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**From:** Don Jacobson <desert.don@gmail.com>  
**Sent:** Wednesday, October 5, 2022 11:09 AM  
**To:** DOH WSBOH  
**Subject:** "Covid 19-20-21-22-As Long As Needed Edicts"

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External Email

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Jay Inslee's [Directive 22-13.1](#), Washington's Office of Financial Management (OFM) is attempting to circumvent the Legislature by filing proposed WACs (starting at page 97 [HERE](#)) to permanently require small and executive cabinet agency employees to be "fully vaccinated" for Covid in perpetuity.

American citizens instead DEMAND that the Constitution is upheld and obeyed.  
Each citizen will make their OWN choices regarding health care choices, including when and if we choose to inject non-approved, non-animal-tested experimental mRNA drugs.

Enough! If we must replace you with Leaders who obey our nation's laws, we will.

Don Jacobson  
117 NW 101 St  
Vancouver, WA 98685

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**From:** Lisa Templeton <lisa@informedchoicewa.org>  
**Sent:** Friday, October 7, 2022 11:02 AM  
**To:** DOH WSBOH  
**Subject:** Comment for BOH members for October 12 meeting  
**Attachments:** ICWA comments to BOH 10.7.22.pdf

External Email

Good morning,

Attached is Informed Choice Washington's public comment for Board members for its meeting next Wednesday. Will you kindly ensure they receive it, and send me confirmation that you have done so?

Thank for your help,

Lisa Templeton  
Executive Secretary to the Board

*Informed*CHOICEWA.org  
PROTECTING OUR MEDICAL FREEDOM

# InformedCHOICEWA.org<sup>1</sup>

October 7, 2022

Washington Board of Health  
Washington Secretary of Health Shah

*RE: Public comment for October 12, 2022, meeting*

*Via email only*

Dear BOH Members and Secretary Shah:

We write to provide you with some of the most recent published studies and data on COVID-19 shots. We also include a recent study by the CDC that shows an association between exposure to aluminum-adjuvanted vaccines and persistent asthma, and a list of other aluminum studies the FDA, CDC, and Washington State health agencies have ignored.

The day is coming when the harm caused by unscientific and unethical public health policies will be brought to court and legal justice will be won. Tragically, this will be of minimal comfort to the injured and those who lost loved ones.

We earnestly ask you to review information beyond what federal agencies provide and to take steps to reverse the reckless promotion of products whose risks far outweigh any perceived benefits. Early treatment with nutrients and safe repurposed drugs, such as the Nobel-prize winning ivermectin, and naturally acquired immunity, should be part of public health's approach to communicable infection and the education of the public and medical community.

The marketing of the COVID-19 genetic therapies as "safe and effective vaccines" by public health agencies has eroded public trust, increased the number of individuals looking closely at the full body of knowledge on the science, history, and politics of vaccine products and the infections they target. Many are understanding for the first time what "fully informed consent" means, and why it is so important to protect it.

Sincerely,

The ICWA Board

Attachments

## **COVID-19 Shot Data and Recent Studies**

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### COVID VAERS Reports by STATE

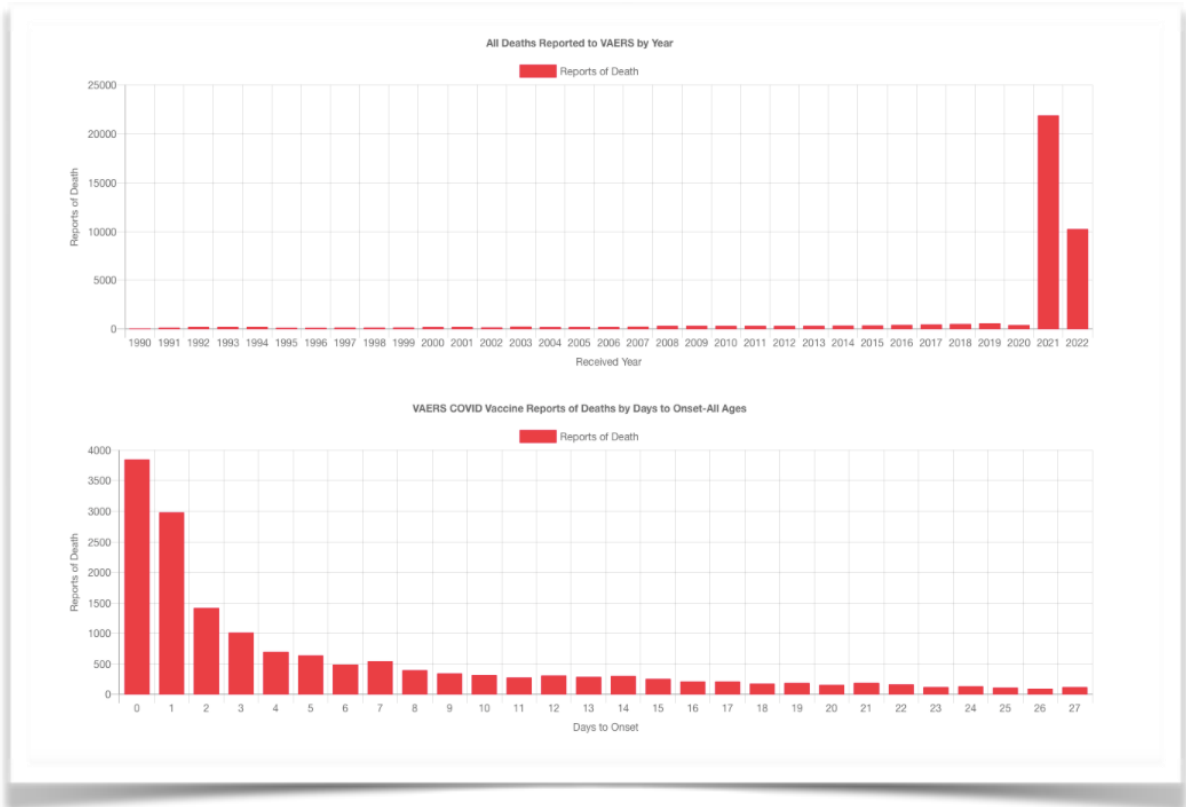
COVID VAERS reports by **Age Range**, **Adverse Event** and **State**. To find the results for your state enter its two-letter abbreviation in the search box on the left.

Through September 23, 2022

Search:  Show  entries

AGE RANGE	STATE	DIED	LIFE THREAT	PERM. DISABLED	HOSPITALIZED	MYOCARDITIS	ANAPHYLAXIS	MISCARRIAGE	TOTAL REPORTS
6 MO-5 YR	WA	0	1	1	2	0	1	0	197
5-11	WA	1	1	2	5	4	0	0	519
12-18	WA	1	9	5	67	59	1	0	1,182
19-30	WA	1	34	52	107	75	6	11	2,362
31-49	WA	14	117	167	254	91	25	54	6,307
50-64	WA	32	111	169	263	52	15	0	4,569
65-80	WA	63	88	80	316	43	4	0	3,845
81-121	WA	72	20	16	138	10	0	0	652
ALL AGES	WA	206	384	496	1174	344	56	65	20,494

<https://openvaers.com/covid-data>

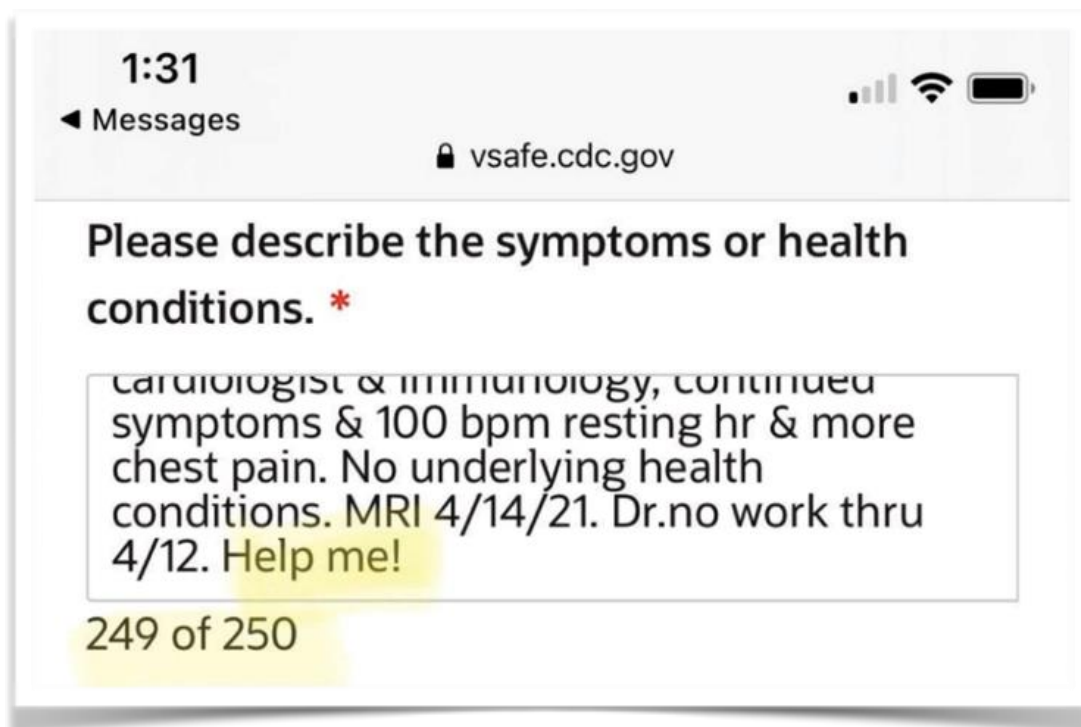


**After over a year and two lawsuits, the CDC has released the raw, de-identified data from its V-Safe app.**

<https://www.icandecide.org/v-safe-data/>

This data does not include the “free text” portions. The app provided limited choices to indicate symptoms, and it was insufficient to capture most severe reactions and outcomes. Please see [ICWA’s post from 2021 about “R,”](#) a woman in Washington State injured by the J&J shot.

In April of 2021, CDC stated: “Limitations of v-safe include voluntary participation via an opt-in smartphone-based system that includes less than 10% of vaccinated persons.”



