
From: DOH Secretary's Office
Sent: 1/5/2023 11:17:37 AM
To: DOH-HAI-COVID (DOH)
Subject: FW: Mental Health Needs of WA State Children



attachments\D9901A6E9F974DB2_image001.png

Good morning,

Please see the email below with concerns about the Mask Mandates in medical offices.

Thank you,

Lois Scott

Administrative Assistant 5 for the Secretary of Health

Office of the Secretary

Washington State Department of Health

DOH.Secretary@doh.wa.gov <mailto:DOH.Secretary@doh.wa.gov>

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From: Amanda Russell <aeverussell@gmail.com>
Sent: Thursday, January 5, 2023 11:06 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>
Subject: Mental Health Needs of WA State Children

External Email

Good morning:

With the beginning of a new legislative session, I wanted to reach out again to advocate for young children accessing behavioral health services in Washington State. The current mandatory masking for all healthcare environments continues to adversely impact accessibility and treatment progress for the most vulnerable.

As I have shared previously, I work for a community mental health agency that serves children, youth and families on state assistance . We serve children birth to 18 and their families.

Our therapists are the only providers of Child Parent Psychotherapy (CPP) in the Spokane area. This is an evidence based practice for children under 6 years old and their caregivers when there has been trauma within or around the caregiver relationship. A crucial part of this intervention is to support caregivers in attuning to their young child's non verbal cues and responding appropriately. Under your current guidelines, the adults in session are required to wear a mask. This adversely impacts the therapist's ability to address any non verbals via facial expressions the caregiver may be giving that missattunes to their child. Ultimately, this impacts the quality of care we can provide.

Furthermore, our school age clients have not had access to our summer socialization group or in person group therapy sessions since the onset of the pandemic. Last summer a parent shared with us that they did not want their children to be identified as in a therapy group when masking is required for all billable services, including those that occur outside and in the community. The isolation that families and clinicians have felt over the last few years continues as we are unable to provide the best practice methods of care most effectively. I recently heard from one of our clinicians regarding feedback from a young child about masking at behavioral health appointments. The child reported the level of discomfort this is contributing to, within an environment where families and children want to feel safe to be open

As an outpatient behavioral health facility that does not provide any medical interventions, the current mask requirement is a detriment to those we serve and adversely impacts the work of prevention for more serious mental health concerns later in life. I implore you to consider an update to the ongoing mask mandate to allow the youngest in our community to receive the mental health treatment they deserve.

Please update the current masking requirements to allow the children and families in Washington state get the behavioral healthcare they deserve following these years of isolation and trauma.

Thank you for your time,

--

Amanda Russell, MS, LMHC

(509) 768-6042

From: Dusty Flamand
Sent: 1/5/2023 10:09:41 AM
To: hisgarness@comcast.net, Van De Wege, Kevin, Chapman,
Mike, hcinfo.infosc@canada.ca, DOH
WSBOH, OADS@cdc.gov, ombuds@oc.fda.gov, sheriff@co.clallam.wa.us, mozias@co.clallam.wa.us, rjohnson@

Cc:
Subject: Re: The Genius and Courage of Leading Pathologist Dr. Ryan Cole

External Email

Gary, I know you have a quest to let everyone know about the pandemic.

I believe it may be causing you a lot of stress as it used to do to me.

I now have zero stress in anything. Why? I believe 100% that Jesus Christ is God. That he gives us all hope, peace, grace and love. He created us and all things including the earth we live on and the people running it. He has an eternal plan and is in total control at all times. I accept he loves us and is in control. Therefore I have stopped judging and worrying about anything that happens. The end result is I am totally at peace knowing his plan is to have all of us join him in eternal spiritual life when we believe in him. This life on earth is short. It's terrifying and hopeless for unbelievers .

I pray that you receive peace by seeking God. He is always seeking you my friend.

Dusty Flamand

A-I Consolidated, Inc.

4970 N Manufacturing Way Ste 2

Coeur D Alene, ID 83815

Personal Email: dustyfl@protonmail.com

Personal Cell: 208-659-3319

Sent from Proton Mail mobile

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

On Jan 5, 2023, 9:05 AM, Garry Blankenship < hisgarness@comcast.net> wrote:

As he repeatedly states "the cells don't lie"

<https://www.bitchute.com/video/A4qFrwmGeMBE/>

From: Jennifer Aspelund
Sent: 1/5/2023 8:29:02 PM
To: DOH WSBOH
Cc:
Subject: Meetings

External Email

COVID IS OVER , the gov declared it so .
You need to reinstate in person meetings now!
Not reinstating meetings in person while all other local councils are is unacceptable smd
shows your collective agreement to disregard the people !
This is shameful !

