
From: Melissa Leady
Sent: 4/5/2023 12:43:42 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

☐ SHARBDATA TO (RE)GAIN TRUST

I have concerns about lack of data sharing and transparency by the Washington State Department of Health (DOH). By only sharing data supportive of COVID-19 policies/vaccines and withholding data that may be critical or cast a more nuanced light on the policies/vaccines, DOH erodes rather than builds trust in Public Health. I include two examples: COVID-19 vaccine mandate data, and All-cause mortality data.

COVID-19 VACCINE MANDATE DATA

1. How many fully-vaccinated (2 doses) working-age adults were hospitalized or died from COVID-19 last month? Last year?
2. What is the RATE for cases, hospitalizations, and deaths for working-age adults who are fully-vaccinated? (Rate, not rate comparison)
3. How many unvaccinated, working-age adults with natural immunity from previous infection were hospitalized or died from COVID-19 last month? Last year?
4. What is the RATE for cases, hospitalizations, and deaths form working-age, unvaccinated adults?

The answers to questions 1 and 2 should be found in the DOH monthly report, COVID-19 Hospitalization and Deaths by Vaccination Status in Washington State. The answers to questions 3 and 4 should be found in the discontinued DOH report, Reported COVID-19 Reinfections in Washington State. Without these data, the vaccine mandate is unsupported.

Given recent studies on effectiveness of natural immunity (source 1) and waning effectiveness of the primary vaccine series (source 2), it is incumbent on DOH to justify the ongoing Washington mandate for state employees. Most Federal vaccine mandates have been rescinded. The Washington mandate appears to be out-of-date.

To (re)gain trust in Public Health and dispel misunderstandings, DOH should openly and transparently share the data outlined above, by reporting data for all vaccination statuses: unvaccinated, partially vaccinated (one dose), completed the primary series (two doses), monovalent booster dose, and bivalent booster dose.

ALL-CAUSE MORTALITY DATA, 2021 and 2022

DOH has not reported all-cause mortality for 2021 or 2022. COVID-19 deaths are reported monthly; all-cause mortality deaths ought to be reported in a similar timely fashion. According to CDC estimates, Washington's all-cause mortality was 68,697 in 2021 and 68,632 in 2022. This is an 8% jump from 2020, which was already up 7.7%

from 2019. This spike in deaths is alarming. Equally alarming: why would DOH not share all-cause mortality data during such a large spike?

The rise in all-cause mortality cannot be explained solely by COVID-19 deaths; the average age of death from COVID-19, at 80 years, is above the age of life expectancy. Concerns have been raised about the role of lockdown restrictions and the COVID-19 vaccination program on the spike in all-cause mortality during the pandemic. Currently, residents are left to speculate.

By DOH sharing 2021 and 2022 all-cause mortality, using the same format as for COVID-19 deaths – broken down by month, age, race, gender, and all vaccination statuses – Washington residents could clearly see when the spikes in mortality occurred and in which age groups. DOH would build trust, clear up any speculation, and dispel misunderstandings (which is always more likely when there is a lack of communication, data, etc.)

I encourage the Board to ask about these two areas where data are lacking. Open and transparent sharing of vaccine mandate effectiveness data and all-cause mortality data will help inform Washington residents and policy makers, and help DOH regain trust in Public Health.

SOURCES

1) NATURAL IMMUNITY: "Protection from past infection against re-infection from pre-omicron variants was high and remained high even after 40 weeks. Protection was substantially lower for the omicron BA.1 variant and declined more rapidly over time than protection against previous variants. Protection from severe disease was high for all variants."

Stein, C, et.al. Past SARS-CoV-2 infection protection against re-infection; a systematic review and meta-analysis. *Lancet*. 2023; 401: 833-842.

2) VACCINE IMMUNITY: "Our analyses indicate that vaccine effectiveness generally decreases over time against SARS-CoV-2 infections, hospitalizations, and mortality. The baseline vaccine effectiveness levels for the omicron variant were notably lower than for other variants." INTERPRETATION.

"We found that the vaccine effectiveness of the primary vaccine series against SARS-CoV-2 infections begins at an adequate level...however, vaccine effectiveness decreased significantly by 112 days after vaccination, reaching 47% by 280 days after vaccination, well below an adequate level." DISCUSSION.

Wu, N., et. al. Long-term effectiveness of COVID-19 vaccines against infections, hospitalisations, and mortality in adults: findings from a rapid living systematic evidence of synthesis and meta-analysis up to December, 2022. *Lancet*. 2023. DOI: [https://doi.org/10.1016/S221302600\(23\)00015-2](https://doi.org/10.1016/S221302600(23)00015-2).

From: Garry Blankenship

Sent: 4/1/2023 12:14:08 PM

To:

mozias@co.clallam.wa.us,rjohnson@co.clallam.wa.us,shahidafatin@gmail.com,gbjrmmd@sisna.com,ncarr@

Subject: mRNA Harms

External Email

Good Day,

I am concerned that the North Olympic Peninsula Health District makes little effort to independently educate themselves on historical and current "pandemic" events. Positions taken by Federal and State COVID health management have thus far without exception proven complete failures. Below is a recent article authored by two experts more credentialed than any of us; particularly BOH members. It is the boards continued support and promotion of these harmful mRNA drugs when they clearly have a negative risk / reward ratio that must be explained. "Vaccinated" people are now seven times more likely to acquire COVID than non-vaccinated. The possibility of mitigating symptoms simply does rise to justification for risking the drug adverse reactions. I ask that the board publically explain their support of these drugs in order that the fear of "vaccine hesitancy" not be further fomented.

Sincerely,

Garry Blankenship

Concerned Constituent

Serious Harms of the Covid-19 Vaccine: A Systematic Review

BY MARYANNE DEMASI

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Fauthor%2Fmariann-demasi%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cfcf39c43bde3485de78408db32e541d9%7C11>>

MARCH 30, 2023 VACCINES

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Ftag%2Fvaccines%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cfcf39c43bde3485de78408db32e541d9%7C11>>
3 MINUTE READ

SHARE | PRINT | EMAIL

Recently, my colleague and I completed a systematic review of the serious harms associated with covid-19 vaccines.

My co-author Peter Gøtzsche

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Fauthor%2Fpeter-gotzsche%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cfcf39c43bde3485de78408db32e541d9%7C11>>

, is a Danish physician with four decades of research experience, publishing 97 papers in the "big five" (BMJ, Lancet, JAMA, Annals of Internal Medicine, and New England Journal of Medicine) and 19 Cochrane reviews.

My previous report

individuals&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cfcf39c43bde3485de78408db32e541d9%7C11d0 (of Janssen's vaccine).

4. The mRNA-based vaccines increased the risk of myocarditis, with a mortality of about 1-2 per 200 cases. It was more common in younger males.
5. We found evidence of serious neurological harms, including Bell's palsy, Guillain-Barré syndrome, myasthenic disorder, and stroke, which are likely due to an autoimmune reaction from mRNA and adenoviral vector vaccines.
6. Severe harms, i.e. those that prevent daily activities, were underreported in the randomised trials.
7. Severe harms were very common in studies of fully vaccinated people receiving boosters (3rd dose), and in a study of vaccination of previously infected people (i.e. those with naturally acquired immunity).
8. Drug regulators and other authorities have been very slow in following up signals of serious harms.
9. Given the difficulties of accessing regulatory data, obfuscations, and documented underreporting, we find it likely that there are other serious harms of the covid-19 vaccines, than those uncovered so far.
10. Population-wide recommendations for covid vaccination and boosters ignore the negative benefit to harm balance in low-risk groups such as children and people who have already recovered from covid-19 (natural immunity).

The full manuscript has been uploaded as a PRE-PRINT

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F11111111>

Reprinted from the author's Substack

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmaryannedemasi.substack.com%2Fp/harms-of-the-covid-19-vaccines&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cfcf39c43bde3485de78408db32e541d9%7C11d0>

Author

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Maryanne Demasi

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Fauthor%2Fmaryannedemasi%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cfcf39c43bde3485de78408db32e541d9%7C11d0>

Maryanne Demasi is an investigative medical reporter with a PhD in rheumatology, who writes for online media and top tiered medical journals. For over a decade, she produced TV documentaries for the Australian Broadcasting Corporation (ABC) and has worked as a speechwriter and political advisor for the South Australian Science Minister. Her work can be accessed on her website at maryannedemasi.com.

From: Laura Breymann
Sent: 3/7/2023 7:38:13 PM
To: DOH WSBOH
Cc:
Subject: Public comment re: healthcare mask mandate

External Email

To whom it may concern at WA State Board of Health,

I am a Kirkland, WA resident and practicing Family Medicine physician, and I am very concerned that the mask mandate in healthcare, long-term care, and correctional facilities is set to end on April 3.