**“Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave”**

<https://www.nature.com/articles/s41598-022-10928-z>

Abstract:

Cardiovascular adverse conditions are caused by coronavirus disease 2019 (COVID-19) infections and reported as side-effects of the COVID-19 vaccines. Enriching current vaccine safety surveillance systems with additional data sources may improve the understanding of COVID-19 vaccine safety. Using a unique dataset from Israel National Emergency Medical Services (EMS) from 2019 to 2021, the study aims to evaluate the association between the volume of cardiac arrest and acute coronary syndrome EMS calls in the 16–39-year-old

population with potential factors including COVID-19 infection and vaccination rates. An increase of over 25% was detected in both call types during January–May 2021, compared with the years 2019–2020. Using Negative Binomial regression models, the weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates. While not establishing causal relationships, the findings raise concerns regarding vaccine-induced undetected severe cardiovascular side-effects and underscore the already established causal relationship between vaccines and myocarditis, a frequent cause of unexpected cardiac arrest in young individuals. Surveillance of potential vaccine side-effects and COVID-19 outcomes should incorporate EMS and other health data to identify public health trends (e.g., increased in EMS calls), and promptly investigate potential underlying causes.

### **“Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials”**

[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4125239](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239)

Abstract:

**Introduction:** In 2020, prior to COVID-19 vaccine rollout, the Coalition for Epidemic Preparedness Innovations and Brighton Collaboration created a priority list, endorsed by the World Health Organization, of potential adverse events relevant to COVID-19 vaccines. We leveraged the Brighton Collaboration list to evaluate serious adverse events of special interest observed in phase III randomized trials of mRNA COVID-19 vaccines.

**Methods:** Secondary analysis of serious adverse events reported in the placebo-controlled, phase III randomized clinical trials of Pfizer and Moderna mRNA COVID-19 vaccines (NCT04368728 and NCT04470427), focusing analysis on potential adverse events of special interest identified by the Brighton Collaboration.

**Results:** Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).

Discussion: The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.

### **“Multisystem Inflammatory Syndrome Following SARS-CoV-2 Vaccination in Two Children”**

<https://publications.aap.org/pediatrics/article/150/2/e2021055956/188099/Multisystem-Inflammatory-Syndrome-Following-SARS?autologincheck=redirected>

Abstract:

This report presents 2 pediatric cases of multisystem inflammatory syndrome in children and adults (MIS-C/A) post severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination (MIS-V). Both children presented with MIS-V within 6 weeks of receiving their first and only dose of Pfizer-BioNTech’s SARS-CoV-2 vaccine. The first patient had symptoms of MIS-C/A with perimyocarditis and shock, and the second 1 had classic Kawasaki disease features. Both responded well to intravenous immunoglobulins and/or systemic corticosteroids. Both children were positive only for SARS-2-CoV antispikes (S) (and not for antinucleocapsid [NC]) antibodies consistent with a postvaccine, and not a postinfection, event. Surveillance for rare adverse events following immunization should continue, especially now that SARS-CoV-2 vaccination is approved in the 5 to 11 year age group that has had the highest risk of developing MIS-C post SARS-CoV-2 infection. Our patients did not receive any further SARS-CoV-2 vaccines. Our report highlights the importance of measuring differentiating antibodies (anti-S and anti-NC) that can be used within a specific timeframe to help determine if a patient has MIS-V post vaccine (only anti-S present), or MIS-C/A post SARS-CoV-2 infection (both anti-S and anti-NC present).

The following paper pertains to naturally acquired immunity:

### **“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>

Abstract:

SARS-CoV-2 infection is generally mild or asymptomatic in children but a biological basis for this outcome is unclear. Here we compare antibody and cellular immunity in children (aged 3–11 years) and adults. Antibody responses against spike protein were high in children and seroconversion boosted responses against seasonal Beta-coronaviruses through cross-recognition of the



S2 domain. Neutralization of viral variants was comparable between children and adults. Spike-specific T cell responses were more than twice as high in children and were also detected in many seronegative children, indicating pre-existing cross-reactive responses to seasonal coronaviruses. Importantly, children retained antibody and cellular responses 6 months after infection, whereas relative waning occurred in adults. Spike-specific responses were also broadly stable beyond 12 months. Therefore, children generate robust, cross-reactive and sustained immune responses to SARS-CoV-2 with focused specificity for the spike protein. These findings provide insight into the relative clinical protection that occurs in most children and might help to guide the design of pediatric vaccination regimens.

### **“Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California”**

<https://www.nature.com/articles/s41564-021-01041-4>

#### Abstract:

Associations between vaccine breakthrough cases and infection by different SARS coronavirus 2 (SARS-CoV-2) variants have remained largely unexplored. Here we analysed SARS-CoV-2 whole-genome sequences and viral loads from 1,373 persons with COVID-19 from the San Francisco Bay Area from 1 February to 30 June 2021, of which 125 (9.1%) were vaccine breakthrough infections. Vaccine breakthrough infections were more commonly associated with circulating antibody-resistant variants carrying  $\geq 1$  mutation associated with decreased antibody neutralization (L452R/Q, E484K/Q and/or F490S) than infections in unvaccinated individuals (78% versus 48%,  $P = 1.96 \times 10^{-8}$ ). Differences in viral loads were non-significant between unvaccinated and fully vaccinated cases overall ( $P = 0.99$ ) and according to lineage ( $P = 0.09-0.78$ ). Symptomatic vaccine breakthrough infections had comparable viral loads ( $P = 0.64$ ), whereas asymptomatic breakthrough infections had decreased viral loads ( $P = 0.023$ ) compared with infections in unvaccinated individuals. In 5 cases with serial samples available for serologic analyses, vaccine breakthrough infections were found to be associated with low or undetectable neutralizing antibody levels attributable to an immunocompromised state or infection by an antibody-resistant lineage. Taken together, our results show that vaccine breakthrough infections are overrepresented by antibody-resistant SARS-CoV-2 variants, and that symptomatic breakthrough infections may be as efficient in spreading COVID-19 as unvaccinated infections, regardless of the infecting lineage.

## **“DECREASED BREADTH OF THE ANTIBODY RESPONSE TO THE SPIKE PROTEIN OF SARS-CoV-2 AFTER REPEATED VACCINATION”**

<https://www.medrxiv.org/content/10.1101/2021.08.12.21261952v3>

### Abstract:

The rapid development of vaccines to prevent infection by SARS-CoV-2 virus causing COVID-19 makes necessary to compare the capacity of the different vaccines in terms of development of a protective humoral response. Here, we have used a highly sensitive and reliable flow cytometry method to measure the titers of antibodies of the IgG1 isotype in blood of healthy volunteers after receiving one or two doses of the vaccines being administered in Spain. We took advantage of the multiplexed capacity of the method to measure simultaneously the reactivity of antibodies with the S protein of the original strain Wuhan and the variants B.1.1.7 (Alpha), B.1.617.2 (Delta) and B.1.617.1 (Kappa). We found significant differences in the titer of anti-S antibodies produced after a first dose of the vaccines ChAdOx1 nCov-19/AstraZeneca, mRNA-1273/Moderna, BNT162b2/Pfizer-BioNTech and Ad26.COVS/Janssen. Most important, we found a relative reduction in the reactivity of the sera with the Alpha, Delta and Kappa variants, versus the Wuhan one, after the second boosting immunization. These data allow to make a comparison of different vaccines in terms of anti-S antibody generation and cast doubts about the convenience of repeatedly immunizing with the same S protein sequence.

## **“Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk”**

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796427>

### Results:

Of 11 lactating individuals enrolled, trace amounts of BNT162b2 and mRNA-1273 COVID-19 mRNA vaccines were detected in 7 samples from 5 different participants at various times up to 45 hours postvaccination (Table 2). The mean (SD) yield of EVs isolated from EBM was 9.110 (5.010) particles/mL, and the mean (SD) particle size was 110.0 (3.0) nm. The vaccine mRNA appears in higher concentrations in the EVs than in whole milk (Table 2). No vaccine mRNA was detected in prevaccination or postvaccination EBM samples beyond 48 hours of collection. Also, no COVID-19 vaccine mRNA was detected in the EBM fat fraction or the EBM cell pellets.

## **“Myopericarditis After the Pfizer Messenger Ribonucleic Acid Coronavirus Disease Vaccine in Adolescents”**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8253718/>

Conclusion:

Although a causal relationship between vaccination and the development of myopericarditis cannot be concluded from a case series, the clustering in time as well as the uncommon occurrence of myopericarditis and the rapid resolution of symptoms and findings likely make this a unique vaccine-related event. Identification of myopericarditis as an adverse event should have high priority during investigations before and after authorization of COVID-19 vaccines and be considered by policy makers in the risk/benefit ratio in adolescents and children.