Sent from my iPhone

From: melleady
Sent: 1/6/2023 12:00:14 PM
To: DOH WSBOH
Cc:
Subject: Missing data -- Covid Booster Data & WA Mortality Data 2021, 2022

External Email

BOOSTER DATA MISSING

The March 2, 2022 Washington Department of Health (DOH) report, "Cases, Hospitalizations and Deaths by Vaccination Status," included the following Data Note: "In the coming weeks, we will update this report to include information about booster doses and case rates for children 5-11 years old." (Source 1, see sources below.)

- * The report, which had been publishing weekly, was not published for two months while this update was supposed to take place.
- * When the report resumed, on April 27, 2022, no data on booster effectiveness was provided.
- * This lack of booster effectiveness data persists. The only vaccination statuses included in the most recent report (Dec. 14, 2022) are: Completed the primary series, Partially vaccinated, and Unvaccinated.

The Epoch Times published an Investigative Report on December, 30, 2022: "Boosted Worse off Than Vaccinated in Many States, Data Show." (source 2) The report looked at data from all 50 states' Departments of Health reporting on booster effectiveness.

- * Nineteen states release covid booster shot data to the public. Washington is not one of the states.
- * Those who received a covid booster dose were more likely to be infected, hospitalized, or die from covid, as compared to those who only completed the primary covid vaccine series.

Questions: Why does Washington not report booster and bivalent booster data for cases, hospitalizations, and deaths? Are boosted Washingtonians more likely than their fully-vaccinated counterparts to experience a breakthrough infection or severe outcome from covid? If so, residents deserve to know this information before public health recommends any additional booster doses.

WASHINGTON DEATH DATA MISSING FOR 2021 AND 2022

According to the Centers for Disease Control and Prevention (CDC), US life expectancy fell from 78.8 years in 2019 to 77.3 years in 2020, a drop of 1.5 years. (source 3) This drop in life expectancy is largely contributed to covid. On December 22, 2022, the CDC released life expectancy data for 2021. US life expectancy had fallen another 0.8 years, to 76.4 years. (source 4) This drop in life expectancy in 2021 suggests that the roll out of the covid vaccines has not reduced all-cause mortality, but is correlated with an increase in all-cause mortality. Whether this increase is caused by vaccination is a topic that needs to be studied, as there was not any long-term study looking for an all-cause mortality safety signal in the covid mRNA vaccines during the short, expedited vaccine trial phase.

* DOH has not released any Washington state death data for 2021 nor 2022.

* DOH does not match all-cause death data against the covid vaccine database. Doing so would provide information on whether the covid vaccines do have a long-term negative effect on all-cause mortality.

Questions: Why has DOH not provided death data for 2021 and, on a monthly basis, for 2022? Is DOH looking for a vaccine safety signal in the all-cause death data? If not, why? If so, would you please make it available to the public.

IMMUNE SYSTEM DYSREGULATION MAY BE DRIVING INCREASE IN BOOSTER BREAKTHROUGH CASES

The Journal of Science Immunology published a study on December 22, 2022 titled, "Class switch toward non-inflammatory, spike-specific IgG4 antibodies after repeated SARS-CoV-2 mRNA vaccination." (source 5)

* People who are repeatedly mRNA-vaccinated are getting a dysregulated immune system, especially if they are boosted and have had a breakthrough infection.

* Covid-boosted individuals preferentially create they type of antibody (IgG4) that teaches the body to tolerate allergies.

* Covid-boosted individuals stop creating the type of antibody (IgG3) that rid the body of a replicating virus, like SARS-CoV-2.

* This study is the first to look at the subtype of antibodies created with the mRNA vaccines.

* It provides insight into the possible mechanism for repeated covid infections after mRNA vaccines

Questions: Is DOH concerned by the implications of the IgG4 immune response? In light of this study, does DOH believe further investigation into vaccine-induced immune dysregulation is needed? Does DOH still recommend booster doses? Especially for those under 65 who are not at risk for severe covid disease?

Source 1: Washington State Department of Health report (421-010), "Covid-19 Cases, Hospitalizations, and Deaths by Vaccination Status." March 2, 2022. p.3

Source 2: https://www.theepochtimes.com/health/boosted-worse-off-than-vaccinated-in-many-states-data-show_4920614.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fhealth%2Fworse-off-than-vaccinated-in-many-states-data-show_4920614.html%3Futm_medium%3Demail%26utm_source%3DMorningbrief%26utm_campaign%3D2023-01-05&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Caf547092d210463edaf808daf0209698%7C11d0e2172>

Source 3: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/202107.htm
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fpressroom%2Fnchs_press_releases%2F2021%2F202107.htm&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Caf547092d210463edaf808daf0209698%7C11d0e2172>

Source 4: <https://www.cdc.gov/nchs/data/databriefs/db456.pdf>
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source 5 <https://www.science.org/doi/10.1126/sciimmunol.ade2798>
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Melissa Leady

Washington resident

Sent with Proton Mail

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secure email.

