in VAERS. Depending on how many people have really died as a result of the COVID-19 inoculation, this reporting rate could well be a fraction of a percent!

A1-a3a Local Clustering Analysis

We end this appendix with one more example from the local analysis. Some background perspective is required. In the buildup to the pandemic (putting aside the issue of high false positives from PCR tests run at high numbers of amplification cycles), almost anyone who died **with** COVID-19 was assumed to have died **from** COVID-19, irrespective of the number of potentially lethal comorbidities they had. The CDC admitted later that about

94 % of the deaths attributed to COVID-19 would ordinarily have been attributed to one of the comorbidities.

For this example, we adopt a similar philosophy for the COVID-19 inoculations. People in the 65+ demographic who have died following inoculation are divided into two groups: those who died **from** the inoculation and those who died as **expected** based on pre-COVID-19 death data. The two groups range from being entirely separate to completely overlapping. We will examine two cases: entirely separate and completely overlapping.

How are the members of each group determined? The death **from** inoculation group consists of those whose deaths cluster significantly around the date of inoculation. The deaths expected group are the number who would have died in the absence of COVID-19. We allow for overlap, where each person who died can be double-valued (a member of both groups), but not double-counted.

To obtain a relatively precise estimate of expected deaths, we would want to select a region of time where the distribution function has substantially leveled off. From Fig. A1, the thirty-sixty-day range appears reasonable. However, there is a time issue here. Given the lag time in data reported by VAERS, most of the data in this range will probably have come from inoculations in January and February, and early-mid March, approximately 35 percent of the total inoculations. Therefore, we could multiply the thirty-sixty-day average number of deaths by 3 to obtain 40 expected deaths per day. An even simpler way to estimate the expected deaths reported in VAERS is to use the 15–30-day average shown, which will represent most of the range. This value is 37, which is close to the 40 obtained with the above approximation. This analysis should be re-run in three-four months, when more of the long-range data has been filled in.

Table A2 shows the results of our analysis. As stated previously, two separate cases were analyzed: completely separate groups and completely overlapping groups. Two values of daily expected deaths were used: the 37 as described above, and 20 to account for potentially lower expected death reporting when the VAERS data has filled in more completely.

Thus, based on the deaths reported in VAERS following COVID-19 inoculation, and assuming the inoculation-related deaths are reported in the same ratio as expected deaths, the actual number of deaths strongly related to the COVID-19 inoculation should be scaled up by factors of 100–200. For the broadest definition of VAERS coverage provided by CDC Wonder, which includes the USA and all territories, protectorates, and possessions, the total deaths following COVID-19 were 5200 in early June 2021. Using our scaling factors, this translates into somewhere between one-half million and one-million deaths, and this has not taken into account the lag times associated with entering data into VAERS. Compared with the 28,000 deaths the CDC stated were due to COVID-19 and not associated morbidities for the 65+ age range, the **inoculation-based deaths are an order-of-magnitude greater than the COVID-19 deaths!** It should be remembered these are only the **very-short-term inoculation-based deaths**, and could increase dramatically if mid- and long-term adverse effects come to fruition.

We end this appendix with an even more unsettling possibility. The main assumption upon which the results in Table A2 were based is that the post-inoculation temporal distribution function shown in Fig. A1 could be divided into two regions. The strongly varying region originating from the inoculation date reflected deaths from the inoculation, and the essentially flat region that followed reflected expected deaths (that flat region also started at the inoculation date, and formed the base on which the highly varying region is positioned). This model excludes the possibility that deaths from the inoculation extend well beyond the limits of the highly varying region.

We know in general this is not true. There can be lag effects such as ADE in the Fall viral season, and longer-term effects such as autoimmune diseases. We postulate that there are other effects from the inoculation that could result in the same flat death profile as that for expected deaths.

Consider the following. Some of the damage we have seen following the inoculations in VAERS includes coagulation/clotting effects and neurological effects of all types [63]. If these effects are not lethal initially, they raise the level of dysfunction. Thus, platelet aggregation has increased to a new base level, and micro-clots have raised the probability of serious clots forming from other lifestyle factors [105]. Death of specific neurons can increase the risk of Alzheimer's disease or Parkinson's disease, and can accelerate the onset of these and many other diseases. Thus, the adverse impacts of the COVID-19 inoculations could be viewed as raising the level of expected deaths in the future. Any deaths of this nature reported in VAERS would need to be viewed as inoculation-driven, and the expected deaths used in the computations would be reduced accordingly.

Consider Table A3 below. The “expected deaths reported” have been reduced below their counterparts in Table A2 to illustrate parametrically how the total inoculation-based deaths would change from VAERS reporting if this baseline effect is operable. While Table A2 used values of 37 and 20 for expected deaths, Table A3 uses values of 10 and 15.

Thus, if the baseline of the host for coagulation/clotting, inflammation, hypoxia, neurodegeneration, etc., has been raised by the inoculations, translating into an increase in expected deaths and accelerated deaths, then it is entirely plausible that the VAERS death numbers reflect over a million deaths from COVID-19 inoculations so far. These are very short-term-effects only, and time will tell whether the large potential waves of ADE-driven deaths and autoimmune-driven deaths come to pass.

Appendix B

DETAILED ANALYSIS OF MAJOR COVID-19 INOCULANT CLINICAL TRIALS

A2-a Clinical Trials in the Mainly Adult Population

Definitions. *Efficacy* is the degree to which a vaccine prevents disease, and possibly also transmission, under ideal and controlled circumstances – comparing a vaccinated group with a placebo group [106].

Effectiveness refers to how well a vaccine performs in the real world [107]

Relative Risk (RR) is computed by dividing the percentage of patients that contracted disease in the vaccine arm by the percentage of patients that contracted disease in the placebo arm.

Relative Risk Reduction (RRR) is computed by subtracting the RR from 1.

Absolute Risk Reduction (ARR) is computed by subtracting the percentage that contracted disease in the vaccine arm from the percentage that contracted disease in the placebo arm.

Absolute Risk = probability = incidence.

Cumulative Incidence represents the number of new cases in a period of time / population at risk.

Incidence Density is the number of new cases of a given disease during a given period in specified population; also, the rate at which new events occur in a defined population.

Immunogenicity is the ability of a molecule or substance to provoke an immune response or the strength or magnitude of an immune response. It can be a positive (wanted) or negative (unwanted) effect, depending on the context.

Immune Response is an integrated systemic response to an antigen (Ag), especially one mediated by lymphocytes and involving recognition of Ags by specific antibodies (Abs) or previously sensitized lymphocytes [108]

Safety data for Pfizer and Moderna trials:

There were two major COVID-19 inoculant clinical trials: Pfizer/BioNTech and Moderna.

The Pfizer clinical trials were titled officially “a phase 1/2/3, placebo-controlled, randomized, observer-blind, dose-finding study to evaluate the safety, tolerability, immunogenicity, and efficacy of sars-cov-2 rna vaccine candidates against covid-19 in healthy individuals” [98]. The “Actual Study Start Date” was 29 April 2020, the “Estimated Primary Completion Date” was 2 November 2020, and the “Estimated Study Completion Date” is 2 May 2023. Thus, the mass inoculation rollout so far has been conducted in parallel with the Pfizer Phase III Clinical Trial. For all practical purposes, the mass global inoculation of the Pfizer inoculant recipients can be considered Phase III 2.0 of the Clinical Trials! The inclusion criteria for the official Phase III Clinical Trials incorporated (as stated in the title and in the protocol document) healthy individuals, while the criteria for mass inoculation went well beyond healthy individuals. In essence, we have an official Phase III Clinical Trial with 73,000+ healthy individuals, and an unofficial Phase III Clinical Trial with billions of individuals covering a wide spectrum of health levels [98].

The Pfizer Phase III trials were initiated July 2020, the efficacy data were submitted to the FDA for EUA approval in November 2020, and FDA approval was granted in December 2020. Six deaths occurred in the Pfizer trial, two in the inoculated group and four in the placebo group (which received saline) [33]. The two inoculated, both over the age of 55, died of cardiovascular causes. One died three days after inoculation and the other died 62 days after inoculation [109]. These two deaths were comparable (in frequency and cause) to placebo group deaths and perhaps more importantly, similar to the general population at that age. In the case of Moderna, there were 13 deaths, six in the inoculated group, seven in the placebo group (normal saline placebo, a mixture of sodium chloride in water 0.90 % w/v) at 21–57 days after the inoculation ([103]b).

In a report by the Norwegian National Medicines Association, published on 15 January 2021, there were 23 elderly people (all over the age of 75 and frail) in nursing homes, who died at various intervals from the time of inoculation with mRNA inoculant. The report then suggested that, following the assessment, 13 of the 23 deaths would have been a direct result of the side effects of inoculation. It is possible that the other 10 deaths were post-inoculation, but not directly related to side effects, so not necessarily related to the inoculant itself [109].

It is no surprise that frail elderly people can be fatally destabilized by adverse reactions associated with post-inoculation inflammation, which in a young adult would have been considered minor. It is also no surprise that frail elderly people with comorbidities can be fatally destabilized from COVID-19 infection, which in a young adult or child would have been considered minor. A frail elderly person can be fatally destabilized by a simple coughing fit! This does not mean that these deaths are not events that need to be taken very seriously; on the contrary, if confirmed, they should guide inoculation policies in this category of patients from now on. Specifically, each case should be carefully assessed and an inoculation decision made based on the risk-benefit ratio [110].

In light of these data, the question may arise as to why there were no inoculant-attributed deaths in clinical testing of inoculants. The answer is that neither Pfizer nor Moderna included frail patients and included only a small number of very elderly patients - those over 75 accounted for 4.4 % of the total tested for Pfizer and 4.1 % for Moderna. While they could not in fact determine a causal relationship between inoculation and death, they also could not rule out that the inoculations had accelerated the deterioration of the condition of those patients [33].

Effectiveness data

As defined previously, the effectiveness of a vaccine lies in its ability to prevent a particular disease. If designed, tested, and administered correctly, authorized vaccines are effective in preventing disease and protecting the population. Like medicines, vaccines are not 100 % effective in all vaccinated people. Their effectiveness in a person depends on several factors. These include: age; other possible diseases or conditions; time elapsed since vaccination; previous contact with the disease.

To be declared safe and effective, a vaccine against COVID-19 infection must pass a series of tests and must meet regulatory standards, like any other vaccine or drug approved on the pharmaceutical market [111].