## **Aluminum Toxicity Studies**

Questions for BOH Members and Secretary Shah:

*Are public health vaccination programs trading incidents of transient infections and subsequent natural immunity for epidemics of lifelong chronic health problems, such as asthma?*

*Is it time for public health to move away from mass vaccination programs and their unintended consequences and instead support healthy immunity via proper nutrients and early treatment?*

2002 [“Neurological adverse events associated with vaccination”](#)

2002 [“The potential role of aluminium in Alzheimer’s disease”](#)

2004 [“Chronic exposure to aluminum in drinking water increases inflammatory parameters selectively in the brain”](#)

2004 [“Neurotoxic effects of aluminium among foundry workers and Alzheimer’s disease”](#)

2007 [“Aluminum adjuvant linked to Gulf War illness induces motor neuron death in mice”](#)

2007 [“Neurological adverse events of immunization: experience with an aluminum adjuvanted meningococcal B outer membrane vesicle vaccine”](#)

2007 [“Mechanisms of aluminum-induced neurodegeneration in animals: Implications for Alzheimer’s disease”](#)

2007 “[Inflammation, neurodegenerative diseases, and environmental exposures](#)”

2008 “[Role of metal ions in the abeta oligomerization in Alzheimer’s disease and in other neurological disorders](#)”

2009 “[Long-term persistence of vaccine-derived aluminum hydroxide is associated with chronic cognitive dysfunction](#)”

2009 “[Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration](#)”

2009 “[Aluminum-induced defective mitochondrial metabolism perturbs cytoskeletal dynamics in human astrocytoma cells](#)”

2011 “[Aluminum toxicity and astrocyte dysfunction: a metabolic link to neurological disorders](#)”

2011 “[Aluminum vaccine adjuvants: are they safe?](#)”

2011 “[Metal ions affecting the neurological system](#)”

2013 “[Autoimmune/autoinflammatory syndrome induced by adjuvants \(ASIA syndrome\) in commercial sheep](#)”

2013 “[How aluminum, an intracellular ROS generator promotes hepatic and neurological diseases: the metabolic tale](#)”

2014 “[Aluminum-induced entropy in biological systems: implications for neurological disease](#)”

2014 “[Are there negative CNS impacts of aluminum adjuvants used in vaccines and immunotherapy?](#)”

2014 “[A sudden onset of a pseudo-neurological syndrome after HPV-16/18 AS04-adjuvated vaccine: might it be an autoimmune/inflammatory syndrome induced by adjuvants \(ASIA\) presenting as a somatoform disorder?](#)”

2014 “[Elevated brain aluminium and early onset Alzheimer’s disease in an individual occupationally exposed to aluminium: a case report](#)”

2014 “[Prolonged exposure to low levels of aluminum leads to changes associated with brain aging and neurodegeneration](#)”

2014 [“Administration of aluminium to neonatal mice in vaccine-relevant amounts is associated with adverse long term neurological outcomes”](#)

2014 [“Oxidative stress and mitochondrial dysfunction in aluminium neurotoxicity and its amelioration: a review”](#)

“Being involved in the production of reactive oxygen species, aluminium may impair mitochondrial bioenergetics and may lead to the generation of oxidative stress. In this review, we have discussed the oxidative stress and mitochondrial dysfunctions occurring in Al neurotoxicity. In addition, the ameliorative measures undertaken in aluminium induced oxidative stress and mitochondrial dysfunctions have also been highlighted.”

2014 [“Aluminum in the central nervous system \(CNS\): toxicity in humans and animals, vaccine adjuvants, and autoimmunity”](#)

2014 [“Aluminium Induced Endoplasmic Reticulum Stress Mediated Cell Death in SH-SY5Y Neuroblastoma Cell Line Is Independent of p53”](#)

2015 [“Trace elements in scalp hair samples from patients with relapsing-remitting multiple sclerosis”](#)

2015 [“Correlation of aluminum and manganese concentration in scalp hair samples of patients having neurological disorders”](#)

2015 [“Biopersistence and brain translocation of aluminum adjuvants of vaccines”](#)

“We previously showed that poorly biodegradable aluminum-coated particles injected into muscle are promptly phagocytosed in muscle and the draining lymph nodes, and can disseminate within phagocytic cells throughout the body and slowly accumulate in brain. This strongly suggests that long-term adjuvant biopersistence within phagocytic cells is a prerequisite for slow brain translocation and delayed neurotoxicity.”

2016 [“Insight into the cellular fate and toxicity of aluminum adjuvants used in clinically approved human vaccinations”](#)

“We demonstrate that not all aluminium adjuvants are equal neither in terms of their physical properties nor their biological

reactivity and potential toxicities both at the injection site and beyond. High loading of aluminium oxyhydroxide in the cytoplasm of THP-1 cells without immediate cytotoxicity might predispose this form of aluminium adjuvant to its subsequent transport throughout the body including access to the brain.”.

2016 [“Behavioral abnormalities in female mice following administration of aluminum adjuvants and the human papillomavirus \(HPV\) vaccine Gardasil”](#)

“Vaccine adjuvants and vaccines may induce autoimmune and inflammatory manifestations in susceptible individuals. To date most human vaccine trials utilize aluminum (Al) adjuvants as placebos despite much evidence showing that Al in vaccine-relevant exposures can be toxic to humans and animals. We sought to evaluate the effects of Al adjuvant and the HPV vaccine Gardasil versus the true placebo on behavioral and inflammatory parameters in female mice.”

2016 [“Aluminum adjuvants of vaccines injected into the muscle: Normal fate, pathology and associated disease”](#)

“Although generally well tolerated on the short term, it has been suspected to occasionally cause delayed neurologic problems in susceptible individuals. In particular, the long-term persistence of aluminic granuloma also termed macrophagic myofasciitis is associated with chronic arthromyalgias and fatigue and cognitive dysfunction. Safety concerns largely depend on the long biopersistence time inherent to this adjuvant, which may be related to its quick withdrawal from the interstitial fluid by avid cellular uptake; and the capacity of adjuvant particles to migrate and slowly accumulate in lymphoid organs and the brain, a phenomenon documented in animal models and resulting from MCP1/CCL2-dependant translocation of adjuvant-loaded monocyte-lineage cells (Trojan horse phenomenon). These novel insights strongly suggest that serious re-evaluation of long-term aluminum adjuvant pharmacokinetics and safety should be carried out.”

2017 [“Effects of Aluminium on Rat Brain Mitochondria Bioenergetics: an In vitro and In vivo Study”](#)

“The observed effects also included both an alteration in mitochondrial transmembrane potential and a decrease in oxidative phosphorylation capacity when relatively high concentrations of aluminium were added to the isolated mitochondria. These findings contribute to explain both the ability of aluminium to generate oxidative stress and its suggested potential to act as an etiological factor by promoting the progression of neurodegenerative disorders such as Parkinson’s disease.”

2017 [“The putative role of environmental aluminium in the development of chronic neuropathology in adults and children. How strong is the evidence and what could be the mechanisms involved?”](#)

“Evidence of the neurotoxicity of aluminium cations ( $Al_{3+}$ ) includes: an association between chronic aluminium exposure and the development of AD; the involvement of aluminium adjuvants in the development of ASIA; and epidemiological evidence pointing to an association between the use of aluminium adjuvants and ASD.”

“Aluminium has no known beneficial physiological action in the human body and some genetic polymorphisms predispose to a greater susceptibility to its adverse effects. Therefore, a strong case can be made for avoiding unnecessary exposure to environmental sources of aluminium salts, especially on the part of children, pregnant mothers and women of child-bearing age who may become pregnant. Such avoidance need not lead to hardship or inconvenience; aluminium cookware may be replaced by safer alternatives, while aluminium-containing antiperspirants, potentially implicated in the rise of cases of breast cancer particularly affecting the upper outer quadrant of the mammary gland, may be replaced by non-aluminium versions. The use of aluminium salts in medical products is a more contentious issue. While antacids are available which do not contain aluminium salts, the avoidance of immunisations which do not contain aluminium salts as adjuvants has wider

political and financial implications. It would seem prudent to try to find an alternative to aluminium adjuvants as soon as possible and phase out their use.”

“Moreover, aluminium exposure is associated with the production of pro-inflammatory cytokines and chemokines and with the development of chronic oxidative stress, mitochondrial dysfunction and glial activation or dysfunction; these changes in turn are associated with ASD.”

2017 [“Aluminium in brain tissue in autism”](#)

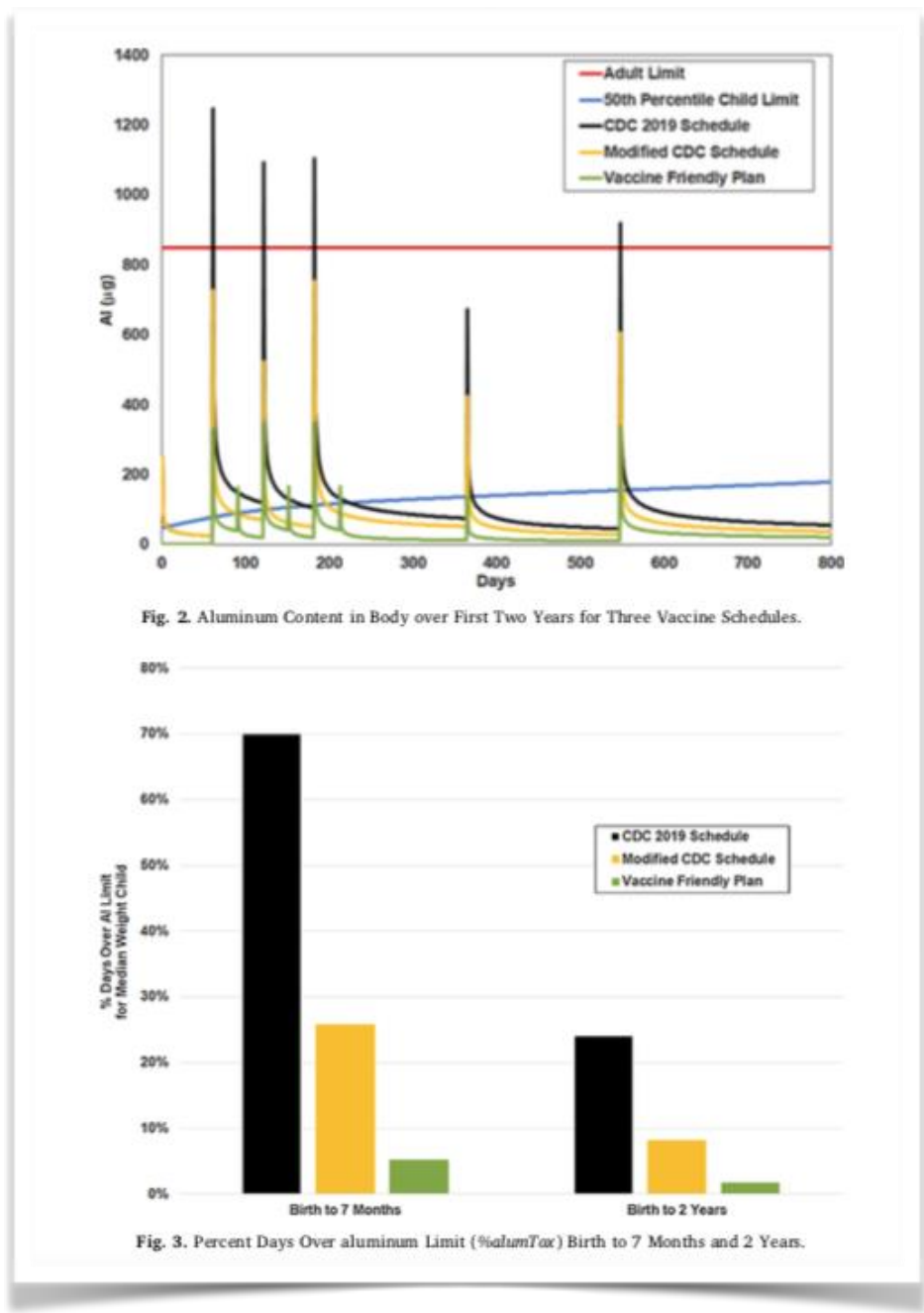
“The pre-eminence of intracellular aluminium associated with non-neuronal cells was a standout observation in autism brain tissue and may offer clues as to both the origin of the brain aluminium as well as a putative role in autism spectrum disorder.”