**WSBOH Public Comment,
Bill Osmunson DDS MPH
Smiles of Bellevue
Treating Dental Fluorosis**

January 9, 2023

June 15, 2022 I made a Freedom of Information Request for the science on safety and efficacy, cost savings, dosage safety for infants and pregnant mothers, dental fluorosis, developmental neurotoxicity, ADHD, thyroid, cancer, risks and jurisdiction the WSBOH has used to make their recommendation to add fluoride to public water. The Board sent about 26,000 pages.

The Board's policy to add a highly toxic substance, drug not approved by the FDA, is devoid of scientific foundation and based on endorsements, historical error and is a house of cards.

- 1. The Washington State Board of Pharmacy confirmed fluoride is to be regulated as a drug, not a highly toxic substance (poison).** In effect, the Board of Health is medicating everyone with a drug which is not FDA approved for ingestion with the intent to prevent dental caries.
- 2. Fluoridation is not cost effective with true costs about 30 times the estimated savings.** Ko (2015)“ Conclusions: Minimal correction reduced the savings to \$3 per person per year (PPPY) (about \$8 PPPY today) for a best-case scenario, but this savings is eliminated by the estimated cost of treating dental fluorosis.” Ko L, Thiessen KM. *A critique of recent economic evaluations of community water fluoridation. Int J Occup Environ Health. 2015;21(2):91-120. doi: 10.1179/2049396714Y.0000000093. Epub 2014 Dec 3. PMID: 25471729; PMCID: PMC4457131. [PubMed]*
- 3. Dental fluorosis is both functional and cosmetic harm.** The EPA had a study done on the cost to treat dental fluorosis and reported the cost to treat functional damage was more than cosmetic damage. Those costs far exceed estimated caries reduction. *Collins, E., V. Segreto, H. Martin, AND H. Dickson. ANALYSIS OF COSTS FOR THE TREATMENT OF DENTAL FLUOROSIS. U.S. Environmental Protection Agency, Washington, D.C., EPA/600/5-87/001 (NTIS PB87170817), 1987. Revised 2005. [EPA Link], However, Data Revised 08/02/2022 . EPA Science Inventory Accessed Dec. 27, 2022*
- 4. No Randomized Controlled Trials have been published** reporting caries reduction from ingested fluoride from any source or amount.
- 5. “New evidence questions existing policies about the safety of fluoride for babies' developing brains. Given that safe alternatives are available and that there is no benefit of fluoride to babies' teeth before they erupt or appear, it is time to protect those who are most vulnerable.” - Bruce Lanphear MD, PhD; Christine Till PhD; & Linda**

S. Birnbaum PhD in “It is time to protect kids’ developing brains from fluoride.”
Environmental Health News (October 7, 2020)

Performance IQ is reported at 8.8 IQ loss, full scale 4.4 IQ loss from the amount of fluoride the Board recommends be added to our water. Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. *Fluoride exposure from infant formula and child IQ in a Canadian birth cohort. Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315. Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880. [[PubMed](#)]

Potential harms are reported by the National Research Council in 2006 such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight. *Fluoride in Drinking Water A scientific Review of EPA’s Standards, Committee on Fluoride in Drinking Water, Board on Environmental Studies and Toxicology, Division on Earth and Life Studies. National Research Council of the National Academies, The National Academies Press, Washington DC.*
www.nap.edu <https://nap.nationalacademies.org/read/11571/chapter/1>

6. The average person drinks about 96 gallons of water a year, 45 of those bottled water (2020), in part to avoid fluoride.

7. **The National Toxicology Program’s Draft Monogram (2019)** of fluorides developmental neurotoxicity included 159 human studies, 339 non-human studies, 60 in vitro, and many other publications. **“NTP concludes that fluoride is presumed to be a cognitive neurodevelopmental hazard to humans”.**

8. **Fluoride is similar to lead in the toxic effects to the developing brain.** At a minimum, the Board of Health must warn pregnant mothers not to drink fluoridated water and care givers to not make formula made with fluoridated water.

US Department of Health and Human Services, Office of Health Assessment and Translation, Division of the National Toxicology Program, National Institute of Environmental Health Sciences, National Institutes of Health. Systemic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects, Draft NTP Monograph. September 6, 2019. (Not an NTP final determination or Policy) ASDWA Accessed December 1., 2022. https://www.asdwa.org/wp-content/uploads/2019/10/draft_fluoride_monograph_20190906_5081.pdf Accessed Dec. 27, 2022