Regarding Pfizer and Moderna trials:

The first important note is that maximum efficiency does not come immediately, because the immune response needs time.

In the case of Pfizer, the chance of developing COVID-19 becoming virtually the same between the inoculated and placebo groups increases up to 12 days after the first inoculation, then gradually decreases for those inoculated. The inoculum efficiency between the first and second doses is 52 % [106], but it is unclear what long-term protection a single dose provides. After the second dose, the effectiveness rises to 91 % and only beyond 7 days after the second dose is 95 % reached. However, the ARR for the latter case is only 0.7 % [112]. In other words, within 12 days after the first dose we can get COVID-19 as if we had not been inoculated. Another important aspect is that we still do not know if the Pfizer inoculant prevents severe cases. Seven days after the second dose, there were four severe cases of COVID-19, one in the inoculated group and three in the placebo group, which is far too low for us to make a statistical assessment. There are as yet no data on the inoculant’s ability to prevent community transmission. Realistically, the effectiveness of the inoculant in preventing asymptomatic cases has not been tested.

For Moderna, the effectiveness is only 50 % in the first 14 days after the first dose and reaches a maximum of 92.1 % on the edge of the second dose (ARR of 1.1 %, which is 28 days, not 21 as in the case of Pfizer) [46]. Moderna also did not test the long-term efficacy of a single dose. Then, 14 days after the second dose, the effectiveness rises to 94.1 %, with the amendment being an average. Thus, in people over 65 it was 86.4 %, compared to 95.6 % in the 18–65 age range ([103]). It is a minor difference from Pfizer, which declares equal efficiency in all age groups. An important observation is the statement by Moderna that their inoculant prevents severe cases, but only more than 14 days after both doses [126]. All 30 severe cases were in the placebo group, suggesting 100 % efficacy. After a single dose, there were two severe cases among those inoculated and four in the placebo group [33]. Last, but not least, unlike Pfizer, Moderna tested the presence of asymptomatic infection by RT-PCR before the second dose: there were 39 asymptomatic cases in the placebo group and 15 in the inoculated group. It is difficult to draw definitive conclusions due to the small number of cases. These data suggest that the inoculant reduces, but does not prevent, asymptomatic transmission [126].

A2-b Ongoing Clinical Trials in the Pediatric Population

In a recent Phase III study performed in the pediatric population, Comirnaty (Pfizer) was tested on a group of 2,260 children, aged 12–15, years who had no previous clinical signs of SARS-CoV-2 infection. They were divided into two groups, one placebo (978 children) and the other with Comirnaty (1005 children). In the Comirnaty group, of the 1005 children in whom the serum was administered, none developed COVID-19 disease,

compared with the placebo group in which 16 children in 978 had clinical signs of the disease. The Pfizer study showed that the children's immune response was comparable to the immune response in the 16–25 age group (measured by the level of antibodies against SARS-CoV-2). It could be concluded that in this study, Comirnaty was 100 % effective in preventing SARS-CoV-2 infection, although the actual rate could be between 75 % and 100 %. [63]. The results will be evaluated by the FDA and EMA.

The predictive value (for mass inoculation results) of the Comirnaty trial for the children aged 12–15 years is questionable. There were 1005 children who were inoculated with Comirnaty. Using the rule of three in statistics, where to obtain a predictive result of 1/x with high confidence (e.g., 1 in a thousand), 3x participants are required for the test sample. For the Comirnaty test sample of 1005, an adverse event of about 1/340 could be detected with high confidence.

What does this mean in the real world? In the USA, there are approximately 4,000,000 children in each age year for adolescents. Thus, there are 16,000,000 children in the 12–15 age band. A serious adverse event, including death, that occurred at a 1/800 rate would not be detectable with high confidence in a sample of 1005 people. Thus, the results of the trials for 1005 children would allow for 20,000 children to suffer a non-trial-detected serious adverse event, including death, when extrapolated to potential inoculation of all children in the 12–15 age group! 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.***

Also, the evaluation of efficacy in children aged 6 months to 11 years has recently begun and continues [24]. Pfizer began enrolling children under 12 to evaluate the COVID-19 mRNA inoculant. Also, Comirnaty will be evaluated in a new clinical trial for children aged 6 months to 11 years. In the first phase, the study will enroll 144 people and will identify the required dose for 3 age groups (6 months - 2 years, 2–5 years and 5–11 years). After a 6-month follow-up period, the parents/guardians of children in the placebo group will have the option of allowing their children to receive the inoculation. The results are expected in the second half of 2021.

Moderna also began a study to evaluate the mRNA inoculation in children aged 6 months to 12 years. Both companies have already started testing vaccines in 14-year-olds. In the US, children make up 23 % of the population [113].

Data on the risks and benefits of possible inoculation in children and adolescents are currently insufficient and no recommendation can be made. Specifically, mass child inoculations cannot be recommended until the benefits and minimal projected risks have been demonstrated in a sufficiently large trial to provide confidence that mass inoculation will have an acceptable level of adverse effects relative to the demonstrated benefits. On the other hand, children often experience COVID-19 asymptotically, and the SARS-CoV-2 infection progresses harmlessly. Currently, in the context of limited inoculation capacities, there is no indication of urgent inoculation of children. In the context of declining incidences of SARS-CoV-2 infections and demonstrated low serious adverse effects from COVID-19 infections for children and adolescents, the issue of inoculating children and adolescents is no longer paramount. Authorized forums must calculate what prevails for children and adolescents: the benefits or risks.

A2-c Clinical Trial Issues for Other Categories

Although people with severe comorbidities such as obesity or oncological conditions were not initially included in the clinical trials that led to obtaining EUA, they were included in subsequent studies, some even ongoing. In their case, it seems that the efficacy was lower compared to the results obtained initially with healthy adults.

The interim analysis of data from a prospective observational study indicates the need to prioritize cancer patients for timely (respectively 21-day) booster administration in the case of administration against COVID-19 with Comirnaty. According to the study, the effectiveness of a single dose of Comirnaty among cancer patients is low, but the immunogenicity of patients with solid cancers increased at 2 weeks after receiving the second dose of inoculant 21 days after the first dose. Because the study was conducted in the UK, participants inoculated before December 29, 2020 received two doses of Comirnaty 21 days apart, and those who started the regimen after this date were scheduled to receive a second dose of Comirnaty 12 weeks apart. first administration. Thus, the study continues to collect data from participants receiving Comirnaty 12 weeks after the first dose.

Approximately 21 days after a single dose of Comirnaty, the proportion of study participants who tested positive for anti-S IgG antibodies was [114]:

- 94 % among healthy participants;
- 38 % among patients with solid cancers;
- 18 % among patients with hematological cancers.

Among participants who received the 21-day booster and for whom biological samples were available two weeks after the second dose, the following proportions of confirmation as seropositive for anti-S IgG antibodies were reported [114].

- 100 % of healthy participants, compared to 86 % of the same group of participants who did not receive the second dose;
- 95 % of patients with solid cancers, compared with 30 % of the same group of participants who did not receive the second dose;
- 60 % of patients with hematological cancers, compared with 11 % of the same group of participants who did not receive the second dose.

Two other studies suggest low immunogenicity in the context of Comirnaty administration in patients with hematological cancers. In one study, patients with chronic lymphocytic leukemia (CLL) had significantly reduced immune response rates to COVID-19 inoculation compared to healthy participants of the same age. Considerable variations in post-administration immune response have been reported among patients with CLL depending on their stage of treatment

The effectiveness of Comirnaty administration was also evaluated in elderly patients with multiple myeloma [115]. 21 days after administration of the first dose of Comirnaty inoculation (before receiving the second dose), 20.5 % of patients with multiple myeloma compared to 32.5 % of control participants had neutralizing antibodies against SARS-CoV-2. One possible explanation could be that the therapy negatively affects the production of antibodies. However, the administration of the second dose is important for the development of the immune response in these patients [115].

Preliminary data from the v-safe surveillance system, the v-safe pregnancy registry and the Vaccine Adverse Event Reporting System (VAERS) do not indicate obvious safety signals regarding pregnancy or the associated neonatal implications with mRNA injections against COVID-19 *in the third trimester of pregnancy* [3]. The study included 35,691 pregnant women [116]. Compared to non-pregnant women, pregnant women reported more frequent pain at the injection site as an adverse event associated with mRNA COVID-19 vaccination, and headache, myalgia, chills, and fever were reported less frequently. In the context where initial clinical trials of messenger RNA-based inoculants have not evaluated the efficacy and safety of innovative technology among pregnant women, these preliminary data *from the third trimester only* help to inform both pregnant women and health professionals in making the inoculation decision. However, continuous monitoring through large-scale longitudinal studies remains necessary to investigate the effects associated with maternal anti-COVID-19 inoculation on mothers, pregnancies, the neonatal period and childhood.

On the other hand, the inoculation landscape has become even more complex due to new circulating viral variants. Authorities recommend genomic surveillance and adaptation in order to be effective against new variants (different from the initial strain that was detected at the end of 2019). The efficacy data of Comirnaty against circulating viral variants are highlighted in a very recent study in Israel which showed that the protection offered by the Pfizer inoculant against variant B.1.351 (first identified in South Africa) is lower [112].

The results have not yet been submitted to the expertise of specialists. The study compared nearly 400 adults who were diagnosed with COVID-19 at least 14 days after receiving one or two doses of the inoculant to the same number of uninoculated people. It was found that B.1.351 represents approximately 1 % of the COVID-19 cases studied. But among patients who received two doses of inoculant, the prevalence rate of the variant was eight times higher than in those not inoculated - 5.4 % compared to 0.7 %. This suggests that Comirnaty is less effective against variant B.1.351, compared to the original variant and variant B.1.1.7. The limitation of the study comes from the small number of adult people studied, but it is an alarm signal for a closer study of these cases. In addition, it seems that at present, the prevalence of this variant is low. On the other hand, in early April, Pfizer announced that according to the results of the Phase III study in the adult population, Comirnaty also demonstrated 100 % efficacy in the prevention of Covid-19 disease caused by SARS-CoV-2 variant B.1.351 (9 cases of Covid-19 were recorded, all in the placebo group, and after sequencing it was found that 6 had been determined by B.1.351) [117].