Removing the mask mandate will further endanger our families and community members. Patients should never have to worry that they may contract Covid-19 when accessing healthcare, and that is the situation we're in now. Covid-19 is still very prevalent in the community, and our transmission levels are greatly undercounted as testing is often not being performed when indicated.

My 80 year old father is a cancer patient, and he is extremely Covid-cautious in his personal life because he knows he could be very high risk if he contracts Covid. The highest risk setting that he enters currently is the hospital, which is very scary and sad. I also have many patients that are scared to go to doctors appointments and enter hospitals because of the risk of Covid. Ending the mask mandate removes another very important layer of protection, and I fear that our vulnerable patients either won't get the care they need, OR they'll get sick while trying to access necessary care.

As a physician, I also want the mask mandate to remain for my own safety. I am very concerned about the long-term risks of Covid-19, and I do not want to contract this illness at work and get sick myself nor bring it home to my young kids. I may end up stopping working if I do not feel safe in the workplace.

High quality masks, when worn consistently, DO work. There is strong evidence that masks (especially N95s) significantly reduce the risk of Covid-19 in healthcare settings and in the community, but unfortunately the recent studies often cited have problems with their methodology and are therefore not conclusive. If anything, we should be encouraging high quality masks (N95s or similar) in healthcare settings instead of taking masks away.

Abandoning public safety and health measures is counterproductive to stopping the spread of this disabling and deadly virus as it continues to mutate and evolve. The WA Department of Health's mission to "to protect and improve the health of all people in Washington state" cannot be accomplished without masks in healthcare, long-term care, and prisons.

I am extremely passionate about Covid-safe practices, and I am very concerned about the above. Please feel free to contact me if you have any questions regarding the above.

Sincerely,
Laura Breymann, MD

From: Allison Taylor
Sent: 3/8/2023 12:07:15 AM
To: DOH WSBOH
Cc:
Subject: masks in healthcare, LTC, and prisons

External Email

Hello,

My name is Allison. I am a King County resident and I call on Secretary of Health Umair Shah to keep masks in healthcare, long-term care, and prisons.

I am disappointed to be unable to attend this meeting in person but wanted to add my voice to the many others who are desperate to keep masks in these settings where removal will be devastating to our most vulnerable community members.

I am a Registered Nurse, but I am not currently working because I have a high-risk child at home that I am caring for. A Covid infection could be devastating for my child, and our whole family. She has a history of infection-triggered autoimmune encephalitis. It's essential for us to do everything we can to keep her from getting infected. As public health measures have fallen away, we have had to make many sacrifices. We can't safely attend school in-person, travel on an airplane, or attend live theater - all things we used to love before the pandemic.

But healthcare is not optional. By making masks optional, you make seeking healthcare dangerous for every member of our family. My daughter needs braces and is overdue for her routine dental care. How can I possibly feel safe sending her into these settings where she must remove her mask if masks become optional? If my husband or I were to get infected while seeking healthcare and passed it on to our daughter, how could we ever live with ourselves?

We often hear that masks should be optional and that if we prefer to wear one, we are welcome to do so. What about the children under 2 years old who cannot mask and need their well-child checks or may need to visit a hospital? What about the fact that there are no N-95 level masks approved for children to protect themselves? What about the hospitalized patient who must remove their mask at least to eat or drink? None of these people can properly protect themselves in a mask-optional setting.

It has become clear that when masks are not required, very few will wear them. Consider the fact that an estimated 40% of people with active Covid infections are asymptomatic. If unmasked, they can easily transmit Covid to other vulnerable people.

Without a requirement, even individual clinics or providers who wish to continue to require masks become vulnerable to vicious attacks. It becomes nearly impossible for individual providers to enforce a mask requirement without a state mandate to back them up.

One-way masking is still worthwhile, but we know that universal masking offers far superior protection. Our high-risk community members must spend an inordinate amount of time and energy seeking out safe providers for their healthcare needs already, but without mask requirements, it will become even more difficult to receive safe care. Many of us have postponed essential care because we felt it was too dangerous. I don't think any of us ever imagined that it would become infinitely more dangerous with every passing day. Dropping mask requirements in healthcare settings will lead to deferred and delayed care for high-risk patients like my family. It's not fair for us to have to balance the need for care with the very real danger of possible infection.

There is a lot of talk about how things have changed now that we have vaccines. And while the danger of the acute phase of infection may be lesser for many people, that's not true for everyone. We are still losing HUNDREDS of Americans every day. And while we might not die from our initial infection, we are ALL at risk for Long Covid. My daughter would likely survive the acute phase of Covid. But the subsequent brain inflammation that would likely follow could lead to a lifetime of disability and pain. It's a risk we absolutely cannot afford to take.

"Living with Covid" means that we must adapt. Keeping healthcare safe and accessible to all is absolutely essential. It is cruel to even consider removing mask requirements in these settings. I resigned from my job as a pediatric nurse to care for my own sick child. Over the past several years I have often thought of how distressing it would be to have to work in a hospital during a pandemic because I would never feel safe and confident coming home to my vulnerable child. But without mask requirements, we are putting not only our vulnerable patients at risk, but also all of the providers and staff who help care for them. Many of them are vulnerable or have vulnerable family members. It is not fair for them to work in an environment without this protection.

The news of Washington abandoning mask requirements in healthcare, LTC, and prison settings was an absolute gut punch for our family. I am devastated and frightened. I honestly thought that our state was better than this and that it would show more care and concern for its citizens.

I am begging for this matter to be reconsidered.

Thank you for your time and consideration.

Allison Taylor

*

From: Laurie Swanson
Sent: 3/8/2023 2:22:32 PM
To: DOH WSBOH
Cc:
Subject: Please keep masks in healthcare settings

External Email

I want to be as safe as possible when visiting healthcare providers and I will be more afraid/less likely to make appointments if masks aren't required. It doesn't seem like a lot to ask in healthcare settings where people are actively sick, to protect everyone.

I am also a LMT and it has been important to have an official requirement backing me up in my masking policy. I have high risk family members and clients, and I am not comfortable at this point having masks be optional. So I will probably lose some clients who have been willing to wear masks since it was a requirement, but won't be willing now that it has been dropped.

Please do anything you can to continue to protect public health.

Thank you,

Laurie Swanson, LMT
Seattle

From: D Poland
Sent: 4/5/2023 8:59:07 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Board members,

I have recently viewed the letter of appreciation to Dr. Fauci from Keith Grellner dated January 13, 2023. I am a concerned citizen that this board of health is towing the line of the Covid propaganda that has clearly harmed more citizens of Washington state than has helped them. Have you not looked at the facts surrounding Dr. Fauci's participation in the production of the Covid-19 virus? He has lied under oath to Congress about gain of function research and the origin of the virus. Dr. Fauci is a disgrace. He has lied over and over on the the effectiveness of masks and the Covid-19 vaccines. The Covid-19 vaccines do not prevent people from getting Covid. Everyone knows this! There is a nearly 30% increase in death from heart attacks in adults 25 to 44 years old during the first two years of the pandemic cause by the Covid-19 vaccine! The majority of the citizens of Washington state have lost trust in the federal and state governmental agencies because you do not speak the truth on the Covid-19 vaccines and the facts about the Covid-19 pandemic. The truth is out and you seem to be on the wrong side. Shame on you! Admit you have been wrong, start speaking the truth, and you will gain the trust of the people again.

In truth,
Darcy Poland

From: Sasha Anderson
Sent: 3/8/2023 8:34:40 PM
To: DOH WSBOH
Cc:
Subject: March 8 public comment

External Email

Hi,

Submitting my comment for the record:

My name is Sasha Anderson, I grew up in King County and currently live in Seattle. I am representing all medically fragile people when I ask you today to keep masks in place in healthcare settings because it does not align with what science is telling us. Community covid transmission remains high according to the CDC's map. We need to practice good source control as recommended by aerosol scientists which means preventing infectious droplets from leaving the mouths of those with covid to infect other patients around them. Vulnerable people must be able to access medical care safely without catching covid. I have long covid and am working with my care team to figure out ongoing cardiac and neurological issues. I am in and out of the eER and doctors visits right now. My medical team has been very clear that my highest priority is avoiding covid reinfection. How am I supposed to do that if we aren't practicing source control in medical settings? If you don't value my life, what about the lives of immunocompromised children receiving care at Seattle Children's? What about my 85 year old grandmother in a full time care facility? Why isn't the Department of Health following best practices to reduce transmission in the most high risk care settings? As suggested by my conversations with experts at UW Medicine, I am asking you to keep the current mask mandate in place for 1 year while we develop science-driven mask guidance applicable to not just covid but all airborne diseases in WA state healthcare settings.

Sasha Anderson, Guest Faculty
University of Washington Information School

From: Dennis Flynn
Sent: 3/31/2023 7:22:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To the WA BoH:

In the March 8, 2023 meeting, Dr. Kwan-Gett presented on behalf of the Department of Health, providing a briefing in which the Doctor falsely represented COVID as the cause of death for hundreds of people in the USA and dozens of people every week in our state.