2018 [“Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum”](#)

“Our calculations show that the levels of aluminum suggested by the currently used limits place infants at risk of acute, repeated, and possibly chronic exposures of toxic levels of aluminum in modern vaccine schedules. Individual adult exposures are on par with Provisional Tolerable Weekly Intake “limits”, but some individuals may be aluminum intolerant due to genetics or previous exposures. Vaccination in neonates and low birth-weight infants must be re-assessed; other implications for the use of aluminum-containing vaccines, and additional limitations in our understanding of neurotoxicity and safety levels of aluminum in biologics are discussed.”



2020 [“Acute exposure and chronic retention of aluminum in three vaccine schedules and effects of genetic and environmental variation”](#)



2022 [“Metabolic and Cellular Compartments of Acetyl-CoA in the Healthy and Diseased Brain”](#)

“However, SN56 cholinergic neurons with a high expression of cholinergic phenotype appeared to be more susceptible than nondifferentiated ones or glial cells to several neurotoxic signals that inhibited the PDHC, resulting in the suppression of acetyl-CoA synthesis in mitochondria. Such alterations took place in cholinergic neurons or brain nerve terminals upon exposure to several **common neurotoxic signals**, such as A $\beta$ , Zn, NO-excess, Ca overload, thiamine deficiency, **aluminium exposure** and hypoxia.” (emphasis added).

2022 [“Towards novel nano-based vaccine platforms for SARS-CoV-2 and its variants of concern: Advances, challenges and limitations”](#)

“Similarly, aluminium NPs were studied for their ability to deliver the antigenic components of MERS-CoV and SAR-CoV to the host cells [13]. However, the cellular toxicity of these nanocarriers and/or the need for an adjuvant may be considered as significant limitations of such nano-based vaccines.”

2022 [“Clearance, biodistribution, and neuromodulatory effects of aluminum-based adjuvants. Systematic review and meta-analysis: what do we learn from animal studies?”](#)

“Aluminum (Al) salts are commonly used as adjuvants in human and veterinary vaccines for almost a century. Despite this long history of use and the very large number of exposed individuals, data in the literature concerning the fate of these molecules after injection and their potential effects on the nervous system is limited. In the context of (i) an increase of exposure to Al salts through vaccination; (ii) the absence of safety values determined by health regulators; (iii) the lack of robustness of the studies used as references to officially claim Al adjuvant innocuity; (iv) the publication of several animal studies investigating Al salts clearance/biopersistence and neurotoxicity; we have examined in this review all published studies performed on animals and assessing Al adjuvants kinetics, biodistribution, and neuromodulation since the first work of A. Glenny in the 1920s.

The diversity of methodological approaches, results, and potential weaknesses of the 31 collected studies are exposed. A large range of protocols has been used, including a variety of exposure schedule and analyses methods, making comparisons between studies uneasy. Nevertheless, published data highlight that when biopersistence, translocation, or neuromodulation were assessed, they were documented whatever the different in vivo models and methods used. Moreover, the studies pointed out the crucial importance of the different Al adjuvant physicochemical properties and host genetic background on their kinetics, biodistribution, and neuromodulatory effects. Regarding the state of the art on this key public health topic, further studies are clearly needed to determine the exact safety level of Al salts.”

2022 [“Association Between Aluminum Exposure From Vaccines Before Age 24 Months and Persistent Asthma at Age 24 to 59 Months”](#)

“CONCLUSION: In a large observational study, a positive association was found between vaccine-related aluminum exposure and persistent asthma. While recognizing the small effect sizes identified and the potential for residual confounding, additional investigation of this hypothesis appears warranted.”

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**From:** Kd Jojo <kd12385@yahoo.com>  
**Sent:** Tuesday, October 4, 2022 10:02 AM  
**To:** DOH WSOBH  
**Subject:** 8 Mice

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External Email

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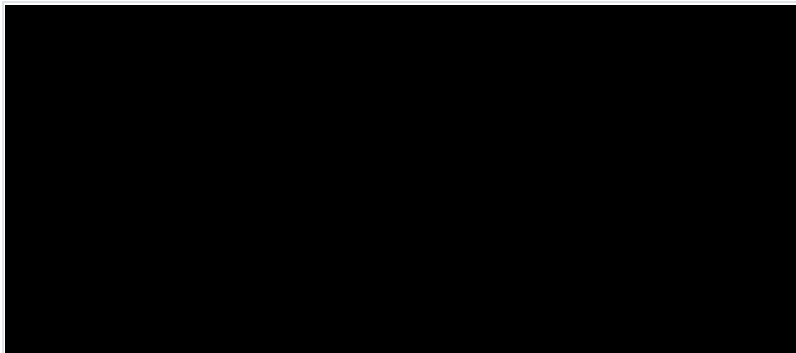
Hello,

Please see my comments for the upcoming meeting regarding Covid shots/boosters which I'm surprised and dismayed that our state would be pushing these shots that were tested on 8 mice. The original mRNA shots have caused numerous harms and should be taken off of the market immediately and doctors and scientists throughout the world have called for just that. We have learned how deep Pfizer and big pharma have corrupted medicine and health departments. It would behoove WA to get a financial disclosure and statement from every board member who has accepted any funds from Big Pharma and they should be immediately recused from the board. Our health should not be at the mercy of profiteers, and our boards should be consisted only of people who have NO financial ties to big pharma in any way. It has recently been shown that the Fauci's had their wealth double during the pandemic, and this is a gross misconduct of public trust in doctors and health officials.

Why hasn't the Covid jab been pulled when history shows us others have been for less harm? Why don't we have access to Ivermectin? Why don't you talk about vitamin D, exercise, or other nutraceuticals.

Swine Flu vx (1976) - Pulled after a 1 in 100,000 risk of Guillain-Barré syndrome Rotavirus vx (1999) - Pulled after a 1 in 10,000 risk of bowel obstruction COVID vx - (2021) Serious adverse events between 1 in 800 and 1 in 1,000 and we are still pushing?

[Computational studies suggest compounds restoring function of p53 cancer mutants can bind SARS-CoV-2 spike protein - PubMed](#)



**Computational studies suggest compounds restoring function of p53 cancer...**

It is reasonable to think that cancer patients undergoing chemotherapy or immunotherapy may have a more aggressi...

[New Covid boosters, which target BA.5, haven't yet been tested in people. How well will they work?](#)

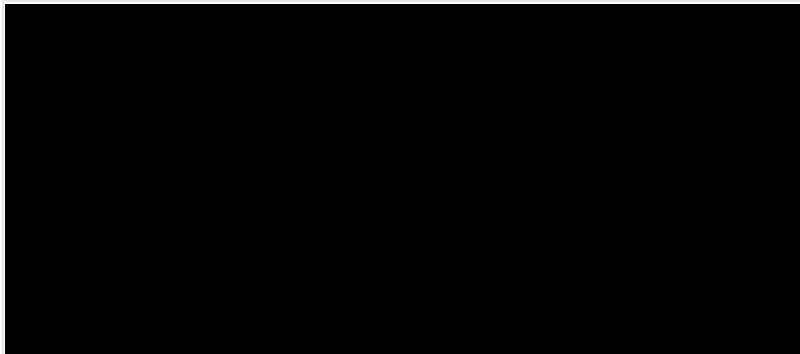


### **New Covid boosters, which target BA.5, haven't yet been tested in people...**

The lack of human data means officials likely won't know how much better the new shots are — if at all — until t...

### [Great Barrington Declaration and Petition](#)

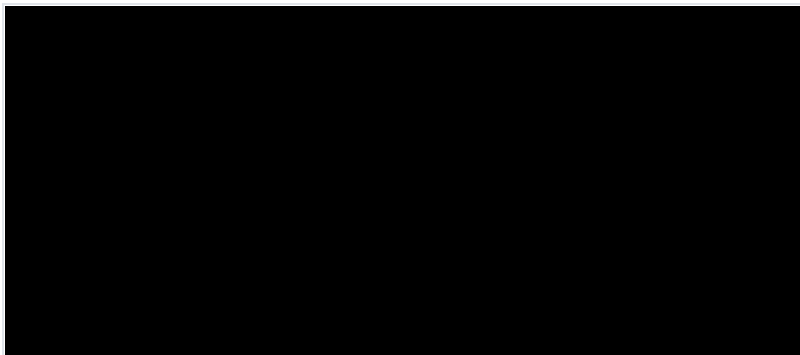
930,000 people and scientists have signed this.



### **Great Barrington Declaration and Petition**

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging phy...

### [Safe & Effective | Oracle Films](#)



### **Safe & Effective | Oracle Films**

This documentary from Oracle Films shines a light on Covid-19 vaccine injuries and bereavements, but also takes ...

America is waking up to the fact that SIDS and SADS have a whole lot of things in common. Why do babies vaccines including aluminum?

Sincerely,

Catherine Jodoin

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**From:** Callie Batts <calliejh@gmail.com>  
**Sent:** Tuesday, October 4, 2022 12:19 PM  
**To:** DOH WSBOH  
**Subject:** Comments for BOH meeting 10/12/22

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External Email

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October 2, 2022

To WA State Department of Health,

The CDC updated its recommendations last week for universal masking for healthcare workers. Now, healthcare workers in areas without low or medium COVID-19 transmission rates can opt out of requiring doctors, patients, and visitors to mask up.