Appendix C

MID- AND LONG-TERM ADVERSE EFFECTS FROM PRIOR VACCINES

A 2020 study emphasizing mid- and long-term adverse effects from prior vaccines [4] identified the following sixteen mid- and longer-term potential issues concerning vaccines. These include:

- 3.1. Antibody-Dependent Enhancement** (where enhanced virus entry and replication in a number of cell types is enabled by antibodies);
 - 1a. Intrinsic Antibody-Dependent Enhancement (where non-neutralizing antibodies raised by natural infection with one virus may enhance infection with a different virus);
 - 1b. Immune Enhancement (enhancement of secondary infections via immune interactions);
 - 1c. Cross-Reactivity (an antibody raised against one specific antigen has a competing high affinity toward a different antigen.);
 - 1d. Cross-Infection Enhancement (infection enhancement of one virus by antibodies from another virus);
- 3.2. Vaccine-Associated Virus Interference** (where vaccinated individuals may be at increased risk for other respiratory viruses because they do not receive the non-specific immunity associated with natural infection);
 3. Vaccine-Associated Imprinting Reduction (where vaccinations could also reduce the benefits of ‘imprinting’, a protection conferred upon children who experienced infection at an early age)
 4. Non-Specific Vaccine Effects on Immune System (where previous infections can alter an individual’s susceptibility to unrelated diseases);
 5. Impact of Infection Route on Immune System (where immune protection can be influenced by the route of exposure/delivery);
 6. Impact of Combinations of Toxic Stimuli (where people are exposed over their lifetime to myriad toxic stimuli that may impact the influence of any vaccine);
 7. Antigenic Distance Hypothesis (negative interference from prior season’s influenza vaccine (v1) on the current season’s vaccine (v2) protection may occur when the antigenic distance is small between v1 and v2 ($v1 \approx v2$) but large between v1 and the current epidemic (e) strain ($v1 \neq e$).);
 8. Bystander Activation (activation of T cells specific for an antigen X during an immune response against antigen Y);
 9. Gut Microbiota (Impact of gut microbial composition on vaccine response);
 10. Homologous Challenge Infection Enhancement (the strain of challenge virus used in the testing assay is very closely related to the seed virus strain used to produce the vaccine that a subject received);
 11. Immune Evasion (evasion of host response to viral infection);
 12. Immune Interference (interference from circulating antibody to the vaccine virus);
 - 12a. Original Antigenic Sin (propensity of the body’s immune system to preferentially utilize immunological memory based on a previous infection when a second slightly different version of that foreign entity (e.g. a virus or bacterium) is encountered.);
 13. Prior Influenza Infection/Vaccination (effects of prior influenza infection/vaccination on severity of future disease symptoms);
 14. Timing between Viral Exposures (elapsed time between viral exposures);
 15. Vaccine-Associated Enhanced Respiratory Disease (where vaccination enhances respiratory disease); and
 16. Chronic Immune Activation (continuous innate immune responses).

Most of these events are not predictable, and most, if not all, would be possible for the COVID-19 inoculant in the mid- and long-term for adults and children.
- 3.3. Mid- and Long-Term Serious Illnesses for Adults and Children from Past Vaccines**

As stated in the aforementioned 2020 study on vaccine safety: “The biomedical literature is very sparse with studies on long-term vaccine effects, especially long-term adverse effects. Large numbers of people and long periods of time are required to identify such adverse events, and draw statistically-valid connections between vaccinations and disease. These efforts would be very resource-intensive, and there appears to be little motivation among the vaccine producers and regulators to make these resources available for such studies. Thus, the following examples reflect the extremely small tip of an extremely large iceberg of long-term adverse vaccine effects.” [4]

“The two main categories of diseases reported in the biomedical literature triggered by past vaccinations are “Autoimmune (e.g., Systemic Lupus Erythematosus, Psoriasis, Arthritis, Multiple Sclerosis, Hepatitis, Uveitis, Pseudolymphoma, Guillain-Barre Syndrome, Thrombocytopenic Purpura, etc.) and Neurological (e.g., Central Demyelinating Diseases, Developmental Disability, Febrile seizures, Narcolepsy, Encephalomyelitis, Autonomic Dysfunction, etc.). Others include Diabetes, Gastrointestinal, Joint-related, Necrobiotic Granuloma, Neutropenia, Pulmonary Fibrosis, etc.”

“Vaccinations may also contribute to the mosaic of autoimmunity [118]. Infrequently reported post-vaccination autoimmune diseases include systemic lupus erythematosus, rheumatoid arthritis, inflammatory myopathies, multiple sclerosis, Guillain-Barre syndrome, and vasculitis”.

“Studies have demonstrated a latency period of years between Hib vaccination and diabetes mellitus, and between HBV vaccination and demyelinating events [118] latency periods can range from days to years for postinfection and postvaccination autoimmunity”.

“Most of the extra cases of IDDM appeared in statistically significant clusters that occurred in periods starting approximately 38 months after

immunization and lasting approximately 6–8 months. Immunization with pediatric vaccines increased the risk of insulin diabetes in NOD mice. Exposure to HiB immunization is associated with an increased risk of IDDM.” [4]

Thus, even the sparse past vaccine studies that went beyond the short-term showed latency effects of serious diseases occurring **three years or more** post-vaccination.

Appendix D

COST-BENEFIT ANALYSIS OF COVID-19 INOCULATIONS

This appendix presents a non-traditional *best-case scenario* pseudo-cost-benefit analysis of the COVID-19 inoculations for the 65+ demographic in the USA. In this incarnation of a cost-benefit analysis, the costs are the number of deaths resulting from the inoculations, and the benefits are the lives saved by the inoculations. The time range used was from December 2019 to end-of-May 2021.

It is assumed, in this best-case scenario, that all the deaths truly attributable to COVID-19 only could have been eliminated by the inoculations given (about half the USA population has been inoculated at this time) [88,119]. It can be conceptualized as the vaccines having been available in Summer 2019, and subsequent administration having eliminated all the deaths experienced that were truly attributable to COVID-19. If the cost-benefit ratio is **poor** for this *best-case scenario*, it will be **very poor** for any real-world scenario [120].

We will use Figs. 1 and 2 as starting points to conduct a cost-benefit analysis of COVID-19 inoculations for the most vulnerable demographic, those 65+. We start with the official government numbers for COVID-19 and post-inoculation deaths, and modify them to arrive at actual deaths resulting from COVID-19 and the inoculations. We compare the two numbers (appropriately normalized) to ascertain costs vs benefits.

As Fig. 1 shows, there are three age bands that comprise the 65+ demographic. We weight the COVID-19 deaths per capita in each band by the band's population, and divide the sum of these three products by the total 65+ population to arrive at an average COVID-19 deaths per capita of 0.0087 for the total 65+ demographic.

Fig. 2 contains two normalizations. First, the deaths were normalized by total inoculations given, not by people inoculated or people who had completed the full series of inoculations. We will retain the normalization by total inoculations given, since it will provide the **most conservative results** (largest denominator) for estimation purposes. Second, the deaths were normalized/restricted to those occurring within seven days post-inoculation. This normalization was done to compare across age bands, where the inoculations started at very different points in time. For the present cost-benefit purpose, where we are concentrating on the 65+ band, we remove this latter normalization, and include all post-inoculation deaths. Removing this normalization increases deaths per inoculation by about 40 % to a value of 0.000032, and offers a more credible comparison to the numbers from Fig. 1.

Thus, based on the CDC's official numbers, there are an average COVID-19 deaths per capita of 0.0087 and an average deaths per inoculation of 0.000032 for the 65+ demographic. The chances of a person 65+ dying from an inoculation relative to their chances of dying from COVID-19 are approximately 0.0037, or about 1/270, based on these official CDC figures.

However, as we have shown previously, three corrections to these numbers are required to convert them to real-world effects. First, as the Harvard Pilgrim study has shown and as our results in Appendix 1 confirm, VAERS is underreporting actual deaths by about two orders of magnitude. Applying this correction alone to the above 1/270 ratio changes the risk benefit to about 1/3. Second, as the CDC has stated, approximately 94 % of the COVID-19 deaths could have been attributed to any of the comorbidities these patients had, and only 6% of the deaths could actually be attributed to COVID-19. As we pointed out, if pre-clinical comorbidities had been included, this number of 6% would probably be decreased further. For **conservative** purposes, we will remain with the 6%. Applying this correction to the 1/3 risk-benefit ratio changes it to 5/1! Third, as a comprehensive survey of false positives from RT-PCR tests concluded: “evidence from external quality assessments and real-world data indicate enough a high enough false positive rate to make positive results highly unreliable over a broad range of scenarios” [127]. Because of the myriad RT-PCR tests performed in the USA to screen for/diagnose COVID-19 using different values for Ct and different procedures, a specific number for false positives cannot be obtained at this point in time. Again, these false positives would reduce the 6% number, perhaps substantially. And again, for **conservative** purposes, we will remain with the 6% number.

Thus, our **extremely conservative** estimate for risk-benefit ratio is about 5/1. In plain English, people in the 65+ demographic are five times as likely to die from the inoculation as from COVID-19 under the most favorable assumptions! This demographic is the most vulnerable to adverse effects from COVID-19. As the age demographics go below about 35 years old, the chances of death from COVID-19 become very small, and when they go below 18, become negligible.

It should be remembered that the deaths from the inoculations shown in VAERS are short-term only (six months for those inoculated initially), and for children, extremely short-term (one month) [3]. Intermediate and long-term deaths remain to be identified, and are possible from ADE, auto-immune effects, further clotting and vascular diseases, etc., that take time to develop. Thus, the long-term cost-benefit ratio under the *best-case scenario* could well be on the order of 10/1, 20/1, or more for all the demographics, increasing with decreasing age, and an order-of-magnitude higher under real-world scenarios! In summary, the value of these COVID-19 inoculations is not obvious from a cost-benefit perspective for the most vulnerable age demographic, and is not obvious from any perspective for the least vulnerable age demographic.

Appendix Da

PROBLEMS WITH TEST CRITERIA FOR DETERMINING COVID-19

Consider the criteria for determining whether an RT-PCR test result is positive for SARS-CoV-2. The CDC instruction (until 1 May 2021) specifies running the RT-PCR tests for 45 amplification cycles. Then, to interpret the data: when all controls exhibit the expected performance, a specimen is considered positive for SARS-CoV-2 if all SARS-CoV-2 marker (N1, N2) cycle threshold growth curves cross the threshold line within 40.00 cycles (< 40.00 Ct). The RNase P may or may not be positive as described above, but the SARS-CoV-2 result is still valid ([103]a).