The Doctor rightly calls out that most of the mortality are of elderly and/or chronically ill and/or immune deficient persons, but then he questions our desire to get back to normal when the risk to these populations is still "very real" and "very high".

The question you need to ask is: is it true?

For the majority of these deaths, COVID is not the primary reason for the death (though it may be a contributing factor), so the Doctor stating that these are COVID deaths is NOT true.

Stating COVID is the sole "very real" and "very high" risk to these persons as a reason to hesitate returning to normal is also NOT true, because the right question to ask is: are these people at "very real" and "very high" risk from the flu or a common cold or some other viral or bacterial infection? Obviously these persons are always at risk.

I saw this same disregard for the "is it true?" question when I reviewed some of the information presented to the TAG committee last year. Yes, we should listen to subject matter experts, but when making public policy you should also do our own research and use our own critical thinking skills, incorporating multiple factors instead of the silo of one subject matter expert.

Additionally, this is the same Dr. Kwan-Gett who presented the Washington State DOH position as being 110% in support of vaccines for infants when he led a webinar with Dr. Dunn, Dr. Getz, Lacy Fehrenbach (WA DOH), and nurse Lindsay Kirsch back in April 2022. We were well over 1-year into the pandemic, and the evidence was readily available that the younger you are the less risk there was from contracting COVID, that

natural immunity was effective, and the evidence of vaccine adverse events in children were readily available in VAERS and VSAFE. Yet Dr. Kwan-Gett advocated for vaccinating children and infants even if they had already recovered from previous infection. The Doctor even went so far as to insinuate that anyone who doesn't get their children vaccinated is risking the health of the community. And then he dumbfounded me by later saying it is "rare for young kids" to be impacted by COVID (so why the authoritarian diktat to vax the kids, then?)!

I don't write this to disparage Dr. Kwan-Gett, but instead I write this to encourage you to actually do the work of bringing some of your own research and reading to your discussions and deliberations so that your critical thinking skills may be brought to bear in asking clarifying questions and having crucial conversations, because your decisions impact millions of people in Washington state and you cannot constrict yourselves to outsourcing everything to the Tragedy of the Tyranny of THE Expert.

For example, the follow-up questions for Dr. Kwan-Gett included asking about testing and, oh my, what is going to be done when all the free tests run out? Really, that's the question? The answer is obvious: COVID is now a part of our lives, and we learn to live with it, including all the normal precautions we take when we don't feel well. Dr. Kwan-Gett's response to this and the other questions included factoring in every aspect of society in coming up with producing positive outcomes for everyone is pure fantasyland. His response is exactly to my point about one expert with expertise in one subject matter: utopia doesn't exist; the board members need to see reality when it is right in front of you and help guide public policy that makes the most benefit for the most people, with the understanding that will be restricted by realities of society and funding.

Instead your position calls for questioning the expert, getting contradictory expertise, identifying other public impacts, considering all of it, and then, and only then, setting public policy.

From: Ellen Kuwana
Sent: 3/10/2023 2:20:19 PM
To: DOH WSBOH
Cc:
Subject: pls keep masks in sites with vulnerable populations

External Email

Please keep the mask mandate in places such as healthcare settings, prisons, and long-term care facilities.

Thank you,
Ellen

Founder, We Got This Seattle.org who fed 75,000 frontline workers during the height of the pandemic

Ellen Kuwana, MS (she/her)

mobile 206.963.0997
Freelance scientific writer and editor

ellenkuwana.com

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

<https://www.linkedin.com/in/ellenkuwana>

-Recipient, Diane McGurgan Service Award

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nasw.org%2Farticle%2Fscience-writers-nasw-2022-mcgurgan-volunteer-service-award-carmen-drahl-ellen-kuwana&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cc1904ffe8b2644b5139308db21b59f53%7C11d0e>

-Founder, WeGotThisSeattle.co

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwegotthisseattle.co%2F&data=05%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwegotthisseattle.co%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cc1904ffe8b2644b5139308db21b59f53%7C11d0e)

-President, Northwest Science Writers Association

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fnwscience.org%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cc1904ffe8b2644b5139308db21b59f53%7C11d0e>

-Host, National Association of Science Writers Freelancers Chat

-Pro bono editor, Academic Editing Circle

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From: melleady
Sent: 3/8/2023 12:47:28 PM
To: DOH WSBOH
Cc:
Subject: public comment 03-08-2023



attachments\B0CEF56E375548D4_SBOH-Leady-2023-03-08.docx

External Email

Dear Board Members,

I am providing an attached file with the 3-minute written version of my public comments at today's board meeting.

I would like to make a suggesting also, for future meetings when there is a large number of participants interested in speaking. Perhaps if you know the speaking time will be shortened, you could email those on the list, and they could have a bit of time to adjust their comments to fit the new time constraints. I know that certainly would have helped me, and not taxed the sign language interpreter so much.

Thank you for taking public comment today and for considering my concerns about the lack of data supporting the current vaccine mandate.

Sincerely,

Melissa Leady
Clark County

From: Arne Christensen
Sent: 3/28/2023 4:51:53 PM
To: DOH WSBOH
Cc:
Subject: overseas damage from lockdowns

External Email

Hello:

I recommend that someone at the Board of Health watch this 29-minute film about what covid lockdowns did to one village in central India:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcollateralglobal.org%2Farticle%2Fthe-children-of-nowhere%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C1773212ba40c4e3b1da208db2fe766ae%7C>

Our actions in Washington and the U.S., by setting a bad example, helped cause the lockdown harms, to children in particular, shown and described in the film. And, Washingtonians are experiencing some of the same harms as the people in the village. There is one particularly good quote about the mental state of students in the village post-lockdowns: "Their grasping power had reduced significantly."

From: Anna Neher
Sent: 3/8/2023 6:42:44 PM
To: DOH WSBOH
Cc:
Subject: Mask Mandates in Washington State

External Email

Hello,

I am writing to urge the Washington State Board of Health to keep mask mandates in place in prisons, health care facilities, and long term care facilities. We know that masks are an effective way to limit the spread of COVID-19 and other respiratory illnesses, and masking is critical to preventing the spread of disease. This is particularly relevant in prisons (where people do not have the choice to leave), health care and long term care facilities where again, people have to access essential services and care.

We should do this not only because of the risk of immediate term illness but because of the long-term risks. We are still learning about Long Covid, but an estimated 10% - 30% of Covid infections generate long term symptoms.

Best regards,

Anna Neher

From: Doug G
Sent: 4/4/2023 1:35:53 PM
To: DOH WSBOH
Cc:
Subject: Re: Ahora disponible: Propuesta de orden del día para la reunión pública de la Mesa Directiva de Salud del 12 de abril



attachments\3AB83449247B4C60_image001.png

attachments\E5C38DD184A14076_image001.png

External Email

What does It say?

On Wed, Mar 29, 2023, 1:29 PM DOH WSBOH <WSBOH@sboh.wa.gov
<mailto:WSBOH@sboh.wa.gov> > wrote:

La propuesta de orden del día
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%03%2FWSBOH-Agenda-2023-04-12-Draft_Spanish.pdf&data=05%7C01%7CWSBOH%40sboh.wa.gov%7C3a2c2b45b0be4ce2242c08db354bf8c>
ya está disponible para la reunión pública de la Mesa Directiva de Salud del 12 de abril de 2023. Nos reuniremos de 10:00 a.m. a 3:10 p.m.

Lea la propuesta de orden del día para obtener más información sobre la reunión, incluso sobre cómo hacer comentarios públicos. Podrá acceder a la reunión de las siguientes formas:

1. Acceda en línea y regístrese:

https://us02web.zoom.us/webinar/register/WN_mu2A7ZgeSb-xy6NhUG6rog

2. Llame y participe usando su teléfono:

0. Llamada telefónica al seminario web: +1 (253) 215-8782
1. Id. del seminario web: 889 1392 5308
2. Contraseña del seminario web: 660897

Comentarios públicos escritos:

* Lo invitamos a enviar comentarios públicos por escrito a la Mesa antes de la reunión. Para poder garantizar que los integrantes de la Mesa tengan lo oportunidad

de leer y tener en cuenta sus comentarios antes de la reunión, envíenos sus comentarios por correo electrónico

<<mailto:wsboh@sboh.wa.gov?subject=My%20Public%20Comments>> antes del viernes 7 de abril al 12:00 del mediodía. Los comentarios escritos que se reciban después de las 12:00 del mediodía del viernes se comunicarán a los integrantes de la Mesa, sin embargo, es posible que no los tengan en cuenta o no puedan leerlos durante el fin de semana antes de la reunión o durante la reunión. Los comentarios públicos que se reciban por escrito se publicarán en la página web del material de la reunión el 7 de abril de 2023.