I am writing to urge that Washington State consider following the CDC's guidance. I work in an outpatient pediatric occupational therapy client. Many of the children we work with have sensory processing difficulties and disabilities that make it difficult for them to wear a mask. Additionally, half of the clients we serve have Autism Spectrum Disorder with challenges with language and social communication. Not being able to see their therapist's face and facial expression is detrimental to their progress. We are a "healthcare facility" however, we do not treat sick clients. We have a strict sick policy and children do not come into the clinic experiencing any symptoms of COVID-19. Many healthcare facilities covered under the WA DOH mask mandate do not see or treat sick or symptomatic clients.

With low community transmission, high vaccine and infection-induced immunity and available effective treatments, it is my belief that masking in healthcare settings like therapy clinics is causing more harm to the patients we serve than good.

Thank you for your consideration,

Callie Batts, OTR/L

Pediatric occupational therapist

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**From:** Melissa Moser <mmoser.moser@aol.com>  
**Sent:** Friday, September 9, 2022 3:54 AM  
**To:** DOH WSBOH  
**Subject:** Communicating With Board Members

External Email

Hello,  
Thank you for all you do and your consideration with this information regarding Covid vaccines:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012513/>

Respectfully,  
Melissa Moser



---

**From:** Garry Blankenship <hisgarness@comcast.net>  
**Sent:** Monday, September 12, 2022 11:09 AM  
**To:** hcinfo.infosc@canada.ca; DOH WSBOH; OADS@cdc.gov; sheriff@co.clallam.wa.us; ombuds@oc.fda.gov; mozias@co.clallam.wa.us; rjohnson@co.clallam.wa.us; shahidafatin@gmail.com; gbsjrmd@sisna.com; ncarr@cityofpa.us; dclawley@msn.com; aunthank@co.clallam.wa.us; secretary@health.gov.bz; Van De Wege, Kevin; Chapman, Mike  
**Subject:** Current Study Data on the Lack of mRNA Drug Efficacy

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External Email

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The stories here-in are not complete, but easily found should you want to see the rest. These are a very small sample of a multitude of data demonstrating these drugs cause more harm than good. Post mRNA introduction all cause death is up dramatically. Sudden Adult Death Syndrome, life insurance pay-out data, young athletes in the prime of their lives dropping on courts and fields from cardiac death or harm; coroners and embalmers finding blood clots of unprecedented size in cadavers; these are all post mRNA drug introduction events. It is now fact that the drug batches vary dramatically. Some with no adverse reactions and others with high death and harm results. Which batch will you get next? The known death and harm statistics from mRNA drugs have exponentially exceed numbers that previously mandated the pulling of drugs from the market. Please investigate on your own, if you are not already convinced these drugs are toxic.

### [HEALTH VIEWPOINTS](#)

'Unethical' and up to 98 Times Worse Than the Disease: Top Scientists Publish Paradigm-Shifting Study About COVID-19 Vaccines

BY [JENNIFER MARGULIS](#) AND [JOE WANG](#) TIMESEPTEMBER 10, 2022 [PRINT](#)

A team of nine experts from Harvard, Johns Hopkins, and other top universities has published [paradigm-shifting research](#) about the efficacy and safety of the COVID-19 vaccines and why mandating vaccines for college students is unethical.

This 50-page study, which was published on The Social Science Research Network at the end of August, analyzed CDC and industry-sponsored data on vaccine adverse events, and concluded that [mandates](#) for COVID-19 [boosters](#) for young people may cause 18 to 98 actual serious adverse events for each COVID-19 infection-related hospitalization theoretically prevented. The paper is co-authored by [Dr. Stefan Baral](#), an epidemiology professor at Johns Hopkins University; surgeon [Martin Adel Makary](#), M.D., a professor at Johns Hopkins known for his books exposing medical malfeasance, including "Unaccountable: What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care"; and [Dr. Vinayak Prasad](#), a hematologist-oncologist, who is a professor in the UCSF Department of Epidemiology and Biostatistics, as well as the author of over 350 academic and [peer-reviewed articles](#).

But among this team of high-profile international experts who authored this paper, perhaps the most notable is Salmaan Keshavjee, M.D., Ph.D., current Director of the Harvard Medical School Center for Global Health Delivery, and professor of Global Health and Social Medicine at Harvard Medical

School. Keshavjee has also worked extensively with [Partners In Health](#), a Boston-based non-profit co-founded by [the late Dr. Paul Farmer](#), on treating drug-resistant tuberculosis, according to his [online biography](#).

## 'Irrefutable Proof' That mRNA Vaccines Cause Vascular and Organ Damage: Study

By [Enrico Trigoso](#)

September 9, 2022 Updated: September 10, 2022

biggersmaller

Print

0:009:00

1

A recent study claims to have found “irrefutable proof of causality” that the mRNA vaccines cause vascular and organ damage.

The study, conducted by microbiologists Dr. Michael Palmer and Dr. Sucharit Bhakdi, was mostly based on the findings of German pathologists Dr. Arne Burkhardt and Dr. Walter Lang.

Here is a summary of the findings:

1. mRNA vaccines don't stay at the injection site; they instead travel throughout the body and accumulate in various organs.
2. mRNA-based COVID vaccines induce long-lasting expression of the SARS-CoV-2 spike protein in many organs.
3. Vaccine-induced expression of the spike protein induces autoimmune-like inflammation.
4. Vaccine-induced inflammation can cause grave organ damage, especially in vessels, sometimes with deadly outcomes.

“This study, by the type of dyes they use, shows *irrefutable* proof that the spike protein goes *everywhere*—heart, ovary, liver, spleen—and to a lesser extent, testes.” Dr. Sherri Tenpenny, an expert in vaccine damage, told The Epoch Times.

“This is what leads to multi-organ system failure. This is what leads to infertility in women.”

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**From:** horseshoebill <horseshoebill@protonmail.com>  
**Sent:** Thursday, October 6, 2022 12:33 PM  
**To:** DOH WSBOH  
**Subject:** Ending medical tyranny, leave people alone

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External Email

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Washington State Board of Health Members,

I have been quite disappointed in the extreme to how our State Board of health has totally failed the constituency of Washington State.

Per the Federal Constitution, the State is the ultimate authority regarding health measures and not the Federal bureaucracy.

With these facts in mind, it is you, the Washington State Board members whom may be held liable for not using due diligence to protect your constituency.

Some areas of concern and possible liability include:

- Covid shots/boosters
- monkey pox
- shutting down schools and letting the elderly die alone
- natural immunity
- ivermectin and other early treatments
- injuries from the shots and treatment of the injured

I urge ALL members of the Board, especially new members, to use due diligence and the principal of do no harm as any new actions or rescinding of past Board actions be contemplated.

The last time unwanted medical experiments were forced on large populations was delt with in 1947 during The Nuremberg trials.

“The world won’t be destroyed by those that do evil but by those that watch & do nothing”

Albert Einstein

And;

“Be ashamed to die until you’ve won some victory for humanity”

Horace Mann

Societies do very poorly under dictatorships,

Regards,

Bill Becht

Blaine WA



Virus-free. [www.avg.com](http://www.avg.com)

Sent from ProtonMail for iOS

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**From:** cuanabear <cuanabear@protonmail.com>  
**Sent:** Monday, October 3, 2022 4:40 PM  
**To:** DOH WSBOH  
**Subject:** For WA BOH October 12, 2022 agenda

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External Email

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Hello. I understand there are new members on the Board, so let me bring you up to speed on some of the issues.

Covid shots/boosters - As you know, the Constitution of the United States grants inalienable rights to the people, among them freedom of religion and bodily autonomy, as supported by Supreme Court decisions as well. No medical treatment, especially one that is experimental or on an EUA can be mandated, and the CDC on August 11, 2022 stated that the unvaccinated and vaccinated can be treated no differently. Therefore, no shots or boosters can be required for participation in society, schools or businesses. Additionally, the covid injections DO NOT PREVENT INFECTION OR CONTAGION WHILE DELIVERING SEVERE ADVERSE REACTIONS.

Monkey pox - This is a sham and scare tactic to push more shots that benefit pharma. Monkey pox is EXTREMELY RARE and contracted by intimate contact, most notably in the gay community. The people will not fall for this hoax and no injections can be mandated.

Can we learn no lessons from mistakes made during covid? Shutting down schools was a disaster for our children, who have a risk factor of @.03% and only among children with serious medical conditions. Closing businesses was disastrous to the people and the economy. And letting the elderly die alone is CRIMINAL! None of this will be tolerated again. Be sure of that.

Natural immunity has been shown over and over to be superior to anything that comes from a needle. Other countries that did not lockdown and let the robust young get natural immunity did FAR better than the US.

Ivermectin and other early treatments have over a 90% success rate. The data is there if you're not too afraid to look because it's not in agreement with the agenda.

The injuries from the shots and treatment of the injured has been staggering. According to VAERS (who admit after a massive study that only .3 of injuries are actually reported. I read the study. Did you?) vaccine injuries went up 300% AFTER the covid injections started, that is there were 300% more in 2021 than in the past 30 years! And all cause mortality has also skyrocketed. The treatment for the covid vaccine injured will be a major challenge in the years to come, and the deaths after injection continue to mount.

Even the current childhood vax program is damaging children as validated by the new [CDC aluminum preprint study](#) that shows a significantly increased risk of asthma associated with aluminum adjuvants. CDC's recommended [pediatric schedule](#) includes six doses of aluminum-containing vaccines. The shots do not prevent infection or transmission of pertussis or diphtheria, and tetanus is not communicable.

The people are watching and taking note of continued assaults on their human rights, health and welfare. There are numerous lawsuits ongoing. I assume you would rather not be a defendant in one of these. Choose wisely. Protect the people and protect yourself.

Sent with [Proton Mail](#) secure email.

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**From:** j <mehath1@aol.com>  
**Sent:** Tuesday, August 23, 2022 3:16 PM  
**To:** j  
**Subject:** Fwd: 2 minutes  
**Attachments:** VIDEO-2022-07-01-08-14-53.mp4

External Email

If someone has not figured this out.g

Good truth from an Aussie Nurse!