Many false positives are possible in the upper part of this cycle threshold range, especially in areas of low prevalence. In particular, virus culture has been found to be unfeasible in cases with a Ct value exceeding 33. A prospective cohort study involving the first 100 COVID-19 patients in Singapore also showed that attempts to culture the virus failed in all PCR-positive samples with a Ct value >30” [121]. During mass testing in Germany, it was found “that more than half of individuals with positive PCR test results are unlikely to have been infectious” [122]. Another study

found that tests with low specificity (deriving from use of many cycles) cannot provide strong evidence for the presence of an infection [123]. A systematic review of PCR testing concluded “Complete live viruses are necessary for transmission, not the fragments identified by PCR. Prospective routine testing of reference and culture specimens and their relationship to symptoms, signs and patient co-factors should be used to define the reliability of PCR for assessing infectious potential. Those with high cycle threshold are unlikely to have infectious potential.” [89].

As skeptics have argued, in the buildup of the pandemic, the rapid increase in numbers of COVID-19 cases was due in part to the high values of cycle threshold used in the tests. Unfortunately, the true numbers of false positives will probably be unobtainable if an audit were performed, since these values are not reported with the test results: all currently-available nucleic acid tests for SARS-CoV-2 are FDA-authorized as qualitative tests, and Ct values from qualitative tests should never be used to direct or inform patient management decisions. Therefore, it is not good for laboratories to include Ct values on patient reports [124].

After mass inoculations started, a large number of “breakthrough” cases emerged, and a total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021 [18]; the number of reported COVID-19 vaccine breakthrough cases is likely a substantial undercount of all SARS-CoV-2 infections among fully vaccinated persons. The national surveillance system relies on passive and voluntary reporting, and data might not be complete or representative. Many persons with vaccine breakthrough infections, especially those who are asymptomatic or who experience mild illness, might not seek testing [18].

This negative outcome of increased “breakthrough” cases motivated the CDC to change a number of reporting and test procedures and issue new regulations for identifying and investigating hospitalized or fatal vaccine breakthrough cases starting 1 May 2021, stating: “For cases with a known RT-PCR cycle threshold (Ct) value, submit only specimens with Ct value ≤ 28 to CDC for sequencing. (Sequencing is not feasible with higher Ct values.)”. Thus, the Ct values for sequencing were lowered from the high false positive range allowed during the pandemic buildup to a limit that would eliminate many of these false positives in the ‘breakthrough case’ identification phase [101].

References

- [1] D. Calina, T. Hartung, I. Mardare, M. Mitroi, K. Poulas, A. Tsatsakis, I. Rogoveanu, A.O. Docea, COVID-19 pandemic and alcohol consumption: impacts and interconnections, *Toxicol. Rep.* 8 (2021) 529–535.
- [2] Coronavirus (COVID-19) Vaccinations. <https://ourworldindata.org/covid-vaccinations> [Accessed 2021].
- [3] CDC, Vaccine Adverse Event Reporting System (VAERS) [Online]. Available: Vaccine Adverse Event Reporting System (VAERS) [Accessed 2021], 2021.
- [4] R.N. Kostoff, D. Kanduc, A.L. Porter, Y. Shoenfeld, D. Calina, M.B. Briggs, D. A. Spandidos, A. Tsatsakis, Vaccine- and natural infection-induced mechanisms that could modulate vaccine safety, *Toxicol. Rep.* 7 (2020) 1448–1458.
- [5] CORNELL, Definitions Relating to Taxable Vaccines [Online]. Available: <https://www.law.cornell.edu/uscode/text/26/4132#a.2> [Accessed 4.06.2021], 2021.
- [6] D.E. Martin, The Fauci/COVID-19 Dossier [Online]. Available: <https://f.hubspotusercontent10.net/hubfs/8079569/The%20FauciCOVID-19%20Dossier.pdf> [Accessed July 12, 2021], 2021.
- [7] H. Levine, When Will Babies and Children Get the COVID-19 Vaccine? [Online]. Available: <https://www.whattoexpect.com/news/first-year/covid19-vaccine-babies-children> [Accessed 12 June 2021], 2021.
- [8] A.O. Docea, A. Tsatsakis, D. Albulescu, O. Cristea, O. Zlatian, M. Vinceti, S. A. Moschos, D. Tsoukalas, M. Goumenou, N. Drakoulis, J.M. Dumanov, V. A. Tutelyan, G.G. Onischenko, M. Aschner, D.A. Spandidos, D. Calina, A new threat from an old enemy: Re-emergence of coronavirus (Review), *Int. J. Mol. Med.* 45 (2020) 1631–1643.
- [9] A.L. Arsene, I.B. Dumitrescu, C.M. Dragoi, D.I. Udeanu, D. Lupuliasa, V. Jinga, D. Draganescu, C.E. Dinu-Pirvu, G. Dragomiroiu, I.E. Blejan, R.E. Moisi, A. C. Nicolae, H. Moldovan, D.E. Popa, B.S. Velescu, S. Ruta, A new era for the therapeutic management of the ongoing COVID-19 pandemic, *Farmacia* 68 (2020) 185–196.
- [10] M. Goumenou, D. Sarigiannis, A. Tsatsakis, O. Anesti, A.O. Docea, D. Petrakis, D. Tsoukalas, R. Kostoff, V. Rakitskii, D.A. Spandidos, M. Aschner, D. Calina, COVID-19 in Northern Italy: an integrative overview of factors possibly influencing the sharp increase of the outbreak (Review), *Mol. Med. Rep.* 22 (2020) 20–32.
- [11] M.T. Islam, M. Hossen, Z. Kamaz, A. Zali, M. Kumar, A.O. Docea, A.L. Arsene, D. Calina, J. Sharifi-Rad, The role of HMGB1 in the immune response to SARS-CoV-2 infection: From pathogenesis towards A new potential therapeutic target, *Farmacia* 69 (2021) 621–634.
- [12] P. Sidiropoulou, A.O. Docea, V. Nikolaou, M.S. Katsarou, D.A. Spandidos, A. Tsatsakis, D. Calina, N. Drakoulis, Unraveling the roles of vitamin D status and melanin during COVID-19 (Review), *Int. J. Mol. Med.* 47 (2021) 92–100.
- [13] K. Farsalinos, K. Poulas, D. Kourtas, A. Vantarakis, M. Leontinidis, D. Kouvelas, A.O. Docea, R. Kostoff, G.T. Gerotziakas, M.N. Antoniou, R. Polosa, A. Barbouni, V. Yiakoumaki, T.V. Giannouchos, P.G. Bagos, G. Lazopoulos, B.N. Izotov, V. A. Tutelyan, M. Aschner, T. Hartung, H.M. Wallace, F. Carvalho, J.L. Domingo, A. Tsatsakis, Improved strategies to counter the COVID-19 pandemic: lockdowns vs. Primary and community healthcare, *Toxicol. Rep.* 8 (2021) 1–9.
- [14] A. Tsatsakis, D. Petrakis, T.K. Nikolouzakakis, A.O. Docea, D. Calina, M. Vinceti, M. Goumenou, R.N. Kostoff, C. Mamoulakis, M. Aschner, A.F. Hernández, COVID-19, an opportunity to reevaluate the correlation between long-term effects of anthropogenic pollutants on viral epidemic/pandemic events and prevalence, *Food Chem. Toxicol.* 141 (2020) 111418.
- [15] D. Calina, C. Sarkar, A.L. Arsene, B. Salehi, A.O. Docea, M. Mondal, M.T. Islam, A. Zali, J. Sharifi-Rad, Recent advances, approaches and challenges in targeting pathways for potential COVID-19 vaccines development, *Immunol. Res.* 68 (2020) 315–324.
- [16] M.T. Islam, C. Quispe, M. Martorell, A.O. Docea, B. Salehi, D. Calina, Z. Reiner, J. Sharifi-Rad, Dietary supplements, vitamins and minerals as potential interventions against viruses: perspectives for COVID-19, *Int. J. Vitam. Nutr. Res.* (2021) 1–18.
- [17] J. Sharifi-Rad, C.F. Rodrigues, Z. Stojanovic-Radic, M. Dimitrijevic, A. Aleksic, K. Neffe-Skocinska, D. Zielinska, D. Kolozyn-Krajewska, B. Salehi, S.M. Prabhu, F. Schutz, A.O. Docea, N. Martins, D. Calina, Probiotics: versatile bioactive components in promoting human health, *Medicina-Lithuania* 56 (2020) 30.
- [18] CDC, COVID-19 Vaccine Breakthrough Case Investigation and Reporting [Online]. Available: <https://www.cdc.gov/vaccines/covid-19/health-department/s/breakthrough-cases.html> [Accessed 2021], 2021.
- [19] M. Neagu, D. Calina, A.O. Docea, C. Constantin, T. Filippini, M. Vinceti, N. Drakoulis, K. Poulas, T.K. Nikolouzakakis, D.A. Spandidos, A. Tsatsakis, Back to basics in COVID-19: antigens and antibodies-completing the puzzle, *J. Cell. Mol. Med.* 25 (2021) 4523–4533.
- [20] A. Mandavilli, Your Coronavirus Test Is Positive. Maybe It Shouldn't Be [Online]. Available: <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html> [Accessed 11 May 2021], 2020.
- [21] J. Mercola, Asymptomatic ‘Casedemic’ Is a Perpetuation of Needless Fear [Online]. Available: <https://articles.mercola.com/sites/articles/archive/2020/11/19/covid-testing-fraud-fuels-casedemic.aspx?eType=EmailBlastContent&eId=0b802463-f128-49db-83f8-ecb922534dc4> [Accessed 22 March 2021], 2020.
- [22] R.N. Kostoff, M.B. Briggs, A.L. Porter, A.F. Hernández, M. Abdollahi, M. Aschner, A. Tsatsakis, The under-reported role of toxic substance exposures in the COVID-19 pandemic, *Food Chem. Toxicol.* 145 (2020) 111687.
- [23] R.N. Kostoff, M. Goumenou, A. Tsatsakis, The role of toxic stimuli combinations in determining safe exposure limits, *Toxicol. Rep.* 5 (2018) 1169–1172.
- [24] Weekly Updates by Select Demographic and Geographic Characteristics. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wr-g3tTKK5-9tOHpGAHWFV03DfslkJKsDEPQpWmPbKtp6EsoV2Qs1Q.
- [25] M. Toregul Islam, M. Nasiruddin, I.N. Khan, S.K. Mishra, E.Z.M. Kudrat, T. Alam Riaz, E.S. Ali, M.S. Rahman, M.S. Mubarak, M. Martorell, W.C. Cho, D. Calina, A. O. Docea, J. Sharifi-Rad, A perspective on emerging therapeutic interventions for COVID-19, *Front. Public Health* 8 (2020) 281.
- [26] H. Pott-Junior, M.M.B. Paoliello, A.D.Q.C. Miguel, A.F. Da Cunha, C.C. De Melo Freire, F.F. Neves, L.R. Da Silva De Avó, M.G. Roscani, S.D.S. Dos Santos, S.G. F. Chachá, Use of ivermectin in the treatment of Covid-19: a pilot trial, *Toxicol. Rep.* 8 (2021) 505–510.
- [27] D. Calina, A.O. Docea, D. Petrakis, A.M. Egorov, A.A. Ishmukhametov, A. G. Gabibov, M.I. Shtilman, R. Kostoff, F. Carvalho, M. Vinceti, D.A. Spandidos, A. Tsatsakis, Towards effective COVID-19 vaccines: updates, perspectives and challenges (Review), *Int. J. Mol. Med.* 46 (2020) 3–16.
- [28] C. Sarkar, M. Mondal, M. Toregul Islam, M. Martorell, A.O. Docea, A. Maroyi, J. Sharifi-Rad, D. Calina, Potential therapeutic options for COVID-19: current status, challenges, and future perspectives, *Front. Pharmacol.* 11 (2020) 572870.
- [29] D. Calina, T. Hartung, A.O. Docea, D.A. Spandidos, A.M. Egorov, M.I. Shtilman, F. Carvalho, A. Tsatsakis, COVID-19 vaccines: ethical framework concerning human challenge studies, *Daru* 28 (2020) 807–812.
- [30] D. Calina, A.F. Hernández, T. Hartung, A.M. Egorov, B.N. Izotov, T. K. Nikolouzakakis, A. Tsatsakis, P.G. Vlachoyiannopoulos, A.O. Docea, Challenges and scientific prospects of the newest generation of mRNA-Based vaccines against SARS-CoV-2, *Life* 11 (2021) 907.
- [31] A.F. Hernández, D. Calina, K. Poulas, A.O. Docea, A.M. Tsatsakis, Safety of COVID-19 vaccines administered in the EU: Should we be concerned? *Toxicol. Rep.* 8 (2021) 871–879.
- [32] C. Wang, X. Zhou, M. Wang, X. Chen, The impact of SARS-CoV-2 on the human immune system and microbiome, *Infect. Microbes Dis.* 3 (2020) 14–21.