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- * Para hacer una declaración pública en las audiencias sobre normas, por favor use el mismo proceso.

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Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

Location

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· Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=05%7C01%7CWSBOH%40sboh.wa.gov%7C3a2c2b45b0be4ce2242c08db>>

· Subscribe

<<mailto:wsboh@sboh.wa.gov?subject=Please%20Add%20My%20Name%20to%20the%20WSBOH%20Email>>

Please send us an email with the subject "unsubscribe" if you no longer wish to receive communications from us

From: Micah
Sent: 3/8/2023 8:15:49 PM
To: DOH WSBOH
Cc:
Subject: your writing's cool...

External Email

Hello,

I read your writing and had to reach out. This section specifically:

"...Shortly after having attended the Orthodox liturgy, I happened to attend mass at the proto-Cathedral of St. James in downtown Vancouver. The priest there was a traditional curmudgeon who used the building's status as an historical landmark to remove the free-standing altar and restore the sanctuary to what it had been before Vatican II. It was the first time I'd experienced the mass said ad orientum (toward God) instead of vox populi (toward the congregation). The Orthodox always celebrate the liturgy ad orientum and go one step further by placing the priest behind a screen, with only a door through which to view him. If he's on the other side of the screen, he's praying to God. To address the congregation, even to give a peace blessing, he comes through the door to our side of the screen. It was the mass at St. James that made me realize what an insidious heresy it was to say the mass vox populi. By orienting the priest towards the congregation, he quits being the leader of the congregation leading the prayer directed at God, but becomes the focus of attention, removing our attention from God. When the priest says mass ad orientum, we're naturally inclined to direct our attention at that which the priest is attending, and the focus is on God. Using vox populi, the priest's attention is either on us or behind us, and our attention is on him, interrupting our attention which should be towards God...."

Your writing is able to explain a complex concept in a succinct and engaging way - a true demonstration of skillful storytelling. Your discussion of moralistic therapeutic deism immediately reminded me of this writing I read from James on Plexus recently:

"...moralist therapeutic deism and cultural religion is interesting to me but also strange. It's interesting that there is a subset of people who believe in some form of theism and an afterlife but totally rebuke the law that exists in their book. I think especially in modern times premarital sex and various other sins are considered commonplace/antiquated. I have even heard of some more progressive protestant priests explaining this idea. Interested in how much the book actually matters at that point vs a cultural community. Crazy that you can choose to not be an originalist in the view of godly law."

I came across James's writing in Plexus (mentioned above) - an online community I'm building that's designed for authentic conversation among thoughtful writers. (I think you'd thrive there, link if interested: <https://plexus.earth/micah-invite> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplexus.earth%2Fmicah-invite&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cb1c799ccdebb4a7b0ba908db2054f3c6%7C11d0e21>) Anyway, just writing to say really enjoyed what you put out.

—Micah

purpose of plexus
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplexus.substack.com%2Fp%2Fscamintimacy&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cb1c799ccdebb4a7b0ba908db2054f3c6%7C11d0e21>

<https://www.google-analytics.com/collect?v=1&t=pageview&tid=G-V6Q7QER3X6&cid=cid_6292c03531683ff2a496a85b&aip=1&npa=1&ds=email&dl=https%3A%2F%2Fstatis

From: Angie Sowell
Sent: 3/7/2023 6:47:35 PM
To: DOH WSBOH
Cc:
Subject: Masks in health care settings

External Email

Hello,

I'm writing to request that you choose to keep masks in healthcare, long-term care, and prisons.

Mask requirements keep vulnerable populations safe, including people who don't have a choice to not be in these places.

Thank you,
Angie Sowell
Immunocompromised resident of Seattle

From: Trish Nilsen
Sent: 3/16/2023 4:19:18 AM
To: DOH WSBOH
Cc:
Subject: Late response to March 8th meeting

External Email

I'm sorry to have been delayed in responding to your first in-person BOH meeting March 8th but wanted you to know I will be closely following the Board's actions related to Covid abatement measures/policies and the Covid shots, in that I believe they have caused harm to many. I staunchly support bodily autonomy and a free person's right to choose whether or not their own risk-benefit analysis merits in deciding to/not to take the shot, as opposed to mandates forcing the decision. I also believe children do not need the Covid shots and that parents have the sole right to choose whether or not the shots should be given to their children, rather than having that mandated or pushed on them through public health-endorsed coercion, especially given there is no non-biased research showing clear benefit and no harm in these populations.

Please remember you are public servants and that public health measures should not be weaponized, as they have been during the covid endemic, as this alienates those you are intending to serve. The research on Covid is yet to fully be transparent nor conclusive and does not approximate full endorsement of many of the measures you have put in place the past 3 years, so please be cautious on implementing any broad, sweeping or permanent policies. Respectfully, Trish (Patricia) L. Nilsen,RNC

From: Theresa Everest
Sent: 4/5/2023 3:16:18 PM
To: DOH WSBOH
Cc:
Subject: Re: Ahora disponible: Orden del día definitivo de la reunión pública de la Mesa Directiva de Salud del 12 de abril



attachments\0B23C3FBCA084EE9_image001.png

External Email

No hablo español.

Theresa Everest
Everest Ranch, LLC
509-680-5393

On Apr 5, 2023, at 12:19 PM, DOH WSBOH <WSBOH@sboh.wa.gov> wrote:

□

Ya está disponible el orden del día definitivo propuesto
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%2F04%2FTab01a-WSBOH-Agenda-2023-04-12-Final_Spanish_3.pdf&data=05%7C01%7CWSBOH%40sboh.wa.gov%7C1fe23ecbd98646a7c3f308db362322>
para la reunión pública de la Mesa Directiva de Salud del miércoles 12 de abril de 2023.
Nos reuniremos de 10:00 a. m. a 3:10 p. m.

Lea la propuesta de orden del día para obtener más información sobre la reunión, incluso sobre cómo hacer comentarios públicos. Podrá acceder a la reunión de las siguientes formas:

1. Acceda en línea y regístrese:

https://us02web.zoom.us/webinar/register/WN_mu2A7ZgeSb-xy6NhUG6rog

2. Llame y participe usando su teléfono:

0. Llamada telefónica al seminario web: +1 (253) 215-8782
1. Id. del seminario web: 889 1392 5308
2. Contraseña del seminario web: 660897

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Ubicación

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· Subscribase

<<mailto:wsboh@sboh.wa.gov?subject=Please%20Add%20My%20Name%20to%20the%20WSBOH%20Email>

From: Megan Davis
Sent: 3/9/2023 1:04:01 AM
To: DOH WSBOH
Cc:
Subject: Please keep masking in health care!

External Email

Please reverse your recent announcement that masks will no longer be required in all WA state healthcare facilities, long term care facilities and jails as of April 3rd. This decision will put many of the most vulnerable in our community in grave danger. I work in a hospital and hear how some of the staff are excited about being able to take their masks off at work. This will put me, and two other family members who are high risk in more danger as I have no choice but to attend work in person, encountering dozens (100s?) of people during my day. My parents are in their 80s and already dealing with chronic health issues. They isolate as much as they can to protect themselves but need to attend many medical appointments. My mother in law (also nearly 80) lives in a long term care facility where she already caught COVID last summer during an outbreak of nearly 100 residents, and that was WITH masking being required. I am quite worried for her and others who live in similar settings where outbreaks will undoubtedly increase. Today she continues to experience long COVID. A neighbor has ME/CFS long COVID that she is unable to care for her children, get her own groceries, prepare food, etc. The most important thing for her is to avoid any more COVID infections. Ending the mask mandate will make more infections likely.

I work with newborn babies every day who are unable to mask and don't deserve to have their nurse, doctor and lab technician breathe on them with potentially infectious aerosols. What about the babies in the NICU who are already at very high risk?

Lastly the decision to remove mask requirements in these settings sends a strong message to the community that our state believes the pandemic is over and that COVID is no longer a concern. While less people are now dying of acute infection we know that many people are developing long COVID after their first or subsequent infections. Many are unable to work. Many are dying of heart attacks, pulmonary embolisms, etc. as a direct result of their infections. Others have new diagnoses of POTS or diabetes due to COVID infection. Is it really the message you want to send that COVID is not longer a risk? Because more and more of the population is already believing that despite the facts.

I had hoped that medical facilities would forever require masking. I had hoped that we would have learned something from this pandemic that would continue protecting us from this and other infections, both routine and emergent. I'm so sad about the state's decision and what it will mean for our community. Healthcare is already not accessible to so many people because of cost. Now it will also not be accessible because many people will feel unsafe. People will skip their colonoscopy, mammogram, or dental check up.

From: Arne Christensen
Sent: 3/24/2023 12:29:49 PM
To: DOH WSBOH
Cc:
Subject: face covering policies

External Email

The Board needs to apologize for forcing people to put masks on their faces in order to receive health care for nearly 3 years, and apologize for misleading people about the effectiveness of face coverings against respiratory viruses. Has anyone on the Board looked at the evidence from Sweden and other Nordic countries? Hardly anyone there wears face masks, and their covid burden is much less than America's. For that matter, why not ask for advice from Idaho and Utah?

