

**Final Agenda**

Time	Agenda Item	Speaker
9:00 a.m.	Call to Order & Introductions	Keith Grellner, Board Chair
9:05 a.m.	1. Approval of Agenda—Possible Action	Keith Grellner, Board Chair
9:10 a.m.	2. Approval of June 14, 2023, Minutes – Possible Action	Keith Grellner, Board Chair
9:15 a.m.	3. Public Comment	Please note: Verbal public comment may be limited so that the Board can consider all agenda items. The Chair may limit each speaker’s time based on the number people signed up to comment.
9:45 a.m.	4. Announcements and Board Business	Michelle Davis, Board Executive Director
10:00 a.m.	5. Fiscal Year 2023 Health Impact Review Update	Caitlin Lang-Perez, Board Staff Lindsay Herendeen, Board Staff Miranda Calmjoy, Board Staff
10:35 a.m.	6. Thurston County Public Health Update	Dr. Dimyana Abdelmalek, Board Member, Health Officer, Thurston County David Bayne, Director, Thurston County Public Health and Social Services
11:20 a.m.	Break	
11:30 a.m.	7. Overview of Lead Prevention Programs	Keith Grellner, Board Chair Molly Dinardo, Board Staff Anneke Jansen, Department of Health Kathy Ross, Tacoma Pierce County Health Department

Time	Agenda Item	Speaker
12:20 p.m.	Lunch	
1:10 p.m.	8. Emergency Rulemaking – <a href="#">On-Site Sewage Systems</a> , WAC 246-272A-0110, Proprietary Treatment Products and Supply Chain Shortages – Possible Action	Tao Sheng Kwan-Gett, Secretary’s Designee Stuart Glasoe, Board Staff Jeremy Simmons, Department of Health
1:25 p.m.	9. Rules Update – <a href="#">Sanitary Control of Shellfish</a> , Chapter 246-282 WAC	Patty Hayes, Board Member Stuart Glasoe, Board Staff Dani Toepelt, Department of Health
1:55 p.m.	10. Petition for Rulemaking for <a href="#">WAC 246-260-031</a> , General Design, Construction and Equipment for all Water Recreation Pool Facilities – Possible Action	Keith Grellner, Board Chair Andrew Kamali, Board Staff
2:15 p.m.	Break	
2:30 p.m.	11. Petition for Rulemaking <a href="#">Chapter 246-760 WAC</a> , Auditory Screening Standards in Schools – Possible Action	Kelly Oshiro, Board Vice Chair Molly Dinardo, Board Staff
2:50 p.m.	12. Rulemaking Process Overview	Molly Dinardo, Board Staff
3:35 p.m.	13. Board Member Comments and Updates	
3:55 p.m.	Adjournment	

- **To access the meeting online and to register:**  
[https://us02web.zoom.us/webinar/register/WN\\_Hp3s9SX7TTWWzd4HqP2OBw](https://us02web.zoom.us/webinar/register/WN_Hp3s9SX7TTWWzd4HqP2OBw)
- **You can also dial-in using your phone for listen-only mode:**  
Call in: +1 (253) 215-8782 (not toll-free)  
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Passcode: [682856](https://us02web.zoom.us/j/82245335009)

**Important Meeting Information to Know:**

- Times are estimates only. We reserve the right to alter the order of the agenda.
- Every effort will be made to provide Spanish interpretation, American Sign Language (ASL), and/or Communication Access Real-time Transcription (CART) services. Should you need confirmation of these services, please email [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov) in advance of the meeting date.
- If you would like meeting materials in an alternate format or a different language, or if you are a person living with a disability and need [reasonable modification](#), please contact the State Board of Health at (360) 236-4110 or by email [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov). Please make your request as soon as possible to help us meet your needs. Some requests may take longer than two weeks to fulfill. TTY users can dial 711.

**Information About Giving Verbal Public Comment at Hybrid Meetings:**

- For the public attending in-person: If you would like to provide public comment, please write your name on the sign-in sheet before the public comment period begins. We strongly encourage people to sign up with the Board by sending an email by 12:00 Noon the day before the meeting to: [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov). As this is a business meeting of the Board, time available for public comment is limited (typically 2 to 4 minutes per person). The Chair will call on those who have signed up to speak to the Board, first. The amount of time allotted to each person will depend on the number of speakers present. If time remains, those who have not signed up ahead of time to speak to the Board will be called on to speak until the scheduled time for Public Comment comes to an end.
- For the public attending virtually: If you would like to provide public comment, please sign up through the Zoom webinar link by 12:00 Noon the day before the meeting. Your name will be called when it's your turn to comment.

## Notice of Public Meeting

Wednesday, August 9, 2023, 9:00 a.m. – 3:55 p.m.

Physical meeting location:

Cherberg Building, Conference Room ABC  
304 15 Ave SW, Olympia, WA 98501

Virtual meeting: ZOOM Webinar  
(hyperlink provided below)

Language interpretation available

### Information About Giving Written Public Comment:

- Please visit the Board's [Meeting Information webpage](#) for details on how to provide written public comment.