- [33] FDA, Pfizer-BioNTech COVID-19 Vaccine [Online]. Available: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine> [Accessed 19 June 2021], 2021.
- [34] E.E. Walsh, R.W. French Jr., A.R. Falsey, N. Kitchin, J. Absalon, A. Gurtman, S. Lockhart, K. Neuzil, M.J. Mulligan, R. Bailey, K.A. Swanson, P. Li, K. Koury, W. Kalina, D. Cooper, C. Fontes-Garfias, P.Y. Shi, Ö. Türeci, K.R. Tompkins, K. E. Lyke, V. Raabe, P.R. Dormitzer, K.U. Jansen, U. Şahin, W.C. Gruber, Safety and immunogenicity of two RNA-Based Covid-19 vaccine candidates, *N. Engl. J. Med.* 383 (2020) 2439–2450.
- [35] R. Sahelian, Covid Vaccine Side Effects [Online]. Available: <https://www.raysahelian.com/covidvaccinesideeffects.html> [Accessed 15 July 2021], 2021.
- [36] S. Seneff, G. Nigh, Worse than the disease? Reviewing some possible unintended consequences of the mRNA vaccines against COVID-19, *Int. J. Vacc. Theory Practice Res.* 2 (1) (2021) 38–79.
- [37] Y. Lei, J. Zhang, Schiavon Cr, M. He, L. Chen, H. Shen, Y. Zhang, Q. Yin, Y. Cho, L. Andrade, Shadel Gs, M. Hepokoski, T. Lei, H. Wang, J. Zhang, Yuan Jx, A. Malhotra, U. Manor, S. Wang, Yuan Zy, Shyy Jy, SARS-CoV-2 spike protein impairs endothelial function via downregulation of ACE 2, *Circ. Res.* 128 (April (9)) (2021) 1323–1326, <https://doi.org/10.1161/CIRCRESAHA.121.318902>.
- [38] G.J. Nuovo, C. Magro, T. Shaffer, H. Awad, D. Suster, S. Mikhail, B. He, J. J. Michaille, B. Liechty, E. Tili, Endothelial cell damage is the central part of COVID-19 and a mouse model induced by injection of the S1 subunit of the spike protein, *Ann. Diagn. Pathol.* 51 (2021) 151682.
- [39] Y.J. Suzuki, S.G. Gychka, SARS-CoV-2 spike protein elicits cell signaling in human host cells: implications for possible consequences of COVID-19 vaccines, *Vaccines* 9 (2021) 36.
- [40] E. Avolio, M. Gamez, K. Gupta, R. Foster, I. Berger, M. Caputo, A. Davidson, D. Hill, P. Madeddu, The SARS-CoV-2 Spike Protein Disrupts the Cooperative Function of Human Cardiac Pericytes - Endothelial Cells Through CD147 Receptor-mediated Signalling: a Potential Non-infective Mechanism of COVID-19 Microvascular Disease, *bioRxiv*, 2020.12.21.423721, 2020.
- [41] S. Ndeupen, Z. Qin, S. Jacobsen, H. Estanbouli, A. Bouteau, B.Z. Igyártó, The mRNA-LNP Platform's Lipid Nanoparticle Component Used in Preclinical Vaccine Studies Is Highly Inflammatory, *bioRxiv*, 2021.
- [42] P. Sellaturay, S. Nasser, S. Islam, P. Gurugama, P.W. Ewan, Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine, *Clin. Exp. Allergy* 51 (2021) 861–863.
- [43] B.Z. Igyártó, S. Jacobsen, S. Ndeupen, Future considerations for the mRNA-lipid nanoparticle vaccine platform, *Curr. Opin. Virol.* 48 (2021) 65–72.
- [44] O. Vera-Lastra, A. Ordinala Navarro, M.P. Cruz Domínguez, G. Medina, T. I. Sánchez Valadez, L.J. Jara, Two cases of graves' disease following SARS-CoV-2 vaccination: an Autoimmune/Inflammatory syndrome induced by adjuvants, *Thyroid* (2021).
- [45] B.G. İremli, S.N. Şendur, U. Ünlütürk, Three cases of subacute thyroiditis following SARS-CoV-2 vaccine: postvaccination ASIA syndrome, *J. Clin. Endocrinol. Metab.* (2021).
- [46] A.F. Ogata, C.A. Cheng, M. Desjardins, Y. Senussi, A.C. Sherman, M. Powell, L. Novack, S. Von, X. Li, L.R. Baden, D.R. Walt, Circulating SARS-CoV-2 vaccine antigen detected in the plasma of mRNA-1273 vaccine recipients, *Clin. Infect. Dis.* (2021).
- [47] E.M. Rhea, A.F. Logsdon, K.M. Hansen, L.M. Williams, M.J. Reed, K.K. Baumann, S.J. Holden, J. Raber, W.A. Banks, M.A. Erickson, The S1 protein of SARS-CoV-2 crosses the blood-brain barrier in mice, *Nat. Neurosci.* 24 (2021) 368–378.
- [48] T.P. Buzhdygan, B.J. Deore, A. Baldwin-Leclair, T.A. Bullock, H.M. Mcgray, J. A. Khan, R. Razmpour, J.F. Hale, P.A. Galie, R. Potula, A.M. Andrews, S. H. Ramirez, The SARS-CoV-2 spike protein alters barrier function in 2D static and 3D microfluidic in-vitro models of the human blood-brain barrier, *Neurobiol. Dis.* 146 (2020) 105131.
- [49] A. Vojdani, E. Vojdani, D. Kharrazian, Reaction of human monoclonal antibodies to SARS-CoV-2 proteins with tissue antigens: implications for autoimmune diseases, *Front. Immunol.* 11 (2020), 617089.
- [50] EMA, Signal Assessment Report on Embolic and Thrombotic Events (SMQ) With COVID-19 Vaccine (ChAdOx1-S [recombinant]) – Vaxzevria (previously COVID-19, 2021).
- [51] P.R. Hunter, Thrombosis after covid-19 vaccination, *BMJ* 373 (2021) n958.
- [52] H.A. Merchant, CoViD vaccines and thrombotic events: EMA issued warning to patients and healthcare professionals, *J. Pharm. Policy Pract.* 14 (2021) 32.
- [53] Pfizer, SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) [Online]. Available: https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf [Accessed], 2021.
- [54] S.M. Moghimi, Allergic reactions and anaphylaxis to LNP-Based COVID-19 vaccines, *Mol. Ther.* 29 (2021) 898–900.
- [55] E. Shepherd, Injection Technique 1: Administering Drugs via the Intramuscular Route [Online]. Available: <https://www.nursingtimes.net/clinical-archive/assessment-skills/injection-technique-1-administering-drugs-via-the-intramuscular-route-23-07-2018/> [Accessed 12 March 2021], 2018.
- [56] J.J. Polania Gutierrez, S. Munakomi, Intramuscular injection. StatPearls, StatPearls Publishing LLC, Treasure Island (FL), 2021. StatPearls Publishing Copyright © 2021.
- [57] J.S. Suk, Q. Xu, N. Kim, J. Hanes, L.M. Ensign, PEGylation as a strategy for improving nanoparticle-based drug and gene delivery, *Adv. Drug Deliv. Rev.* 99 (2016) 28–51.
- [58] G. Vogel, Mixing vaccines may boost immune responses, *Science* 372 (2021) 1138.