From: martha hykel
Sent: 3/20/2023 7:40:25 PM
To: DOH WSBOH
Cc:
Subject: Subject: KC Health Dept. employee- Ms. Thea Oliphant-Wells

External Email

I was HORRIFIED to read the recent article about Seattle / KC METRO bus drivers describing how difficult and dangerous it is to drive their buses while having occupants smoking Crack and Fentanyl in public and noticing they were not being supported or helped.

I was even MORE HORRIFIED , and I repeat, MORTIFIED AND HORRIFIED, that some employee working at our Seattle KC Health Dept. (Ms. Thea Oliphant-Wells,) stated in the SAME article that it was not harmful and she even offered advice that it is BETTER to have addicts and the public smoke drugs and Fentanyl, in our public places, like on public transportation !!!!!!!!!!!!!

(Her reason supposedly was to have better access in case they OD)

OMG - OMG - OMG !!!!!!!

Am I living in an alternate universe or are all of you CRAZY to think that think is something normal and helpful to say to the public?

I am a senior who has lived in this area since 1957, who has always leaned a little on the liberal side,

BUT....

THIS IS TOOOOOOOO MUCH !!!!!!!

I pay TAXES and I have a RIGHT to have a safe place to live and enjoy.

The Metro bus drivers have a right to a safe working environment.

We do not need a person like Ms.Oliphant-Wells making harmful, and dangerous remarks about this subject.

I HAVE NOT been able to ride a city bus, ride the light rail, visit the public market or go to a Mariners game in years. Crime around the city is RAMPANT and worse on city transportation.

So when she states that public drug use is safe and encourages it, it DOES NOT MAKE OUR AREA SAFER!!!!!!!!!!!!!!

I CONTINUE TO REMAIN SHOCKED AND ANGRY. that YOUR agency , KC HEALTH, HAS ALLOWED an employee OF YOURS, to be able to tell the public and our Metro bus drivers , that it's SAFE and it's OK to have PUBLIC DRUG USE on our city transportstion??????????????

How does Ms. Thea Oliphant-Wells and the rest of county agencies, city council and public officials, who allow THESE CRAZY IDEAS and STATEMENTS to be said out loud, sleep at night?

YOU SHOULD ALL BE SHOCKED AND HORRIFIED!!!!!!!!!!

You should all be ashamed and should be working to make our city SAFER and NOT doing what you are currently saying and doing.

Ms. Oliphant-Wells should NOT BE working in any capacity at the Health Dept!!!!!!!!!!!!!!
(Or any agency)

I will be sending this opinion email of mine to other state, county and city officials.
You have my name and email and number below if you want to respond.

Martha Hykel
253-880-9960

From: Brian Harris

Sent: 4/6/2023 7:08:50 PM

To: mimsweide@gmail.com, Mike Glaze, max@gmail.com, mailer@email.theblaze.com, Eric Metaxas, MyLegion, Kenneth Price, jenersen@king5.com, Amy's Kitchen, dave scott, Children's Health

Defense, dariusvincenthughes@gmail.com, drrobertjeffress@ptv.org, governorrn.desantis@eog.myflorida.com, Anderson, Rep. Vos@legis.wisconsin.gov, Kevin Veenhuizen, bob loyd, WA Civil Rights Council, DOH WSBOH, zarah_aingeal@yahoo.com, Bruce Harris, rickdrives1@hotmail.com, pmcgrath1@comcast.net, XM RADIO, The_Gray_Iron_Fitness_Newsletter@senior-exercise-central.com, John.H.Teske, Turning Point, Herschel

Cc:

Subject: Fwd: Daily e-Truth—The F-E-A-T of Resurrection: Appearances of Christ

External Email

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

From: Christian Research Institute <Webmaster@equip.org
<mailto:Webmaster@equip.org> >

Date: Thu, Apr 6, 2023, 3:00 AM

Subject: Daily e-Truth—The F-E-A-T of Resurrection: Appearances of Christ

To: <brianhrrs17@gmail.com <mailto:brianhrrs17@gmail.com> >

Daily e-Truth—The F-E-A-T of Resurrection: Appearances of Christ

<<https://gallery.mailchimp.com/1b87777256955d4a4f1bd513b/images/c3a7a81f-3ffa-4988-8438-a30cf6613a0f.jpg>>

Fatal torment
Empty tomb
Appearances
Transformation

In the Acts of the Apostles, Dr. Luke writes that Jesus gave the disciples "many convincing proofs that he was alive. He appeared to them over a period of forty days and spoke about the kingdom of God" (Acts 1:3). Likewise, Peter in his powerful Pentecost proclamation declared that many credible eyewitnesses could confirm the fact of Christ's physical post-resurrection appearances:

Brothers, I can tell you confidently that the patriarch David died and was buried, and his tomb is here to this day. But he was a prophet and knew that God had promised him on oath that he would place one of his descendants on his throne. Seeing what was ahead, he spoke of the resurrection of the Christ, that he was not abandoned to the grave, nor did his body see decay. God has raised this Jesus to life, and we are all witnesses of the fact (Acts 2:29–32 NIV1984).

Like the apostle Peter, the apostle Paul exudes confidence in the appearances of Christ. In his first letter to the Corinthian Christians he provides details and descriptions:

For what I received I passed on to you as of first importance: that Christ died for our sins according to the Scriptures, that he was buried, that he was raised on the third day according to the Scriptures, and that he appeared to Peter, and then to the Twelve. After that, he appeared to more than five hundred of the brothers at the same time, most of

whom are still living, though some have fallen asleep. Then he appeared to James, then to all the apostles, and last of all he appeared to me also, as to one abnormally born (1 Cor. 15:3–8 NIV1984).

One thing is sure. The apostles did not merely propagate Christ's teachings; they were absolutely certain that he had appeared to them in the flesh. Although two thousand years removed from the actual event, we too can be absolutely confident in Christ's post-resurrection appearances.

First, in the passage cited above, Paul is reiterating a Christian creed that can be traced all the way back to the formative stages of the early Christian church. Incredibly, scholars of all stripes agree that this creed can be dated to within three to eight years of the Crucifixion itself—James D. G. Dunn says within months. The eminent scholar Joachim Jeremias calls this creed "the earliest tradition of all," and Ulrich Wilckens says it "indubitably goes back to the oldest phase of all in the history of primitive Christianity." Dr. Gary Habermas concludes that the creed is not only early but "that it's free from legendary contamination, that it's unambiguous and specific, and that it's ultimately rooted in eyewitness accounts."

Furthermore, Peter, Paul, and the rest of the apostles claimed that Christ appeared to hundreds of people who were still alive and available for cross-examination (1 Cor. 15:6). It would have been one thing to attribute these supernatural experiences to people who had already died. It was quite another to attribute them to multitudes who were still alive. Suppose I announced publicly that I had played a private round of golf with Arnold Palmer at Bay Hill County Club in Orlando. During the round I hit the longest drive Palmer had ever seen, made a hole-in-one, and set a new course record. As long as Palmer was living, my credibility could easily be called into question. Likewise, Paul's assertions regarding the eyewitnesses who had seen the resurrected Christ could have easily been refuted if in fact they were not true.

Finally, no one has ever come up with a credible means to explain away the post-resurrection appearances of Christ. As previously noted, the references to Christ's appearances are early and free from legendary corruption. Thus, skeptics are often reduced to pawning them off as mere hallucinations.

In reality, hallucinations are subjective and scarce. Yet Christ appeared to many people over a long period of time. In addition, hallucinations are typically relegated to people with certain personality disorders, are stimulated by expectations, and do not stop abruptly. In the case of Christ, he appeared to all kinds of personality types with no expectations, and then the appearances stopped abruptly.

Perhaps Professor Perrin, the late New Testament scholar at the University of Chicago, said it best. In summing up the consensus of both liberal and conservative scholarship, he wrote, "The more we study the tradition with regard to the appearances, the firmer the rock begins to appear upon which they are based."

At this point, there should be no doubt that Christ suffered fatal torment; that the empty tomb is a factual reality; and that Christ's post-resurrection appearances cannot be explained away as legends or hallucinations. Tomorrow, Good Friday (Western calendar), we will explore the final letter in the acronym F-E-A-T, which represents the word Transformation.

For further study see our special Resurrection Resources

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.

For my article, "The F-E-A-T that Demonstrates the Fact of Resurrection," which provides

source documentation, please click here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fequip.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3D1b87777256955d4a4f1bd513b%26id%3D783e7d3b49%26e%3D>>
; or see my book Resurrection

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fequip.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3D1b87777256955d4a4f1bd513b%26id%3D6b7aa6a2f5%26e%3D>>
, from which this Daily e-Truth is adapted.