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**From:** Callie Batts <calliejh@gmail.com>  
**Sent:** Tuesday, October 4, 2022 12:18 PM  
**To:** DOH WSBOH  
**Subject:** Letter urging updates to healthcare mask mandate

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External Email

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October 2, 2022

To WA State Department of Health,

The CDC updated its recommendations last week for universal masking for healthcare workers. Now, healthcare workers in areas without low or medium COVID-19 transmission rates can opt out of requiring doctors, patients, and visitors to mask up.

I am writing to urge that Washington State consider following the CDC's guidance. I work in an outpatient pediatric occupational therapy clinic. Many of the children we work with have sensory processing difficulties and disabilities that make it difficult for them to wear a mask. Additionally, half of the clients we serve have Autism Spectrum Disorder with challenges with language and social communication. Not being able to see their therapist's face and facial expression is detrimental to their progress. We are a "healthcare facility" however, we do not treat sick clients. We have a strict sick policy and children do not come into the clinic experiencing any symptoms of COVID-19. Many healthcare facilities covered under the WA DOH mask mandate do not see or treat sick or symptomatic clients.

With low community transmission, high vaccine and infection-induced immunity and available effective treatments, it is my belief that masking in healthcare settings like therapy clinics is causing more harm to the patients we serve than good.

Thank you for your consideration,

Callie Batts, OTR/L

Pediatric occupational therapist

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**From:** happydog023@centurylink.net  
**Sent:** Tuesday, October 4, 2022 11:47 AM  
**To:** DOH WSOH  
**Subject:** mandatory Covid biologic requirement

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External Email

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Hello,

I am one of the people residing in Washington state who is deeply troubled and concerned regarding the unlawful directives of our Governor and state agencies regarding mandatory Covid Biologics. The most important point is that any requirement to accept an unproven, EUA, or medical procedure that has the ability to cause harm, even death to one of the people is a direct violation of our Bill of Rights, our Constitution, the Nuremberg Code, and the following: Title Code 21 violates 4 sections, sec. 502 false and misleading labeling. The Covid biologic does not meet the requirements of a vaccine, does not prevent infection, transmission, or death from Covid.

Sec. 501, the Covid biologic does contain adulterated graphene oxide and toxic ingredients.

31213 Must prove safety in animals

31242 Clinical research holds when safety risks occur, which they most certainly have.

April 2003 filing a naturally occurring substance cannot be patented, violation of 35 US Code sec 101 Patent #7220852 &4659 &2703P &776521. These patents cover gene sequencing and means of detecting it. Covid has been part of a sequence of proteins circulating for 20 years.

A protocol design whose foreseeable risk is death is a violation of the Nuremberg Code and Federal regulations (45CFR 46). Coercion and uninformed consent has been used to get people to participate in a biomedical research experiment. SARS was patented in the US April 19, 2002, US patent 7279327, engineered to attack lung tissue.

UNESCO Universal Declaration on Bioethics and Human Rights 2005 states that any preventative, diagnostic, or therapeutic medical intervention must only be carried out WITH the prior, free, and informed consent of the person concerned based on adequate information. The information being disseminated to the public is far from complete or adequate, it is deliberately misleading and fraudulent. Fraud vitiates everything.

Mandatory Federal requirements of Informed Consent: an explanation of the purposes of the research, a description of ANY foreseeable risks and disclosure of alternative courses of treatment 45 CFR 46.116 and restrictions

Risks to subjects are minimized 45 CFR 46.111.

Alternative effective treatments other than the Covid biologic do exist, many naturally occurring, that pose no health threat, and have been purposefully withheld from the public.

18 US Code sec. 175-it is illegal to develop, amplify, or produce a biologic agent known to cause harm to humanity, domestically or in collaboration with a foreign agent.

21 Code Fed regulations sec. 50.23 & 24- it is illegal to make anyone participate in an experimental program using coercion.

You are in violation of 18 US Code 241 & 242.

Proof of harm is recorded in the US VAERS system.

Nullification of ANY of your unlawful WACS or proposed regulations is in order regarding this matter.

Do the right thing. Withdraw any proposed legislation or unlawful orders.

Thank you.

Donna Moore



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**From:** j <mehath1@aol.com>  
**Sent:** Thursday, August 18, 2022 10:39 PM  
**To:** j  
**Subject:** More being DISCLOSED!!! HANG IN THERE!! KNOWLEDGE WILL HELP US BECOME FREE!

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External Email

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/The DECEPTION and PROPAGANDA has been BRUTAL!! AWAKENING as the 'veils' are being lifted is painful to our egos.....WE have been 'PLAYED" and "DUPED"!!!

friends, Mary Hath Spokane

Love to all my family and

INTERNATIONAL GRAND JURY TRIBUNAL for CRIMES AGAINST HUMANITY [From The Hague. International Trials Day One -Crimes Against Humanity \(rumble.com\)](#)

ECONOMIC COLLAPSE?? [LAST WARNING: The Great Reset Of 2022 | Robert Kiyosaki - YouTube](#)

HOW TO SAVE YOURSELF FROM HARM OF THE VACCINES:

[COVENOM19 - WHAT'S COMING FOR THE VACCINATED? Featuring Film Maker JONATHAN OTTO EPISODE#67 \(rumble.com\)](#)

COMPREHENSIVE and UPDATED SITE of INTERNATIONAL NEWS: [Top experts are warning humanity for a world dictatorship. Will we listen? \(stopworldcontrol.com\)](#)



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**From:** Frank Bell <frankg\_bell@hotmail.com>  
**Sent:** Wednesday, September 21, 2022 7:34 PM  
**To:** DOH WSBOH  
**Subject:** NBS-cCMV-Sept2022

External Email

Sent from [Mail](#) for Windows

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**From:** Bell, Francis G <Francis.Bell@swedish.org>  
**Sent:** Wednesday, September 21, 2022 7:48 PM  
**To:** DOH WSBOH  
**Subject:** NBS-cCMV-Sept2022

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External Email

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As an observer for the meeting of the Technical Advisory Committee considering the addition of congenital CMV infection to the state newborn screen I appreciated the hard work, preparation and transparency that went into today's discussion.

Congenital CMV infection is unlike any other condition currently screened for by the State, in that we are considering screening for a condition that has no health implications for 85-90% of those who 'screen positive'. As a result, we have particular responsibility to consider very carefully the costs and unwanted effects of introducing such screening.

As a Pediatric Infectious Disease provider in the State, I have had experience in tortuous, uncertain discussions around the implications of the diagnosis of congenital CMV for an infant with equivocal clinical features or evidence of 'mild' CMV disease. There is no other current condition for which we screen in which the majority of diagnosed infants will be unaffected, and for whom we have no clear treatment or intervention other than monitoring. I appreciate the benefits of a clear etiology for identified sensorineural hearing loss in newborn infants and the benefit of continued long-term audiologic follow up for infants diagnosed with congenital CMV, but worry about the long term uncertainty, anxiety that comes with a diagnosis and a recommendation to 'follow closely' with many outpatient visits and audiology assessments until school age and possibly beyond.

Although we as pediatric providers, audiologists and parents may have strong feelings about the potential benefits of early diagnosis for infants diagnosed with sensorineural hearing loss, the question of screening for congenital CMV is principally a Public Health Question, with the need to balance potential benefits against the unwanted effects, anxiety and broader costs of 'screening positive', noting that unlike any other currently-screened condition, most infected, identified infants will be unaffected and subject only to prolonged follow up, with associated costs. When considered as a Public Health concern, we have to think carefully about whether or not our healthcare dollars might be better spent elsewhere for the greater public good.

Should in time evidence emerge that antiviral therapy is effective for isolated sensorineural hearing loss in congenital CMV infection there may be a need to reconsider, but for the present time I firmly support the recommendation of the TAC to reject the addition of congenital CMV infection to the list of conditions for which Washington State should screen its newborn infants.

Frank Bell MD  
Swedish Pediatric Infectious Disease Physician, Seattle WA

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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.

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**From:** Levi Patrick <Levi@LeviPatrick.com>  
**Sent:** Thursday, October 6, 2022 8:57 AM  
**To:** DOH WSBOH  
**Subject:** Oct 12th Meeting Comments

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External Email

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Washington State Board of Health Members,

I have been quite disappointed in the extreme to how our State Board of health has totally failed the constituency of Washington State. Per the Federal Constitution, the State is the ultimate authority regarding health measures and not the Federal bureaucracy. With these facts in mind, it is you, the Washington State Board members whom may be held liable for not using due diligence to protect your constituency.

Some areas of concern and possible liability include:

- Covid shots/boosters
- monkey pox
- shutting down schools and letting the elderly die alone
- natural immunity
- ivermectin and other early treatments
- injuries from the shots and treatment of the injured

I urge ALL members of the Board, especially new members, to use due diligence and the principal of do no harm as any new actions or rescinding of past Board actions be contemplated.

Regards,

Levi Patrick  
Blaine WA



Virus-free. [www.avg.com](http://www.avg.com)

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**From:** sue coffman <doulasue@yahoo.com>  
**Sent:** Thursday, October 6, 2022 8:22 AM  
**To:** DOH WSBOH  
**Subject:** Public Comment for the Record

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External Email

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Hello,

In addition to the public comment I will be giving next week at your October meeting, I would like each member of the Board to be aware of a current project being unrolled in the coming weeks.

The following website is a concise collection of injuries and deaths that have taken place in our country due to draconian mandate measures during the Covid-19 pandemic. Please be aware that risks of medical protocols have overtaken any benefits claimed, and this is NOT "misinformation," or "disinformation," or crackpot conspiracy theory.

As members of a health board (mostly appointed by a governor who just wants to keep his tyrannical power), you have the responsibility to promote Truth, and stop following what the system demands you to say.

Please be aware of the Crimes of Humanity you are helping to perpetuate in the name of a never-ending series of injections.