- [59] J. Sharifi-Rad, C.F. Rodrigues, F. Sharopov, A.O. Docea, A.C. Karaca, M. Sharifi-Rad, D. Kahveci Karıncaoglu, G. Gulseren, E. Senol, E. Demircan, Y. Taheri, H.A. R. Suleria, B. Özcelik, K.N. Kasapoglu, M. Gultekin-Ozguven, C. Daskaya-Dikmen, W.C. Cho, N. Martins, D. Calina, Diet, lifestyle and cardiovascular diseases: linking pathophysiology to cardioprotective effects of natural bioactive compounds, *Int. J. Environ. Res. Public Health* 17 (2020) 31.
- [60] M. Sharifi-Rad, N.V.A. Kumar, P. Zucca, E.M. Varoni, L. Dini, E. Panzarini, J. Rajkovic, P.V.T. Fokou, E. Azzini, I. Peluso, A.P. Mishra, M. Nigam, Y. El Rayess, M. El Beyrouthy, L. Polito, M. Iriti, N. Martins, M. Martorell, A.O. Docea, W.N. Setzer, D. Calina, W.C. Cho, J. Sharifi-Rad, Lifestyle, oxidative stress, and antioxidants: back and forth in the pathophysiology of chronic diseases, *Front. Physiol.* 11 (2020) 21.
- [61] S. Kuipers, S.C. Cannegieter, S. Middeldorp, L. Robyn, H.R. Büller, F. R. Rosendaal, The absolute risk of venous thrombosis after air travel: a cohort study of 8,755 employees of international organisations, *PLoS Med.* 4 (2007) e290–e290.
- [62] R. Yang, Y. Deng, B. Huang, L. Huang, A. Lin, Y. Li, W. Wang, J. Liu, S. Lu, Z. Zhan, Y. Wang, A. R. W. Wang, P. Niu, L. Zhao, S. Li, X. Ma, L. Zhang, Y. Zhang, W. Yao, X. Liang, J. Zhao, Z. Liu, X. Peng, H. Li, W. Tan, A core-shell structured COVID-19 mRNA vaccine with favorable biodistribution pattern and promising immunity, *Signal Transduct. Target. Ther.* 6 (2021) 213.
- [63] Novel coronavirus (COVID-19) <https://www.cdc.gov/budget/fact-sheets/covid-19/index.html>.
- [64] C.C.E. Lee, K. Ali, D. Connell, I.R. Mordi, J. George, E.M. Lang, C.C. Lang, COVID-19-associated cardiovascular complications, *Diseases* (2021) 9.
- [65] C. Matucci-Cerinic, R. Caorsi, A. Consolaro, S. Rosina, A. Civino, A. Ravelli, Multisystem inflammatory syndrome in children: unique disease or part of the Kawasaki disease spectrum? *Front. Pediatr.* (2021) 9.
- [66] N.A. Nakra, D.A. Blumberg, A. Herrera-Guerra, S. Lakshminrusimha, Multisystem inflammatory syndrome in children (MIS-C) following SARS-CoV-2 infection: review of clinical presentation, hypothetical pathogenesis, and proposed management, *Children (Basel, Switzerland)* 7 (2020) 69.
- [67] A. Farooq, F. Alam, A. Saeed, F. Butt, M.A. Khaliq, A. Malik, M. Chaudhry, M. Abdullah, Multisystem inflammatory syndrome in children and adolescents (MIS-C) under the setting of COVID-19: a review of clinical presentation, workup and management, *Infect. Dis. (Auckl)* 14 (2021), 11786337211026642.
- [68] T.P. Vogel, K.A. Top, C. Karatzios, D.C. Hilmer, L.I. Tapia, P. Mocer, L. Giovannini-Chami, N. Wood, R.E. Chandler, N.P. Klein, E.P. Schlaudecker, M. C. Poli, E. Muscal, F.M. Munoz, Multisystem inflammatory syndrome in children and adults (MIS-C/A): case definition & guidelines for data collection, analysis, and presentation of immunization safety data, *Vaccine* 39 (2021) 3037–3049.
- [69] R.K. Piliandia, S. Singh, Kawasaki Disease. Periodic and Non-Periodic Fevers, 2019, pp. 45–63.
- [70] R.P. Sundel, R.E. Petty, KAWASAKI DISEASE. Textbook of Pediatric Rheumatology, 2011, pp. 505–520.
- [71] T.M. Nielsen, N.H. Andersen, C. Torp-Pedersen, P. Søgaard, K.H. Kragholm, Kawasaki disease, autoimmune disorders, and cancer: a register-based study, *Eur. J. Pediatr.* 180 (2021) 717–723.
- [72] M.D. Hicar, Antibodies and immunity during Kawasaki disease, *Front. Cardiovasc. Med.* 7 (2020) 94.
- [73] D. Kanduc, Y. Shoenfeld, Molecular mimicry between SARS-CoV-2 spike glycoprotein and mammalian proteomes: implications for the vaccine, *Immunol. Res.* 68 (2020) 310–313.
- [74] K. Roe, Potential new treatments for Kawasaki disease, its variations, and multisystem inflammatory syndrome. *SN Comprehensive Clinical Medicine*, 2021, pp. 1–5.
- [75] J. Kabeerdoss, R.K. Piliandia, R. Karkhele, T.S. Kumar, D. Danda, S. Singh, Severe COVID-19, multisystem inflammatory syndrome in children, and Kawasaki disease: immunological mechanisms, clinical manifestations and management, *Rheumatol. Int.* 41 (2021) 19–32.
- [76] Y. Wu, F.F. Liu, Y. Xu, J.J. Wang, S. Samadli, Y.F. Wu, H.H. Liu, W.X. Chen, H. H. Luo, D.D. Zhang, W. Wei, P. Hu, Interleukin-6 is prone to be a candidate biomarker for predicting incomplete and IVIG nonresponsive Kawasaki disease rather than coronary artery aneurysm, *Clin. Exp. Med.* 19 (2019) 173–181.
- [77] H. Chaudhary, J. Nameirakpam, R. Kumrah, V. Pandiarajan, D. Suri, A. Rawat, S. Singh, Biomarkers for Kawasaki disease: clinical utility and the challenges ahead, *Front. Pediatr.* (2019) 7.
- [78] K.J. Denby, D.E. Clark, L.W. Markham, Management of Kawasaki disease in adults, *Heart* 103 (2017) 1760–1769.
- [79] ECDC, COVID-19 in Children and the Role of School Settings in Transmission - Second Update [Online]. Available: <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-in-children-and-the-role-of-school-settings-in-transmission-second-update.pdf> [Accessed 10 July 2021], 2021.
- [80] F. Busa, F. Bardanzellu, M.C. Pintus, V. Fanos, M.A. Marcialis, COVID-19 and school: to open or not to open, that is the question. the first review on current knowledge, *Pediatr. Rep.* 13 (2021) 257–278.
- [81] J. Jung, M.J. Hong, E.O. Kim, J. Lee, M.N. Kim, S.H. Kim, Investigation of a nosocomial outbreak of coronavirus disease 2019 in a paediatric ward in South Korea: successful control by early detection and extensive contact tracing with testing, *Clin. Microbiol. Infect.* 26 (2020) 1574–1575.
- [82] J. Lopez Bernal, N. Andrews, C. Gower, C. Robertson, J. Stowe, E. Tessier, R. Simmons, S. Cottrell, R. Roberts, M. O'doherty, K. Brown, C. Cameron, D. Stockton, J. Mcmenamin, M. Ramsay, Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study, *BMJ (Clin. Res. Ed.)* 373 (2021) n1088–n1088.
- [83] T. Powell, E. Bellin, A.R. Ehrlich, Older adults and Covid-19: the most vulnerable, the hardest hit, *Hastings Cent. Rep.* 50 (2020) 61–63.