Make sure to listen to Hank Unplugged
Available on over 20 different
podcasting platforms such as

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See our Website for other channels also.

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From: Bill Osmunson
Sent: 3/15/2023 12:42:46 PM
To: DOH WSBOH
Cc:
Subject: Washington State Board of Health and Fluoride Neurotoxicity

External Email

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov <<mailto:wsboh@sboh.wa.gov>> .

RE: The US Office of Health Assessment and Translation, US National Toxicology Program, and US Health and Human Services report, multiple peer reviews and comments, and meta-analysis on fluoride's effect on the developing brain.

The Court finally forced HHS to release the latest NTP Draft on fluoride's effect on the developing brain. I was one of those nominating fluoride to OHAT/NTP for review in 2015 and was told it would take two or three years to finish. Due to vested interest of industry and public health politics, the latest draft review is now available, more than 1,500 pages. HHS has tried to delay or quash the science, but the Court over-ruled.

DRAFT NTP Monograph on the State of the Science Concerning Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects: A Systematic Review NTP Monograph 08 September 2022

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fntp.niehs.nih.gov%2Fntp%2Fabout>>

The conclusion? Depends on which part of the report is read. The similarity between the divergent polarized opinions of the January 6 controversy exist with fluoridation. Was January 6 an insurrection or simply sightseeing? Fluoridation is not a "sightseeing" safe and effective drug as proponents of fluoridation would like you to believe.

OHAT (Office of Health Assessment and Translation) concluded fluoride is "presumed" to be a developmental neurotoxin.

NTP (National Toxicology Program) uses the words "moderate confidence" of neurotoxicity, essentially the same level of confidence.

NTP is clear in responses, full meta-analysis and supplements they found no evidence of a lower threshold of fluoride ingestion to be safe. Keep in mind the NTP report is 8 years in the making and cut off for research does not include some of the most recent studies reporting harm. To expect the vast majority of studies reporting harm will be refuted in the future with further studies is highly unlikely. As scientists learn where to look and how to do the studies, more precision and confidence will be demonstrated. Fluoride ingestion is not safe for many or most, especially the fetus and infant.

NTP stresses in comments the need to evaluate total fluoride exposure, not just fluoride in water.

Proponents attempt to protect fluoridation by ignoring total exposure.

Fluoridation proponents, industry, American Dental Association (one of my friends a

reviewer), political and public health reviewers pushed back against NTP to protect fluoridation at 0.7 mg/L and claimed evidence is weaker below 1.5 mg/L fluoride in water than above 1.5 mg/L . . . which makes no scientific sense and the controversy becomes clear. Why?

1. OHAT/NTP reviewed total fluoride ingestion. Fluoridation proponents attempt to isolate out fluoride concentration in water. Concentration of fluoride is not a dosage because some people drink little or no water and others a great deal. The statistical mean drink about 1 liter of water a day. The 90th percentile about 2 liters a day which is similar to drinking 1 liter at 1.4 mg/L of fluoride. And some drink over 10 liters/day. The fetus and infants are most vulnerable.

2. Individuals have many sources of fluoride and some people get a great deal of fluoride from other sources. Attempting to isolate out just fluoride dosage from water and claim the water is safe, is not real world. Some swallow fluoride toothpaste, some drink more water than mean, infants are smaller, synergistic effects, foods, medications and air are all additional sources of fluoride which must be included. No one only gets fluoride only from water. Total fluoride must be evaluated.

3. An uncertainty factor of at least 10 must be included. Anyone prescribing medications knows, individuals do not all react the same to any drug, food, or substance. Some NTP quotes:

"Our meta-analysis confirms and extends prior meta-analyses that reported associations between higher fluoride exposures and lower IQ levels of children. The results were robust to stratifications by risk of bias, gender, age group, outcome assessment, study location, exposure timing, and exposure type (including both drinking water and urinary fluoride). Therefore, the data support a consistent inverse association between fluoride exposure and children's IQ."

"Our meta-analysis confirms results of previous meta-analyses and extends them by including newer, more precise studies with individual-level exposure measures. The data support a consistent inverse association between fluoride exposure and children's IQ."

"There is also evidence of a dose response relationship between lower children's IQ and higher fluoride exposures. Although the estimated decreases in IQ may seem small, research on other neurotoxicants has shown that subtle shifts in IQ at the population level can have a profound impact on the number of people who fall within the high and low ranges of the population's IQ distribution. For example, a 5-point decrease in a population's IQ would nearly double the number of people classified as intellectually disabled."

And doubling the number of intellectually disabled has a serious impact on special education numbers, employers, incarceration, and family grief.

The Washington State Board of Health has full authority to caution/warn pregnant mothers and care givers to reduce fluoride exposure:

"Do Not Drink Fluoridated Water or Swallow Fluoridated Toothpaste"

The Board has full authority to stop fluoridation's harm.

The harm is on the shoulders of the WSBOH.

Sincerely,

Bill Osmunson DDS MPH
Smiles of Bellevue
bill@teachingsmiles.com <mailto:bill@teachingsmiles.com>
1418 112th Ave NE
Bellevue, Washington 98004
425.466.0100

American Environmental Health Studies Project
Board Chair

From: Glen Felkins
Sent: 3/22/2023 5:42:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

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

Sincerely,

The Citizens of Washington State

From: Yan Leigh
Sent: 3/7/2023 3:05:09 PM
To: DOH WSBOH
Cc:
Subject: Comment for WA Board of Health meeting, March 7

External Email

I was disappointed to hear that WA state is dropping mandatory masking in healthcare, correctional facilities, and long-term care facilities.

I am writing to request that WA state continues the mask mandate for these facilities indefinitely.

Healthcare facilities are an irreplaceable necessity to those who are most at risk from COVID or other airborne diseases, such as senior citizens, those undergoing chemotherapy, those who are immunocompromised, pregnant women, and newborns and other babies who are not yet able to be vaccinated. Our population should not have to risk their health, or the health of those they live with, in order to access healthcare.

A mask mandate represents a significant reduction in risk, alongside stringent ventilation and filtration requirements, especially for congregate settings such as long-term care and correctional facilities. These are settings serving some of our community's most vulnerable populations, and they deserve to be protected.

By keeping the mask mandate, this helps ensure that these facilities continue to be accessible to everyone, promoting health equity and ensuring a healthier community.

Thank you for your consideration.

From: Sol Villarreal

Sent: 3/8/2023 11:23:17 AM

To: DOH WSBOH

Cc:

Subject: Public comments on repealing the state's mask mandate in healthcare settings

External Email

Hi Members--

In your January meeting Secretary Shah said two things that made sense at the time: 1) based on the current case rates as well as the rate at which new variants were still continuing to develop, COVID-19 couldn't yet be considered to have made the transition from a pandemic to an endemic disease. And 2) because of that, it was unlikely in his opinion that the mask mandate would be removed for healthcare facilities. Case rates haven't changed meaningfully since that January 9th meeting, but between then and now Governor Inslee moved forward anyway with announcing the end of the state's last remaining mask mandate.

Research has shown both that nosocomial COVID-19 infections are widespread in the absence of effective preventative measures and that they have a dramatically higher mortality rate than community-acquired COVID infections, with the largest difference in mortality showing up for immunocompromised individuals.

We know that people who are already sick enough to need to go to the doctor's office or hospital are at increased risk of hospitalization or death if they catch COVID-19. We know that the current variants are more transmissible than any that we've seen to date. We know that by some estimates only 5% of actual cases are being reported and showing up in official data, but that even with such severe underreporting our case rate for all of 2023 has been higher than it was for almost all of 2020 and for a good chunk of 2021. And while vaccines are effective at preventing hospitalization and death in most of the population, an average of 2,784 Americans and 48 Washingtonians per week are still dying from this disease. We know that wearing masks is the best tool we have to prevent the spread of COVID-19. I encourage you to keep that mandate in place to protect the highest-risk Washingtonians and help prevent anyone's parent, sibling, or child from dying so that a politician has a better chance of getting get re-elected.

-Sol Villarreal

--

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From: Brad Loosveldt
Sent: 3/12/2023 11:45:13 AM
To: DOH WSBOH
Cc:
Subject: MRNA shots

External Email

Incredibly important information for you to be aware of with the link down below. Please DO NOT hurt our children by following the harmful recommendation of the unsafe, ineffective mRNA so-called vaccines. Please protect our kids from these experimental shots. Thank you!

Doctors Around the World Say It's Time to Stop the Shots

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From: Becca Gillespy Peter
Sent: 3/8/2023 12:29:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My name is Becca Peter and I am a resident of San Juan County.

Last spring, we received the devastating news that my son Eddie had a malignant brain tumor. It was aggressive, inoperable, and had already metastasized to other parts of his brain and spine.

Fortunately for us, his cancer responded well to radiation and chemo and he is currently enjoying a good quality of life at home on Lopez Island while we try experimental therapies.