# WASHINGTON STATE BOARD OF HEALTH

## Draft Minutes of the State Board of Health

June 14, 2023

Hybrid Meeting

Physical meeting at:

Senate Rules Room #220, Legislative Building

416 Sid Snyder Ave. SW, Olympia, WA 98504

Virtual meeting via ZOOM Webinar

### State Board of Health members present:

Keith Grellner, RS, Chair

Kelly Oshiro, JD, Vice Chair

Dimyana Abdelmalek, MD, MPH

Kate Dean, MPA

Stephen Kutz, BSN, MPH

Socia Love-Thurman, MD

Umair A. Shah, MD, MPH

Michael Ellsworth, JD, MPA, Secretary's Designee

### State Board of Health members absent:

Patty Hayes, RN MN

Melinda Flores

### State Board of Health staff present:

Michelle Davis, Executive Director

Melanie Hisaw, Executive Assistant

Michelle Larson, Communications

Manager

Anna Burns, Communications Consultant

Stuart Glasoe, Health Policy Advisor

Molly Dinardo, Health Policy Advisor

Andrew Kamali, Health Policy Advisor

Jo-Ann Huynh, Administrative Assistant

Grace Cohen, Department of Health

Hannah Haag, Community Outreach

Coordinator

Lilia Lopez, Assistant Attorney General

### Guests and other participants:

Tao Sheng Kwan-Gett, Chief Science Officer

Juan Gamez Briceño, Department of Health

Mike Means, Department of Health

Barbara Morrissey, Department of Health

Shawn Magee, Department of Health

David DeLong, Department of Health

Leah Wood, Department of Health

Gerald Braude

Melissa Leady

William Leady

Bob Runnells

Lisa Templeton

Bill Osmunson

Natalie Chavez

Valerie Tung

Sarah Baker

Keith Grellner, Chair, called the public meeting to order at 9:36 a.m. and read from a prepared statement (on file).

### 1. APPROVAL OF AGENDA

**Motion:** Approve June 14, 2023 agenda

**Motion/Second:** Member Dean/Vice Chair Oshiro. Approved unanimously

### 2. ADOPTION OF APRIL 12, 2023 MEETING MINUTES

**Motion:** Approve the April 12, 2023 minutes

**Motion/Second:** Vice Chair Oshiro/Member Kutz. Approved unanimously

### 3. PUBLIC COMMENT

Chair Grellner opened the meeting for public comment and read from a prepared statement (on file).

Melissa Leady, private citizen, spoke in opposition to the COVID-19 shot. She talked about data, hospitalizations, and mortality rates, and said the Department of Health's mortality data doesn't add up for 2021-2023. She asked for the Department to share vaccination mortality data by status. She shared concern about Department officials talking about misinformation. She asked if Washington has information that non-vaccinated Washingtonians are not as likely to die, then the Department should share the information. She asked the Department not to dismiss their questions.

Bill Leady, resident of Clark County, talked about misinformation and American's mistrust of public health, 41 percent federally and 44 percent locally. He said the public was told that COVID-19 vaccinations are safe and effective. He said that history shows scapegoats, and once data was found on COVID-19, the public health narrative changed. He said don't state things as facts when little is known, do not attack and try to destroy anyone who questions the science (firing, education, etc.), and trust must be earned.

Lisa Templeton, private citizen read an op ed. She said the scientific community misled the public, made mistakes, and it cost lives. She said leaders created policy on their preference and proposed other views as wrong, systematically minimizing the downsides of consequences. She said large parts of the population were alienated and the government conspired with big tech. She said the pandemic policy came from a small group of the elite imposing on the rest of society. She said elitism and classism must end and people are realizing the public was misled.

Gerald Braude, Jefferson County, talked about the Department's \$35 million budget request to combat misinformation campaigns. He said he took the request personally since he is not from the government but testifies about the 219 deaths that he has researched and studied following COVID-19 shots in Washington. Mr. Braude talked about the 1700 percent increase in the Centers for Disease Control and Prevention (CDC) Vaccine Adverse Events Reporting System (VAERS) reports in 2021 after the release of the COVID-19 shot compared to just 400 percent increase in overall vaccine

administration over the same period. He talked about the quality of statisticians he's worked and said the Department has \$35 million to smear his comments.

Bob Runnels, Informed Choice Washington (ICW), also submitted written comment in the meeting materials and said he is glad to hear the Board and the Department are working on Per- and polyfluoroalkyl substances (PFAS) and polychlorinated biphenyls (PCB) rulemaking. He talked about the mistrust of public health and said that state and public health promoted a broad array of claims promoted that should be considered misinformation, issues including natural immunity, masks, school closures, myocarditis, benefits, vaccine mandates, conspiracy, doses, bivalent data, long covid and hospital capacity. He asked for the truth and for public health to not to let politics drive the narrative.