- [84] CDC Wonder <https://wonder.cdc.gov/controller/datarequest/D8jsessionid=9B19C44D4E84BCE4F41D794D1A6DF>.
- [85] V. Stoner, The Deadly COVID-19 Vaccine Coverup [Online]. Available: <https://www.virginiastronger.com/writing/2021/5/4/the-deadly-covid-19-vaccine-coverup> [Accessed June 4th 2021], 2021.
- [86] J. Rose, A report on the US Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 messenger ribonucleic acid (mRNA) biologicals, *Sci. Publ. Health Pol. Law* 2 (2021) 59–80.
- [87] M.T. Islam, B. Salehi, O. Karampelas, J. Sharifi-Rad, A.O. Docea, M. Martorell, D. Calina, HIGH SKIN MELANIN CONTENT, VITAMIN D DEFICIENCY AND IMMUNITY: POTENTIAL INTERFERENCE FOR SEVERITY OF COVID-19, *Farmacia* 68 (2020) 970–983.
- [88] T. Jefferson, E.A. Spencer, J. Brassey, C. Heneghan, Viral cultures for COVID-19 infectious potential assessment – a systematic review, *Clin. Infect. Dis.* (2020), <https://doi.org/10.1093/cid/ciaa1764>.
- [92] CDC, About The Vaccine Adverse Event Reporting System (VAERS) [Online]. Available: <https://wonder.cdc.gov/vaers.html> [Accessed 12 April, 2021], 2021.
- [93] CDC, COVID-19 Vaccine Safety Updates [Online], Available: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf> [Accessed 2 July 2021], 2021.
- [94] CDC, COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021 [Online]. Available: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm> [Accessed May 29, 2021], 2021.
- [95] CDC, COVID Data Tracker [Online]. Available: <https://covid.cdc.gov/covid-data-tracker/#data-tracker-home> [Accessed], 2021.
- [96] FDA, Vaccines and related biological products advisory committee December 10, 2020 Meeting Announcement [Online] (2020). Available: <https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-december-10-2020-meeting-announcement> [Accessed 3.05.2021].
- [98] ClinicalTrials.gov, Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals [Online]. Available: <https://clinicaltrials.gov/ct2/show/NCT04368728> [Accessed June 12, 2021], 2021.
- [100] Eric Kowarz, L.K. Jenny Reis, Silvia Bracharz, Stefan Kochanek, Rolf Marschalek, Vaccine-Induced Covid-19 Mimicry” Syndrome: splice reactions within the SARS-CoV-2 Spike open reading frame result in Spike protein variants that may cause thromboembolic events in patients immunized with vector-based vaccines. Research Square, 2021, <https://doi.org/10.21203/rs.3.rs-558954/v1>.
- [101] CDC, Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States [Online]. Available: <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic> [Accessed July 11, 2021], 2021.
- [102] CDC, Selected Adverse Events Reported After COVID-19 Vaccination [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html> [Accessed 5.06.2021], 2021.
- [103] FDA, CDC 2019–Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel [Online]. Available: <https://www.fda.gov/media/134922/download> [Accessed 21 May 2021], 2020.
- [104] CDC, Clinical Questions about COVID-19: Questions and Answers [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html> [Accessed 14.04.2021], 2021.
- [105] V.V. Wojciechowski, D. Calina, K. Tsarouhas, A.V. Pivnik, A.A. Sergievich, V. V. Kodintsev, E.A. Filatova, E. Ozcagli, A.O. Docea, A.L. Arsene, E. Gofita, C. Tsitsimpikou, A.M. Tsatsakis, K.S. Golokhvast, A guide to acquired vitamin K coagulopathy diagnosis and treatment: the Russian perspective, *Daru* 25 (2017) 10.
- [106] F.P. Polack, S.J. Thomas, N. Kitchin, J. Absalon, A. Gurtman, S. Lockhart, J. L. Perez, G. Pérez Marc, E.D. Moreira, C. Zerbini, R. Bailey, K.A. Swanson, S. Roychoudhury, K. Koury, P. Li, W.V. Kalina, D. Cooper, R.W. Frenck Jr., L. L. Hammitt, Ö. Türeci, H. Nell, A. Schaefer, S. Ünal, D.B. Tresnan, S. Mather, P. R. Dormitzer, U. Şahin, K.U. Jansen, W.C. Gruber, Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine, *N. Engl. J. Med.* 383 (2020) 2603–2615.
- [107] S.H. Hodgson, K. Mansatta, G. Mallett, V. Harris, K.R.W. Emary, A.J. Pollard, What defines an efficacious COVID-19 vaccine? A review of the challenges assessing the clinical efficacy of vaccines against SARS-CoV-2, *Lancet Infect. Dis.* 21 (2021) e26–e35.
- [108] C. Melenotte, A. Silvini, A.-G. Goubet, I. Lahmar, A. Dubuisson, A. Zumla, D. Raoult, M. Merad, B. Gachot, C. Hénon, E. Solary, M. Fontenay, F. André, M. Maeurer, G. Ippolito, M. Piacentini, F.-S. Wang, F. Ginhoux, A. Marabelle, G. Kroemer, L. Derosa, L. Zitvogel, Immune responses during COVID-19 infection, *Oncoimmunology* 9 (2020) 1807836.
- [109] E.M. Agency, Assessment Report COVID-19 Vaccine Moderna. Procedure No. EMEA/H/C/005791/0000 [Online]. Available: 2021 <https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna>.
- [110] W.E. Beyer, J. Mcelhaney, D.J. Smith, A.S. Monto, J.S. Nguyen-Van-Tam, A. D. Osterhaus, Cochrane re-arranged: support for policies to vaccinate elderly people against influenza, *Vaccine* 31 (2013) 6030–6033.
- [111] S.P. Kaur, V. Gupta, COVID-19 vaccine: a comprehensive status report, *Virus Res.* 288 (2020) 198114.
- [112] S.A. Madhi, V. Baillie, C.L. Cutland, M. Voysey, A.L. Koen, L. Fairlie, S. D. Padayachee, K. Dheda, S.L. Barnabas, Q.E. Bhorat, C. Briner, G. Kwatra, K. Ahmed, P. Aley, S. Bhikha, J.N. Bhiman, A.E. Bhorat, J. Du Plessis, A. Esmail, M. Groenewald, E. Horne, S.H. Hwa, A. Jose, T. Lambe, M. Laubscher, M. Malahleha, M. Masanya, M. Masilela, S. Mckenzie, K. Molapo, A. Moultrie, S. Oelofse, F. Patel, S. Pillay, S. Rhead, H. Rodell, L. Rossouw, C. Taoushanis, H. Tegally, A. Thombrayil, S. Van Eck, C.K. Wibmer, N.M. Durham, E.J. Kelly, T. L. Villafana, S. Gilbert, A.J. Pollard, T. De Oliveira, P.L. Moore, A. Sigal, A. Izu, Efficacy of the ChAdOx1 nCoV-19 Covid-19 vaccine against the B.1.351 variant, *N. Engl. J. Med.* 384 (2021) 1885–1898.
- [113] D. McCarty, Child poverty in the United States: a tale of devastation and the promise of hope, *Sociol. Compass* 10 (2016) 623–639.
- [114] L. Monin, A.G. Laing, M. Muñoz-Ruiz, D.R. Mckenzie, I. Del Molino Del Barrio, T. Alaguthurai, C. Domingo-Vila, T.S. Hayday, C. Graham, J. Seow, S. Abdul-Jawad, S. Kamdar, E. Harvey-Jones, R. Graham, J. Cooper, M. Khan, J. Vidler, H. Kakkassery, S. Sinha, R. Davis, L. Dupont, I. Francos Quijorna, C. O'brien-Gore, P.L. Lee, J. Eum, M. Conde Poole, M. Joseph, D. Davies, Y. Wu, A. Swamipillai, B. V. North, A. Montes, M. Harries, A. Rigg, J. Spicer, M.H. Malim, P. Fields, P. Patten, F. Di Rosa, S. Papa, T. Tree, K.J. Doores, A.C. Hayday, S. Irshad, Safety and immunogenicity of one versus two doses of the COVID-19 vaccine BNT162b2 for patients with cancer: interim analysis of a prospective observational study, *Lancet Oncol.* 22 (2021) 765–778.
- [115] M. Gavriatopoulou, I. Ntanas-Stathopoulos, E. Korompoki, E. Terpos, M. A. Dimopoulos, SARS-CoV-2 vaccines in patients with multiple myeloma, *HemaSphere* 5 (2021) e547–e547.
- [116] T.T. Shimabukuro, S.Y. Kim, T.R. Myers, P.L. Moro, T. Oduyebo, L. Panagiotakopoulos, P.L. Marquez, C.K. Olson, R. Liu, K.T. Chang, S. R. Ellington, V.K. Burkel, A.N. Smoots, C.J. Green, C. Licata, B.C. Zhang, M. Alimchandani, A. Mba-Jonas, S.W. Martin, J.M. Gee, D.M. Meaney-Delman, Preliminary findings of mRNA Covid-19 vaccine safety in pregnant persons, *N. Engl. J. Med.* 384 (2021) 2273–2282.
- [117] Y. Yan, Y. Pang, Z. Lyu, R. Wang, X. Wu, C. You, H. Zhao, S. Manickam, E. Lester, T. Wu, C.H. Pang, The COVID-19 vaccines: recent development, challenges and prospects, *Vaccines* 9 (2021) 349.
- [118] M. Vadalà, D. Poddighe, C. Laurino, B. Palmieri, Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon? *EPMA J.* 8 (2017) 295–311.
- [119] M.S. Islam, A.M. Kamal, A. Kabir, D.L. Southern, S.H. Khan, S.M.M. Hasan, T. Sarkar, S. Sharmin, S. Das, T. Roy, M.G.D. Harun, A.A. Chughtai, N. Homaira, H. Seale, COVID-19 vaccine rumors and conspiracy theories: the need for cognitive inoculation against misinformation to improve vaccine adherence, *PLoS One* 16 (2021), e0251605.
- [120] M.S. Islam, T. Sarkar, S.H. Khan, A.H. Mostofa Kamal, S.M.M. Hasan, A. Kabir, D. Yeasmin, M.A. Islam, K.I. Amin Chowdhury, K.S. Anwar, A.A. Chughtai, H. Seale, COVID-19-Related infodemic and its impact on public health: a global social media analysis, *Am. J. Trop. Med. Hyg.* 103 (2020) 1621–1629.
- [121] T.P. Velavan, C.G. Meyer, COVID-19: a PCR-defined pandemic, *Int. J. Infect. Dis.: IJID* 103 (2021) 278–279.
- [122] A. Stang, J. Robers, B. Schonert, K.H. Jöckel, A. Spelsberg, U. Keil, P. Cullen, The performance of the SARS-CoV-2 RT-PCR test as a tool for detecting SARS-CoV-2 infection in the population, *J. Infect.* 83 (2021) 237–279.
- [123] R.J. Klement, P.S. Bandyopadhyay, The epistemology of a positive SARS-CoV-2 test, *Acta Biotheor.* (2020) 1–17.
- [124] D. Romero-Alvarez, D. Garzon-Chavez, F. Espinosa, E. Ligna, E. Teran, F. Mora, E. Espin, C. Albán, J.M. Galarza, J. Reyes, Cycle threshold values in the context of multiple RT-PCR testing for SARS-CoV-2, *Risk Manag. Healthc. Policy* 14 (2021) 1311–1317.
- [125] A. Asandei, L. Mereuta, I. Schiopu, J. Park, C.H. Seo, Y. Park, et al., Non-receptor-mediated lipid membrane permeabilization by the SARS-CoV-2 spike protein S1 subunit, *ACS Appl. Mater. Interfaces* 12 (50) (2020) 55649–55658.
- [126] L.R. Baden, H.M. ElSahly, B. Essink, K. Kotloff, S. Frey, R. Novak, et al., Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine, *N. Engl. J. Med.* 384 (5) (2021) 403–416.
- [127] A.N. Cohen, B. Kessel, M.G. Milgroom, Diagnosing SARS-CoV-2 infection: the danger of over-reliance on positive test results (2021), <https://doi.org/10.1101/2020.04.26.20080911>.