One of the reasons he did so well during treatment is that we managed to avoid any infectious diseases that would have caused setbacks. As a family we can, and do, choose to avoid risk elsewhere, but if I do not take my son to the hospital for cancer treatment he will die.

I am fortunate that Eddie is old enough to be able to wear a mask, but he still struggles with vomiting and nosebleeds. We have had multiple times in hospital waiting rooms where he has had to remove his mask. Many families at Seattle Children's Hospital have immune compromised children who are unable to mask at all.

Universal masking in healthcare facilities is an effective form of source control and a valuable layer of protection for the most vulnerable members of society.

It is incredibly disappointing that the Department of Health has chosen the desires of lobbyists and hospital administrators over the needs of children like Eddie. Being able to access healthcare safely should be a basic human right and that is being taken away from us.

From: Arne Christensen
Sent: 4/6/2023 1:51:20 PM
To: DOH WSBOH
Cc:
Subject: drug overdoses carnage

External Email

Hello:

Why isn't the health department talking more about the alarming increase in drug overdose deaths so far this decade? I believe daily opioid deaths surpassed daily covid deaths sometime last year, and of course drug overdoses kill younger people than covid does. The numbers on King County's overdose dashboard

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkingcounty.gov%2Fdepts%2Fhealth%2Fprevention%2Fdata.aspx&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C63f55bfb83294592d31708db36>)
are
alarming.

Arne Christensen

From: Olemara Peters
Sent: 3/8/2023 9:58:01 AM
To: DOH WSBOH
Cc:
Subject: Health Code must prioritize safety and transparency

External Email

Dear BOH Members,

Please look at HB 1610, "Restoring Trust in Public Health Through Consumer Protection," <https://app.leg.wa.gov/billsummary?BillNumber=1610&Initiative=false&Year=2023> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2Fbillsummary%2F>>. Please ensure that any changes to the WA Health Code are congruent with its standards, and notice (in preparation to correct) parts of the existing Code that currently fail its standards.

I hope that bipartisan bill will pass; but whether or not it passes, it's an appropriate standard for Washington's Health Code.

As a Democrat (for reasons of conservation and biodiversity, gun safety, labor rights, racial equity, voting rights, reproductive rights, refugees' rights, etc.), I'd always expected Democrats/ "progressives"/ "liberals" et al to be alert to polluting industries' spin — to stand for the Nuremberg Code, Never Again, the Principle of Informed Consent.

Instead, all product-safety questions/ questioners, about some industries, are being labeled, vilified, and dismissed as "extreme right-wing" etc., regardless of our actual politics. Even the mention of the Nuremberg Code or Informed Consent is eliciting these character-assassinating assumptions.

This ridiculing, mislabeling and censoring of researchers, whistleblowers, and people/families injured by the products/ wastes/ emissions of certain polluting industries is extremely convenient for these sacred-cow industries (including Big Wireless, and Big Chem/ Ag/ Food/ Pharma/ Biotech).

This has gone on for a number of years. It has now escalated hugely further, apropos of vaccines in particular (vaccines experimental yet mandated, while yet devoid of industry liability, transparent labeling, accurate injuries-counting); and the other industries (and their tools — witting and unwitting — among the media, "regulatory" agencies, and lawmakers) jump on its bandwagon. It's highly convenient for all these industries to be able to elicit so much of society's obedience, unawareness, complicity.

I am personally paying the price of society's complicity. I experience onerous bodily harm from several of these industries' products/ emissions/ wastes. I have direct bodily reasons to avoid such exposures where possible, and not to consent to more; and I'm aware that they're affecting, also, both — other humans (who may or may not yet have recognized the connections), and — other species, ecosystems, the biosphere.

It offends me deeply that raising any concern of safety/ transparency about these industries will get me automatically categorized as a climate-denier etc. I'm not too surprised at Trump-voters going along with these industries — I'm just pleased and thankful about those who don't — and, well, I would have expected these issues to be bipartisan.

However, I'm utterly mystified (as well as outraged) that Democrats et al, in particular, seem to've uniformly fallen for these industries' spin, and to be actively helping harden it into more and more layers of law — discarding and trashing Never Again and everyone who speaks up for it. This crossup makes no sense. I would've thought standing up for the Nuremberg Code would be — certainly bipartisan — but especially the pride and privilege of Democrats et al. In short, I would've expected Democrats et al, in particular (who purport commitment to public health and safety), to be more congruently alert.

Please, help turn this around. Please read HB 1610, and make sure any BOH decisions meet its standards for safety and transparency.

Thank you.

Sincerely,

Olemara Peters

Bainbridge Island WA 98110 (but please make any replies by email, let's save a tree — thanks)

From: Bill Osmunson
Sent: 3/21/2023 10:03:28 AM
To: DOH WSBOH
Cc:
Subject: Lack of fluoride's prenatal benefit



attachments\0A26F9202A944A48_F Lack of benefit WSBH March 21 2023 .pdf

External Email

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> .

RE: Scientific evidence does not find prenatal fluoride ingestion has benefit.

Our request is for the WSBH to post on their website that mothers should not drink fluoridated water and caregivers should not use fluoridated water to make infant formula.

The best science to date does not support the theory that mothers ingesting fluoride during pregnancy reduces the dental caries in their children. The FDA says the evidence is incomplete. The following studies are reasonably representative of the literature on prenatal ingestion of fluoride and possible BENEFIT to the child.

The benefits of fluoride ingestion can and should be tested with the highest quality of research, randomized controlled trials (RCT). Only one RCT study has been published and it was with pregnant mothers ingesting fluoride to see if there was a reduction in dental caries in their children's primary teeth. Leverett (1997)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F916>
[1]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/F%20Lack%20of%20benefit%20WSBH%20
did the only published RCT on fluoride ingestion and gave 1 mg/day fluoride supplements during the last six months of pregnancy and concluded, "These findings do not support the hypothesis that prenatal fluoride has a strong caries-preventive effect."
Driscoll (1981)[2]

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Furopepmc.org%2Farticle%2Fmed>
". . . administration of dietary fluoride supplements to pregnant women cannot be recommended at this time, because conclusive clinical evidence that the procedure reduces dental caries in the teeth of offspring is lacking."

Castiblanco-Rubio (2022)[3]

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mdpi.com%2F2218-1989%2F12%2F4%2F324&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Caf8d20e4d31d42e542d008db2>
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The fetus does not benefit from mothers ingesting fluoridated water and the developing brain is harmed.[4]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/F%20Lack%20of%20benefit%20WSBH%20>
The developing fetus has no benefit and only harm from fluoridation of public water.

The WSBH would provide only benefit without harm by advising mothers to not drink fluoridated water or swallow fluoridated toothpaste while they are pregnant.

Our request is for the WSBH to post on their website that mothers should not drink fluoridated water and caregivers should not use fluoridated water to make infant formula.

Sincerely,

Bill Osmuson DDS MPH

bill@teachingsmiles.com <mailto:bill@teachingsmiles.com>

Smiles of Bellevue

1418 112th Ave NE, Bellevue, WA. 98004. 425.466.0100

American Environmental Health Studies Project, Board Chair

Green, R., Lanphear, B., Hornung, R., Flora, D., Martinez-Mier, E.A., Neufeld, R., Ayotte, P. and Muckle, G., 2019. Till C Fluoride Exposure during Fetal Development and Intellectual Abilities in a Canadian Birth Cohort. *JAMA Pediatr*, 173(10), pp.940-8.

[Google Scholar] [PubMed]

Connett E. American Environmental Health Studies Project. Unpublished. Link and Fluoride and IQ Accessed Dec. 27, 2022.

[1]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/F%20Lack%20of%20benefit%20WSBH%20>
Leverett DH, Adair SM, Vaughan BW, Proskin HM, Moss ME. Randomized clinical trial of the effect of prenatal fluoride supplements in preventing dental caries. *Caries Res*. 1997;31(3):174-9. doi: 10.1159/000262394. PMID: 9165186.

[2]

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[3]

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.3390%2Fmetabo12>

[4]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/F%20Lack%20of%20benefit%20WSBH%20>
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]

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. (Note: an NTP final determination or Policy has been blocked from release politically and should be available in May) ASDWA Accessed December 1., 2022.

2 . Bashash M, Thomas D, Hu H, et al. Prenatal fluoride exposure and cognitive outcomes in children at 4 and 6 – 12 Years of age in Mexico. *Environmental Health Perspectives*. 2017;125(9):097017. doi: 10.1289/EHP655. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

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The benefits of fluoride ingestion can and should be tested with the highest quality of research, randomized controlled trials (RCT). Only one RCT study has been published and it was with pregnant mothers ingesting fluoride to see if there was a reduction in dental caries in their children's primary teeth. [Leverett \(1997\)](#)¹ did the only published RCT on fluoride ingestion and gave 1 mg/day fluoride supplements during the last six months of pregnancy and concluded, *"These findings do not support the hypothesis that prenatal fluoride has a strong caries-preventive effect."*

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The fetus does not benefit from mothers ingesting fluoridated water and the developing brain is harmed.⁴ The developing fetus has no benefit and only harm from fluoridation of public water.