<https://chbmp.org/about/>

Sincerely, and in all Truth,

Sue Coffman  
714-337-4331  
ICWA Team Leader  
Legislative District #24  
<https://informedchoicewa.org/>

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**From:** Ahmad Suhrab <suhrabahmad830@gmail.com>  
**Sent:** Thursday, September 29, 2022 3:56 AM  
**To:** DOH WSBOH  
**Subject:** Public Comment

External Email

Aa : a specific domains abe

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**From:** Mallory Baker <mallory.baker@wacmvproject.org>  
**Sent:** Friday, October 7, 2022 10:37 AM  
**To:** DOH WSBOH  
**Subject:** Public Comments - October 12, 2022 Board of Health Meeting  
**Attachments:** Public Comments 10.12.22 - Baker.docx

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External Email

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Attached please find my public comments for the October 12, 2022 Board of Health Meeting. Please let me know if I can provide any assistance with this public comment.

Thank you,  
Mallory Baker

**Mallory Baker, Au.D.**

*Founder | Pediatric Audiologist*

**Washington CMV Project**

Educate. Advocate. Make A Difference.

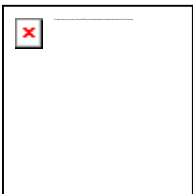
[mallory.baker@wacmvproject.org](mailto:mallory.baker@wacmvproject.org)

[www.wacmvproject.com](http://www.wacmvproject.com)

206-636-1155

[Twitter](#) | [Instagram](#) | [Facebook](#)

4957 Lakemont Blvd. SE, Ste C-4 #252  
Bellevue, WA 98006



October 12, 2022

To the members of the Washington State Board of Health,

My name is Mallory Baker. I am a pediatric audiologist, founder of the Washington CMV Project, and the author of the CMV Screening petition discussed during the September 21 Technical Advisory Committee meeting.

I am writing to provide several additional facts for consideration as you listen to the summary of the Technical Advisory Committee's meeting.

***1. cCMV is the leading infectious cause of birth defects in children.***

- Congenital CMV is more prevalent than any of the other disorders currently screened for by the Washington State newborn screening panel.
- Medical issues caused by cCMV can include cerebral palsy, microcephaly, hepatosplenomegaly, hearing loss, Autism, seizures, death and more.
- While cCMV is the leading viral cause of hearing loss in children, it is not limited to just hearing loss.
- cCMV is a serious virus that impacts 1 in every 200 infants. A research study completed in Washington State shows an even higher prevalence of 1.4 in every 100 infants.<sup>1</sup>

***2. There are many forms of effective treatment beyond antivirals.***

- Children with cCMV can have a wide range of symptoms and may present with a variety of different medical issues.
- Early diagnosis allows for early and critical intervention. Early access to seizure medication, consistent and timely monitoring, physical therapy, hearing aids, cochlear implants, speech therapy, and ABA therapy are all versions of treatment that are proven to make a difference in the lives of children dealing with the medical consequences of cCMV.<sup>2</sup>

***3. 13.5% of asymptomatic infants will eventually develop symptoms.***<sup>3</sup>

- Research divides infants as symptomatic (10%) or asymptomatic (90%).
- The number of asymptomatic newborns who will later develop serious medical issues is greater than the number of infants born with symptoms. **These are the children who will be missed without CMV screening.**
- These children will develop late onset symptoms, including seizures, Autism, hearing loss, developmental delays, motor delays, and more.

The Technical Advisory Committee's vote to not recommend CMV screening is disappointing. It is encouraging that the committee also voted to continue this important discussion that impacts the children and families of Washington State.



I would like to thank the members of the Department of Health, the Board of Health, and the Technical Advisory Committee for their time and continued consideration of the important public health crisis of congenital cytomegalovirus (cCMV).

Thank you,

*Mallory Baker*

Mallory Baker, Au.D, CCC-A  
[mallory.baker@wacmvproject.org](mailto:mallory.baker@wacmvproject.org)



<sup>1</sup>Misono, S., Sie, K. C., Weiss, N. S., Huang, M. L., Boeckh, M., Norton, S. J., & Yueh, B. (2011). Congenital cytomegalovirus infection in pediatric hearing loss. *Archives of Otolaryngology–Head & Neck Surgery*, 137(1), 47-53.

<sup>2</sup> Pesch, M. H., Kuboushek, K., McKee, M. M., Thorne, M. C., & Weinberg, J. B. (2021). Congenital cytomegalovirus infection. *BMJ (Clinical research ed.)*, 373, n1212. <https://doi.org/10.1136/bmj.n1212>

<sup>3</sup> Dollard, S. C., Grosse, S. D., & Ross, D. S. (2007). New estimates of the prevalence of neurological and sensory sequelae and mortality associated with congenital cytomegalovirus infection. *Reviews in medical virology*, 17(5), 355–363. <https://doi.org/10.1002/rmv.544>

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**From:** Jotform <noreply@jotform.com>  
**Sent:** Friday, September 9, 2022 2:45 PM  
**To:** DOH WSBOH  
**Subject:** Re: Stop The Child Vaccine Mandate Petition - Ed McKinnon

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External Email

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## Stop The Child Vaccine Mandate Petition

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Name	Ed McKinnon
Email	e.d.mckinnon@comcast.net
Zip	98034
Cell Phone Number	(2069995503)

---

You can [edit this submission](#) and [view all your submissions](#) easily.

**From:** Jotform <noreply@jotform.com>  
**Sent:** Monday, August 22, 2022 8:52 AM  
**To:** DOH WSBOH  
**Subject:** Re: Stop The Child Vaccine Mandate Petition - Rachael Bishop

External Email



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## Stop The Child Vaccine Mandate Petition

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Name	Rachael Bishop
Email	rachaelabishop@gmail.com
Zip	, , , , 98133
Cell Phone Number	(206) 9795683

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You can [edit this submission](#) and [view all your submissions](#) easily.

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**From:** Testify Online Survey <SurveySupport@doh.wa.gov>  
**Sent:** Sunday, October 2, 2022 5:39 PM  
**To:** DOH WSBOH  
**Subject:** Survey Response: Testify Online \*

The following survey response is submitted:

**1. State Board of Health Meeting Date:**

\_\_\_\_\_  
October Meeting

**2. Agenda Item or Issue:**

\_\_\_\_\_  
Public Health Incarceration

**3. Your Name:**

\_\_\_\_\_  
Joseph Dehonest Jordan

**4. Do you have a professional title?**

1. Yes

\_\_\_\_\_  
United States Selective Service Regional Appeals Board Member 53863

**5. Are you representing an organization?**

1. Yes

\_\_\_\_\_  
Joseph Dehonest Jordan Foundation

**6. Address:**

\_\_\_\_\_  
PO BOX 642 Redmond, WA 98073

**7. Email:**

\_\_\_\_\_  
dehonest@outlook.com

**8. Phone Number (Include Area Code):**

\_\_\_\_\_  
747-276-2185

**9. Do you have any special expertise relevant to this topic?**

1. Yes

\_\_\_\_\_  
Experienced, misdiagnosis, healthcare billing fraud, incarceration, healthcare record errors and mass healthcare incarceration.

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

1. Yes

I move to bring forward without objection, a proposal to end the authority for King County and other counties authority to incarcerate under gravely disabled medical status using court commissioners. Board review for Health care incarceration authorities.

**11. Are you Pro or Con on the proposal?**

2. Con

The health care incarceration authority has to be repealed we cannot allow public to become victims of human traffic behavior or health care fraud. I move to have this on the agenda without objection and begin the discussion as a Regional Appeals board member over local boards for the Selective Service System using the power of such office to begin discussion and have this proposal considered to end health care incarceration authority.

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**From:** Testify Online Survey <SurveySupport@doh.wa.gov>  
**Sent:** Tuesday, October 4, 2022 8:34 PM  
**To:** DOH WSBOH  
**Subject:** Survey Response: Testify Online \*

The following survey response is submitted:

**1. State Board of Health Meeting Date:**

\_\_\_\_\_  
Oct 12

**2. Agenda Item or Issue:**

\_\_\_\_\_  
Equitable healthcare

**3. Your Name:**

\_\_\_\_\_  
Lindsay Burmeister

**4. Do you have a professional title?**

2. No

**5. Are you representing an organization?**

2. No

**6. Address:**

\_\_\_\_\_  
4930 Columbus Ave Bellingham 98229

**7. Email:**

\_\_\_\_\_  
Lindsay.seeka@gmail.com

**8. Phone Number (Include Area Code):**

\_\_\_\_\_  
369-739-3182

**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**

---

Not taking a position on the proposal

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**From:** christymit <christymit@gmail.com>  
**Sent:** Wednesday, October 5, 2022 2:40 PM  
**To:** DOH WSBOH  
**Subject:** Vaccines

External Email

It is with great sorrow that I am responding to Governor Inslee's mandate that state workers be vaccinated. In a free society this crosses into over reach. To mandate a vaccine that has many,many negative effects on our health is criminal. Please leave this decision up to the individual. Thank you for taking my comments. Christy Mitchell  
SEQUIM, WASHINGTON

Sent from my Verizon, Samsung Galaxy smartphone



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**From:** Garry Blankenship <hisgarness@comcast.net>  
**Sent:** Saturday, August 20, 2022 11:44 AM  
**To:** aunthank@co.clallam.wa.us; info@travelbelize.org; Van De Wege, Kevin; OADS@cdc.gov; ombuds@oc.fda.gov; hcinfo.infosc@canada.ca; DOH WSBOH; sheriff@co.clallam.wa.us; Annika.Pederson@leg.wa.gov; mozias@co.clallam.wa.us; rjohnson@co.clallam.wa.us; shahidafatin@gmail.com; gbsjrmd@sisna.com; ncarr@cityofpa.us; dclawley@msn.com; secretary@health.gov.bz; dhsmoh@yahoo.com; Tharinger, Steve; Chapman, Mike  
**Subject:** Video of the very Top U.S. Officials and Media Lying About the mRNA Drugs

External Email

That they lied is no longer in question. What's not yet verifiable is did they do so knowingly.

<https://www.bitchute.com/video/zUVkJtXAKqMb/>

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**From:** Steven Tojekk <monte402@yahoo.com>  
**Sent:** Thursday, October 6, 2022 6:20 PM  
**To:** DOH WSBOH; Rhyan Lopez; Garth Baldwin; Smileyforwashington Info; Steven Tojek; Richard Pettingell; Horseshoebill; Tim Eyman; jackielord@live.com; Scott Michael Duquin; Davidfordistrictjudge Info; Jenkinsfordistrictjudge Info  
**Subject:** Washington State Board Health members - correction

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External Email

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I am sending a message in regards to the actions taken by leadership regarding Covid-19 mandates and recommendations that were apparently put into place for unethical reasoning.