From: thecodester@comcast.net
To: [DOH WSOH](#)
Subject: We should have faith in our school district to watch out for the best interest of our children DO NOT REQUIRE COVID VACCINES
Date: Monday, January 3, 2022 1:06:08 PM

External Email

Don't put our children at risk, it's not your right!

Quoting from 246-105-010: "The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes the immunization requirements of children attending schools and child care centers."

The facts are the current COVID vaccines do not prevent catching the disease, and therefore are ineligible for inclusion in the list of "vaccine-preventable" diseases. The current COVID "vaccines", as is demonstrated by the vast number of "breakthrough" cases, are not able to prevent COVID to a comparable level as actually effective vaccines for the section 030 listed diseases, but merely to be a pre-treatment for the disease that generally reduces the severity.

Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. Who has heard of breakthrough cases of chickenpox?

Diphtheria? Rubella? Measles? Mumps? Pertussis? And the rest of the list, for that matter. The simple fact is, the number of "breakthrough" cases of the -030 currently listed diseases is so small as to be negligible –

it would be major local news of an outbreak of Measles or Mumps in our local schools, yet these are all but unheard of. Yet the number of COVID cases that breakthrough the current vaccines is significant.

Therefore, as a matter of definition, COVID is not a vaccine preventable disease. Compare and contrast COVID to one of the listed diseases with an actually effective vaccine - Mumps. According to the CDC,

there were only 139 cases in 2021.

Considering that the best available evidence as of this writing indicates that on average children suffer no worse from COVID than the normal seasonal flu, and considering the unknown potential long term side effects

of the current COVID vaccines, the risk-reward profile indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them. Compare to the current policy for seasonal flu: Flu is an equal,

if not a greater risk to children (and never mind the ability of children to spread seasonal flu to adults) AND the seasonal flu vaccine risk profile is well known and low,

yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease, COVID, that is equal or lower risk to children AND has a vaccine with an

unknown long term risk profile? That would be illogical and would indicate other non-fact based motivations for such a mandate.

I respectfully urge the board to not add COVID to the list of diseases in WAC 24-105-030.

From: Andrew Kephart
Sent: 1/6/2022 3:57:44 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons. This vaccine is still in early developmental stages and once you inject these kids that are at little to no risk of death from Covid, you cannot undo the side effects which are vastly unknown for years to come. Your actions now will determine your place in history as either compassionate or as a dictatorial medical tyrant. A tyrant that has no real concrete backing for your actions and god, as well as history will judge you accordingly. I say this to compel you to understand what your pushing on others, make your own medical decisions as should others make their own.

Sent from my iPhone

From: Tracy Grigsby
Sent: 1/6/2022 3:57:06 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

Sincerely,

Tracy D. Grigsby

<<https://ui.icontact.com/assets/1px.png>>

From: Mandy Biggs
Sent: 1/6/2022 3:57:01 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: Amy Bruce
Sent: 1/6/2022 3:56:44 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State. Let's give this more time before we make it mandatory and see what long term effects are.

Thank you,
Amy Bruce

Sent from my iPad

From: Jessica Large
Sent: 1/6/2022 3:57:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 11:37:55 AM
To: DOH WSBOH
Cc:
Subject: FW: Christy-Listen What the FDA Advisory Board Says About Mandating COVID Vaccine for Children

From: LaRena Archer <larena_porter@hotmail.com>
Sent: Thursday, January 6, 2022 11:33 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Christy-Listen What the FDA Advisory Board Says About Mandating COVID Vaccine for Children

External Email

Hello Christy,

I am writing as a concerned parent of two children in the Bellevue School District. Before you vote on whether or not to make this vaccine a requirement for school, I am asking you to listen to this 1- hour compilation of critical questions brought up by the FDA Advisory Board when deciding to approve Pfizer's COVID vaccine for 5-11 year old's. In case you are unable to listen, I have provided key points from the meeting below. Please note myself and thousands of other parents will be unenrolling our children if this is required to attend school. Before you vote - please make sure you are informed on the benefits and risks to our children.

Key Points from the FDA Advisory Board Meeting - Oct 26th:

***Link to 1-hour highlights video here.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=qdhoBvRM&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8e2c2133933047eaffcf08d9d14c08d9%7C>>

- * Advisors do not recommend healthy children get this vaccine
- * Advisors do not recommend this vaccine be required to attend school
- * Doctors do not expect the vaccine to prevent infection
- * They have no data or expectations it will prevent transmission
- * Based on current data and modeling, the risks of the vaccine to children outweigh the benefits
- * Children's vaccine is based on the alpha variant and has little to no protection against Delta or Omnicron
- * Children's vaccine includes Tris (hydroxymethyl)aminomethane), a stabilizing agent, however the vaccines given during the clinical trials did not include this new ingredient so no one knows the potential risks to our children.

- * Advisors very concerned about increase in myocarditis and pericarditis especially in young boys
- * Approval was given based on the vaccine being available to immune compromised children

I will leave you with a quote from Dr. Eric Rubin

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hsph.harvard.edu%2Feric-rubin%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8e2c2133933047eaffcf08d9d14c08d9%7C1>>
, an adjunct professor of immunology and infectious diseases at Harvard University and editor-in-chief of the New England Journal of Medicine. Referring to approving the Pfizer vaccine for 5-11 year olds, "We'll never know how safe it is until we start using it"

Thank you in advance,

LaRena Archer

From: Mariann Kirkland
Sent: 1/6/2022 3:57:00 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-100-070. WAC 246-100-040 WAC 246-100-045

External Email

I was very disappointed when I saw you are having a meeting regarding the above WACs on January 12, I would like to remind you of a few things:

forcing WA unvaccinated into "isolation in quarantine facilities" sounds very much like what Hitler/Germany did in WWII for the Jews for "their own good" ..sounds just like concentration camps and the WA residents will not take that sitting down!

as far as vaccination requirements for students, may I remind you of a few things,

Children are at an extremely low risk for Covid..

The 'vaccines' are still only EUA...(emergency use authorized)

There are no long-term studies to document any history of safety for children receiving these vaccines...

Studies document that vaccinated and unvaccinated can both transmit Covid, therefore apparently the vaccine does not stop the spread of the disease...

I encourage you to think very careful about these decisions, the changing science does not support what you are considering.

Sincerely,

Mariann Kirkland

From: Melanie Danuser

Sent: 1/6/2022 7:01:12 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), 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: Comments for consideration regarding COVID vaccine requirement for schools

External Email

Good morning,

I am providing comments for the DOH meeting to consider requiring the COVID-19 vaccine for schools. There is no evidence that these products prevent infection or transmission and their long term safety are still being studied. I urge you not to add this to the list of requirements for our children to have the benefit of attending school.

* Pursuant to the CDC, the fatality rate for children from COVID-19 nationwide is .00003% and the state average for Washington on a seven-day rolling basis is 0%. Accordingly, children are not warranted to be vaccinated for COVID-19. Fauci himself recently urged the public to consider the difference between children hospitalized WITH COVID as opposed to BECAUSE of COVID.

* Pursuant to the CDC, the CDC Director and Dr. Fauci in his New York Times November 12 interview, the COVID-19 vaccine will not prevent infection or transmission of the COVID-19 virus, nor will it prevent serious injury, hospitalization or death any longer. Therefore, the vaccine is no longer the best tool for prevention of transmission. It is now a medical treatment, at best, hence it cannot be mandated as treatments are a personal medical choice pursuant to the state and federal Constitutions.

* Pursuant to the FDA, the vaccine manufacturers, and multiple scientists across the nation and the world, these vaccines pose grave risks of severe myocarditis, blood clotting, and neurological damage to name a few, predominantly prevalent in adolescents. As such, the risks of taking the vaccine strongly and significantly outweigh the benefits especially as it pertains to the pediatric community.

I ask you, as a parent, to carefully consider the ramifications of a politically charged and short term decision that will have disastrous long term effects on children's health and the public school system of our state.

Attached here are videos relevant to the decision:

* DrAlex1-Kids0iskNew.mp4

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex1-Kids0iskNew.mp4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C03088ed2e978418aada408d9d12521e4>>
(2 minutes 8 seconds)

* SchoolsSafeNew.mp4

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex2.SchoolsSafeNew.mp4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C03088ed2e978418aada408d9d12521e4>>
(1 minute 4 seconds)

* NoChildShouldBeVax'd.mp4

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex3.NoChildShouldBeVaxd.mp4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C03088ed2e978418aada408d9d12521e4>>
(56 seconds)

* KidsVaxAllRiskNoBenefit.ACE2.mp4

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex4.KidsVaxAllRiskNoBenefit.ACE2_.mp4&data=04%7C01%7C
(1 minute 38 seconds)

* VAERSNew.mp4

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2Fwp-content%2Fuploads%2F2021%2F12%2FDrAlex5.VAERSNew.mp4&data=04%7C01%7Cwsboh%40sboh.wa>
(35 seconds)

Thank you,

Melanie Danuser

From: Kim Gill
Sent: 1/6/2022 3:56:53 PM
To: DOH WSBOH
Cc:
Subject: US constitution

External Email

There is also the Nuremburg Code 2.0 & as of January 2nd 2022, the CDC has pulled the PCR tests stating that they can't effectively determine between the flu & COVID...refee to cdc.gov under PCR tests.

<https://www.usconstitution.net/xconst.html>

Sent from Yahoo Mail on Android

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

From: cari_foster96
Sent: 1/6/2022 3:57:41 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine for children

External Email

Please consider this message regarding COVID vaccines for children. This is sent with great respect and belief that you are looking out for the best of all people in Washington. I believe the Covid shots should absolutely NOT be a requirement for our children to attend school or childcare. As a reminder, children are at extremely low risk for Covid and the vaccines are still only EUA (emergency use authorized). I am not against vaccines as a whole. Other vaccines have saved many lives. In contrast, the COVID vaccine's effectiveness has been slight if any at all. This is a very good reason to not mandate the vaccine for our children in Washington.

Best regards,

Cari Foster

Sent from my T-Mobile 4G LTE Device

From: Sharon Gakin
Sent: 1/6/2022 3:57:10 PM
To: DOH WSBOH
Cc:
Subject: opinions equal votes

External Email

Please do NOT mandate the jab for all pre-school and school children. The science that drives these decisions changes constantly and hardly any agree. Please do not do this!

Sharon Gakin
Kitsap County
District 6

From: Testify Online Survey
Sent: 1/7/2022 9:11:03 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 11, 2022

2.

Agenda Item or Issue:

WAC 246-100-070, 246-100-045m 246100-045

3.

Your Name:

Ann Sundstrom

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

East Wenatchee, WA

7.

Email:

asundstrom92@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

Personal experience

10.

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

1. Yes

inclusion of Covid-19 in WAC rules as noted above

11.

Are you Pro or Con on the proposal?

2.

Con

From: Brandon Vo
Sent: 1/7/2022 9:11:05 AM
To: DOH WSBOH
Cc:
Subject: Against Covid policies

External Email

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

Sincerely,
Brandon L. Vo

From: Emily Mcdougall
Sent: 1/7/2022 9:11:06 AM
To: DOH WSBOH
Cc:
Subject: Health

External Email

I oppose WAC-246-100 that would expand any authority to involuntarily quarantine individuals against their will. I also oppose adding a C-19 vaccine to the WAC 246-105 required list of vaccines for children to attend school.