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⁴ 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]

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Connett E. American Environmental Health Studies Project. Unpublished. Link and Fluoride and IQ Accessed Dec. 27, 2022.

From: Ruth L
Sent: 4/7/2023 11:32:53 AM
To: DOH WSBOH
Cc:
Subject: Re: Ahora disponible: Orden del día definitivo de la reunión pública de la Mesa Directiva de Salud del 12 de abril



attachments\40588D36AAEF4F97_image001.png

External Email

UNSUBSCRIBE

From: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Sent: Wednesday, April 5, 2023 12:19 PM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: Ahora disponible: Orden del día definitivo de la reunión pública de la Mesa Directiva de Salud del 12 de abril

Ya está disponible el orden del día definitivo propuesto
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%04%2FTab01a-WSBOH-Agenda-2023-04-12-Final_Spanish_3.pdf&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C722c4d7d8e5840c7b2c808db379>
para la reunión pública de la Mesa Directiva de Salud del miércoles 12 de abril de 2023.
Nos reuniremos de 10:00 a. m. a 3:10 p. m.

Lea la propuesta de orden del día para obtener más información sobre la reunión, incluso sobre cómo hacer comentarios públicos. Podrá acceder a la reunión de las siguientes formas:

1. Acceda en línea y regístrese:

https://us02web.zoom.us/webinar/register/WN_mu2A7ZgeSb-xy6NhUG6rog

2. Llame y participe usando su teléfono:

0. Llamada telefónica al seminario web: +1 (253) 215-8782
1. Id. del seminario web: 889 1392 5308
2. Contraseña del seminario web: 660897

Comentarios públicos escritos:

* Lo invitamos a enviar comentarios públicos por escrito a la Mesa antes de la reunión. Para poder garantizar que los integrantes de la Mesa tengan lo oportunidad de leer y tener en cuenta sus comentarios antes de la reunión, envíenos sus comentarios

por correo electrónico

<mailto:wsboh@sboh.wa.gov?subject=My%20Public%20Comments> antes del viernes 7 de abril al 12:00 del mediodía. Los comentarios escritos que se reciban después de las 12:00 del mediodía del viernes se comunicarán a los integrantes de la Mesa, sin embargo, es posible que no los tengan en cuenta o no puedan leerlos durante el fin de semana antes de la reunión o durante la reunión. Los comentarios públicos que se reciban por escrito se publicarán en la página web del material de la reunión el 7 de abril de 2023.

Hacer comentarios públicos verbales en las reuniones híbridas:

- * Para el público que asiste en persona: Consulte el orden del día adjunto para saber cómo hacer un comentario público si asiste en persona.
- * Para el público que asiste virtualmente: Si desea hacer un comentario público, inscríbese a través del enlace del seminario web de Zoom antes de las 12:00 del mediodía del día anterior a la reunión. Se mencionará su nombre cuando sea su turno para hacer comentarios.

Más información sobre la reunión:

- * Esta reunión tendrá un formato híbrido. La reunión virtual se llevará a cabo a través de la aplicación Zoom para seminarios web. La reunión presencial se llevará a cabo en el Auditorio de Trabajo e Industrias, 7273 Linderson Way SW, Tumwater, WA 98501.

(360) 236-4110

P.O. Box 47990, Olympia, WA 98504-7990

Ubicación

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2Fplace%3Fq%3D122.9083621%2C17z%2Fdata%3D!3m1!4b1!4m5!3m4!1s0x549173f074205aa3%3A0x552ddc5f79ee44b6122.9061681%3Fhl%3Den&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C722c4d7d8e5840c7b2c808>>

· Sitio web

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C722c4d7d8e5840c7b2c808>>

· Correo electrónico <mailto:wsboh@sboh.wa.gov>

· Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.facebook.com%2FWashingtonState%2F&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C722c4d7d8e5840c7b2c808>>

· Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C722c4d7d8e5840c7b2c808>>

· Suscríbese

<mailto:wsboh@sboh.wa.gov?subject=Please%20Add%20My%20Name%20to%20the%20WSBOH%20Email%20List%20&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C722c4d7d8e5840c7b2c808>

From: Deb Kiesig
Sent: 3/8/2023 1:26:24 AM
To: DOH WSBOH
Cc:
Subject: Please keep the mask mandate as is!

External Email

To the WA State Board of Health,

I want my voice heard. I feel forgotten along with so many others. Our immunocompromised health will be even more at risk when we can no longer go to our doctor's appointments safely. Of course we will be masked, do we have a choice? But what about the babies, our children with health issues who cannot mask? How do we keep them safe?

What about healthcare workers, already short staffed, now even more exposed and getting sick? I will be wearing a mask as a healthcare professional and an immunocompromised person, but others will not, even though it is recommended by you folks. Will my masking alone protect me in an environment with so many sick? I have managed to stay covid free all this time. But now I ask what about my freedom and my liberty?

Please keep this mandate as is, I am begging you to reconsider!

Sincerely,

Deb Kiesig
Tacoma, WA

From: Jessica Gorger
Sent: 3/8/2023 4:56:04 PM
To: DOH WSBOH
Cc:
Subject: Masking in healthcare, LTC, and incarcerated people

External Email

Washington State Board of Health,

Please reconsider and do NOT drop the mask mandate April 3rd. This is an equity issue; ALL people deserve access to healthcare, and dropping the mandate means you're cutting off healthcare for high risk folks. I cannot believe this is even in question. It will also protect healthcare workers who are already overworked and overstressed after the past three years. Do not stress the system by making them sick!

Thank you,
Jessica Kelly (she/her)

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov.

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Connett E. American Environmental Health Studies Project. Unpublished. Link and Fluoride and IQ Accessed Dec. 27, 2022.

State Board of Health, March 8, 2023
Melissa Leady, Clark County

Dear Board Members,

I am concerned that the Washington Department of Health (DOH) does not share data relevant to the covid vaccine mandate, so it appears as though the state has no data supporting the mandate. The mandate requires state employees to get the two-shot primary vaccine series, and denies exemptions for natural immunity from previous infection. DOH should be reporting data showing the primary vaccine series is currently effective, as well as the current ineffectiveness of natural immunity from previous infection to compare it with. They share neither.

The current DOH report, “Hospitalizations and Deaths by Vaccination Status” (Feb 13, 2023) only shows the effectiveness of the monovalent boosters. No data for the mandated primary series or the bivalent boosters. Recent New England Journal of Medicine studies (1,2) show primary series effectiveness against covid waning to zero after six months. And by DOH removing the primary series data from what was previously a combined effectiveness of all vaccine doses, the rate for monovalant boosters was improved, meaning the primary series was a drag on the data. Does the Washington data currently support the vaccine mandate? Why can’t the public see that data?

The other missing data has to do with effectiveness of natural immunity from previous infection. Last October DOH discontinued the “Reported COVID-19 Reinfections in Washington State” report, claiming they were not able to accurately count reinfections because, they admitted, they are not able to accurately count the first infections. If DOH is not looking at the effectiveness of natural immunity, then it does not seem they have any basis for denying it. Just last month the Lancet published a meta-analysis (3) showing that over time, natural immunity was more durable and effective than the vaccines, especially against hospitalization and death.

One reason for denying exemptions for natural immunity is the claim that getting vaccinated as well slightly improves effectiveness, but the original DOH “Reported COVID-19 Reinfections in Washington State” report dated Jan 6, 2022, showed the opposite. Those with natural immunity who also got vaccinated were more likely to be hospitalized. After that initial report, DOH stopped sharing reinfection data by vaccination status in all subsequent reports.

This pattern of removing data that contradicts policy rather than updating policy to reflect what current science and data are showing serves to undermine trust in public health and questions the need for the vaccine mandate. If DOH has data showing the primary vaccine series is still effective then please share it with the public and the governor. It seems you should either share the data, or advise the governor to remove the mandates.

SOURCES

- (1) Altarawneh HN, et. al., Effects of Previous Infection and Vaccination on Symptomatic Omicron Infections. New England Journal of Medicine. 2022 Jul 7;387(1):21-34.
- (2) Lin DY, et al., Effects of Vaccination and Previous Infection on Omicron Infections in Children. New England Journal of Medicine. 2022 Sep 22; 387(12):1141-1143.
- (3) Past SARS-CoV-2 infection protection against re-infection: a systematic review and meta-analysis. Lancet. 2023 Feb 16 (online). DOI: [https://doi.org/10.1016/S0140-6736\(22\)02465-5](https://doi.org/10.1016/S0140-6736(22)02465-5): 1-11.