I noticed certain judge's family members and other influential leaders invested into medical companies/mask, PRC testing and other companies in which absorbed the American tax dollars through medical advice/demands from pushing the Covid-19 shot inoculations, 6 foot distance rules and mask wearing demands. These demands were put into place for many people that did not approve. These are Serious conflicts of interest when government, Federal or State, create influence like offering money to schools that can provide proof that forcing masks on people are being met so as to receive such government benefits. We expect our leadership and medical staff, representing Washington State, to combat these unethical practices whenever possible.

The EUA drugs are not even allowed to be suggested to the public through government influence, let alone mandating such drugs.

Making awareness of such drugs being available on the shelves to purchase by the public is borderline concerning ethical code, especially since government influence shows a conflict of interest when demonstrating favoritism to certain companies concerning the topic. This process requires a selective approved process, and the manner of handling these mandates were very destructive to our society.

No person should be coerced, through government or company entity, concerning medical needs and the government influence should never have such strength over medical interest of the public while Individuals prefer to choose there own medical practices/doctors concerning self-health. There are added complications to consider included other lifeforms such as pregnancy with a human baby when pushing EUA drugs, and this can show detrimental concerns to the future of said lifeforms. That baby is allowed it's own personal choices when it's able to understand the difference, and all including the mother should be required to understand the basic human civil rights of the child up to when the child is old enough to understand for itself.

America's people's choice is the strongest American asset to combat such corruption that appears to have been challenged while being spearheaded by elite influence concerning the importance of Americans individual choice.

The Untested EUA drugs should never be allowed to be a factor in the future of our society on a mass scale and only should be allowed for individual choice by anyone that chooses to do so.

We need to advocate for accountability concerning the mass spending of the American tax dollars toward corrupt backdoor handshake deals concerning Covid-19 shots, medical equipment and the losses/damages caused in all entities related.

Thank you

Steven Tojek

Blaine, WA.

[Sent from Yahoo Mail on Android](#)

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**From:** Steven Tojekk <monte402@yahoo.com>  
**Sent:** Thursday, October 6, 2022 5:17 PM  
**To:** DOH WSBOH; Horseshoebill; Steven Tojek; Rhyan Lopez; Garth Baldwin; United States Senate; Smileyforwashington Info; Tim Eyman  
**Subject:** Washington State Board of Health members.

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External Email

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Hello

I am sending a message in regards to the actions taken by leadership regarding Covid-19 mandates and recommendations that were apparently put into place for unethical reasoning.

I noticed certain judge's family members and other influential leaders invested into medical companies/mask, PRC testing and other companies in which absorbed the American tax dollars through medical advice/demands from pushing the Covid-19 shot inoculations, 6 foot distance rules and mask wearing demands. These demands were put into place for many people that did not approve. These are Serious conflicts of interest when government, Federal or State, create influence like offering money to schools that can provide proof that forcing masks on people are being met so as to receive such government benefits. We expect our leadership and medical staff, representing Washington State, to combat these unethical practices whenever possible.

The EUA drugs are not even allowed to be suggested to the public through government influence, let alone mandating such drugs.

Making awareness of such drugs being available on the shelves to purchase by the public is borderline concerning ethical code, especially since government influence shows a conflict of interest when demonstrating favoritism to certain companies concerning the topic.

No person should be coerced through government or company entity concerning medical needs, and the government influence should never have such strength over medical interest of the public when Individuals prefer to choose there own medical practices/doctors concerning self-health. There are added complications when people need to consider additional concerns included other lifeforms such as pregnancy with a human baby that also show detrimental concerns to our future. That baby is allowed it's own personal choices when it's able to understand the difference, and all including the mother should be required to understand the basic human civil rights of the child until the child is old enough to understand for itself.

America's people's choice is the strongest American asset to combat such corruption that appears to have been spearheaded by elite influence concerning the Americans individual choice.

The Untested EUA drugs should never be allowed to be a factor in the future of our society on a mass scale and only should be allowed for individual choice by anyone that chooses to do so.

We need to advocate for accountability concerning the mass spending of the American tax dollars toward corrupt backdoor handshake deals concerning Covid-19 shots, medical equipment and the losses/damages caused in all entities related.

Thank you

Steven Tojek

Blaine, WA.

[Sent from Yahoo Mail on Android](#)

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**From:** WA.gov <no-reply@watech.wa.gov>  
**Sent:** Friday, September 16, 2022 3:40 PM  
**To:** DOH WSBOH  
**Subject:** Webform submission from the WA.gov website.

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External Email

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This email was sent from the [Government Agency Directory](#) found on WA.gov. The message and details of the person contacting you are as follows:

**Your Name**

Yujiro Eto

**Your Email**

[realestatecapitaloftheworld@gmail.com](mailto:realestatecapitaloftheworld@gmail.com)

**Subject**

About smoking in WA

**Message**

Hello.

People smoke everywhere and they trouble us too much. In addition they throw away cigarettes everywhere. Very very crazy people.

Second-hand smoking everywhere.

Even when they don't smoke, they create bad air due to dirty lung.

Anyway, you need to fine smoking while walking and throwing away cigarettes.

In Japan they sometimes do so.

In Tokyo many areas smoking while walking are strictly prohibited.

In WA and US, there are no restrictions about smoking outside. It is HUGE problems for all of us and the earth.

Please please think of earth and our health very very seriously.

Thank you.

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**Note:** Please do not reply to this email as this inbox is not monitored. If you have questions regarding this service, please use our [contact form](#).

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**From:** j <mehath1@aol.com>  
**Sent:** Friday, August 19, 2022 10:33 PM  
**To:** j  
**Subject:** WISE WORDS from Robert Kennedy Jr.....

External Email

j  
[letter-to-liberals-ebook-20220802.pdf \(childrenshealthdefense.org\)](#)

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**From:** Lisa Templeton <lisa.templeton@outlook.com>  
**Sent:** Friday, October 7, 2022 11:06 AM  
**To:** DOH WSOBH  
**Subject:** Written comments to BOH for 10/12/22 meeting

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External Email

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Good morning,

Will you please provide my comment below to the Board members for their October 12 meeting and confirm that you have done so? Thank you for your help.

Dear Board members,

I wanted to share an announcement from Robert F. Kennedy, Jr., Chairman of Children’s Health Defense (CHD):

I wrote “The Real Anthony Fauci” so that Americans — both Democrat and Republican — can understand Dr. Fauci’s pernicious role in allowing pharmaceutical companies to dictate a COVID-19 response that trampled public health, the global economy, our constitutional rights and all the traditional values of liberalism.

Despite the suppression of media coverage, the book became a bestseller.

- Selling over 1,000,000 copies since the release in November 2021.
- Spending 17 weeks on the New York Times Best Sellers list.
- Soaring to #1 on Amazon, over three months.
- Appearing on Wall Street Journal, USA Today, and Publisher’s Weekly bestseller lists.

Instead of fostering transparency and respectful debate, and implementing the traditional, well-established public health strategies for countering pandemics, Dr. Fauci promoted a militarized and monetized response including draconian lockdowns, business closures, coercive vaccination with experimental jabs, and a litany of totalitarian controls that transformed our country into a surveillance state and racked up the world’s highest COVID-19 body count.

He then worked with Big Pharma, media and social media titans, and Pentagon and intelligence agencies to vilify and marginalize dissent, punish every attempt at questioning, and to gaslight skeptics. Government worked with media and social media titans to ban books, silence physicians and scientists, and condemn artists, writers, poets, and intellectuals who questioned the unscientific orthodoxies of the medical and biosecurity cartels.

CHD has partnered with our friends at Revealed Films to transform my book into a compelling documentary that exposes the corrupt reign of the “nation’s most trusted doctor,” Dr. Fauci and his accomplices in a coup d’etat that almost developed.

The documentary will stream for FREE on October 18, 2022.

. . . Together we can get the truth to the masses and reveal the story of “The Real Anthony Fauci.”



I own and have read Mr. Kennedy's fully-referenced book, and its elucidations are alarming. I will send you the link to the documentary once it's available. My ask: please take the time to view it in order to understand that the system you worked so hard to join, in your well-intended effort to promulgate helpful policies and practices, has been captured by those with profit motives, all at the *expense* of public health and well-being.


Thank you for being willing to consider the evidence that I expect the film to provide. In the spirit of scientific integrity, I want you to have a chance to receive new information, as more and more people are doing, so that you have the opportunity to change course and accordingly guide your public health agency back to the respected and trustworthy institution it was intended to be.

Thank you,

Lisa Templeton


Covington wife, mother, and concerned citizen

# Enough already

 richnoble <richnoble@frontier.com>  
To: DOH WSBOH

  Reply  Reply All  Forward 

Tue 9/27/2022 8:55 AM

 Follow up. Completed on Friday, October 7, 2022.

External Email

Dr. Shah,  
Enough already. This mask mandate for ANYWHERE is ridiculous! Not one person has ever provided a peer reviewed conclusive study that the masks prevent transmission. In fact, the exact opposite can be true in that bacterial pneumonia can be caused by the masks. The study done by a doctor during the Spanish Flu outbreak concluded just that, but conveniently that study has been wiped for the internet. What are you all trying to hide?

You can either be part of the solution or part of the problem. Currently, you are part of the problem in perpetuating the lie that is COVID. Please stop now and do the right thing. Lift all mandates.

*Rich E. Noble*  師範山竜  
Founder/Chief Instructor Yama Ryu Aikijutsu Ryu

BSB/SC MSLM/SC

Mobile: (425) 220-4695

Bothell, WA, USA

[RichNoble@Frontier.com](mailto:RichNoble@Frontier.com)

*Nothing is Impossible!*

*Be Awesome, Do Awesome!*

-2013 SMO Moonshine Team

*"Treat the word impossible as nothing more than motivation." – President Donald J. Trump*

*"The most difficult decision is to act; the rest is merely tenacity." - Amelia Earhart*

**WWG1WGA**

7.5.3.84.70.24.606

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