Bill Osmunson, submitted written comment and said there are over fifty reasons why not to fluoridate water. He said the Board website recommendations on fluoride are not scientific, and the evidence and recommendations were cherry picked. He said the Board ignored the Food and Drug Administration (FDA), U.S. Environmental Protection Agency (EPA) safe drinking water act and other regulatory agencies. He said the Board ignored the Washington State Board of Pharmacy that says fluoride is a drug.

Natalie Chavez, private citizen, commented on Dr. Kwan-Gett's comments at the vaccine advisory committee meeting regarding combating misinformation. She said his comment was unprofessional, dishonoring, and disrespectful to the public. She talked about the lost faith of the public towards public officials. She talked about her research and court ordered documents and clinical trials. She said words matter and putting links on websites shows transparency and accountability.

Valerie Tung, Seattle area, spoke to safety requirements of our state and messaging regarding masks. She said masking in healthcare spaces is a tool to keep people safe and any person who chooses to wear a mask should be greeted by mask wearers. She talked about reasons to require masking for the immunocompromised. She said this is more challenging than she realized.

Sarah Baker, Seattle area, talked about masks and healthcare, and urged universal masking. She said her child was not sick in three years thanks to the universal masking, but as clinics dropped the mandate overnight, her child became infected while receiving therapy services because of others unmasked. This prohibits her child from receiving care and said that healthcare should not make us sick. She asked that politics not interfere with mask wearing in settings of healthcare, long-term care, and prisons.

#### **4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Board Executive Director greeted the Board and said that Members Hayes and Flores were unable to attend the day's meeting. She introduced and welcomed new team members Andrew Kamali, policy advisor, who started May 1 and Michelle Larson, communications manager, who started on May 16. She described upcoming recruitments for an additional communications consultant and for a Social

Equity and Justice Manager. She said the new positions are funded by Federal Public Health Services (FPHS) dollars, and she hoped to post them in August.

Ms. Davis said both Environmental Health (EH) and Health Promotion (HP) policy committees met in May and said meeting notes were in the meeting materials. She said the committees would meet again in September and need to select their chairs. She shared that Member Dean had expressed interest in chairing the Environmental Health Committee and Member Abdelmalek had expressed an interest in chairing the Health Promotion Committee.

Ms. Davis directed Board Members to other items in the meeting materials packet including an CR-103 emergency rule on *Vibrio Parahaemolyticus* and two letters to the federal government, one focused on race and ethnicity standards the other on the Environmental Protection Agency's (EPA) proposed Per- and polyfluoroalkyl substances (PFAS) standards. She referenced the petition denial response letter on Arginase deficiency, reminding Board Members that the Board had denied the petition at the April meeting.

Ms. Davis said the health impact review team was reaching out to legislators and would be reporting on fiscal year 2023 activities at the August Board meeting. Ms. Davis recognized and thanked Theresa Phillips, Department of Health employee, for her over 43 years of public service.

Kate Dean, Board Member, inquired about the *Vibrio* emergency rule, and Ms. Davis asked staff to respond to her questions.

## 5. COMMUNITY ENGAGEMENT

Hannah Haag, Community Outreach Coordinator provided the Board with a community engagement update. She noted along with former intern Mikayla Leezy, Hannah completed a landscape analysis of health across the state, pulling publicly available preexisting information from sources across Washington. Ms. Haag stated that while not comprehensive, the analysis of 56 distinct agencies and organizations provided 294 priority health areas. High level public health themes included: Health Care, Health Equity, Increased Resources, Environmental Health and Safety, Data Equity, Workforce Development, Policy and Advocacy, Housing, and Behavioral Health.

Ms. Haag offered a few ways the Board can use this data moving forward: information about community priority, a respectful model of collecting information from groups without the capacity or interest to speak with government, a communication strategy to understand and use the language of communities when speaking about health. She also invited Board Members to share their thoughts on how to best use this data.

Chair Grellner invited Board Members for discussions and questions.

Dimyana Abdelmalek, Board Member asked how Board Members can help provide more information for their individual counties who might be underrepresented in this analysis. Ms. Haag stated that she is always open to hearing from Board Members



about what groups or communities the Board should be listening to and invited Board Members to contact her with ideas or suggestions.

Kate Dean, Board Member asked for clarification about the created themes. She also asked if Ms. Haag was able to speak with communities or underserved groups that the organizations themselves are not meeting with. Ms. Haag explained that within the scope of this project, there were limitations as she was not speaking with individuals but pulling preexisting data already on their websites or otherwise publicly available. She stated that they did try to focus on organizations that specifically served underrepresented groups. Member Dean commented that in local health jurisdictions programs reflect funding opportunities, and while there may be identified underserved groups they want to support, they are limited by the funding. Ms. Haag agreed and stated it's an area she's interested in diving deeper into.

Stephen Kutz, Board Member commented that he was not surprised that access to healthcare and health equity remain top priorities. While it's not something the Board wrestles with, health insurance and the ability to quickly access healthcare is an issue and it overshadows other priorities.

Kelly Oshiro, Board Vice Chair, recalled the update from Ms. Davis about the Board hiring a second communications consultant with the staff expansion. She asked what staff are envisioning the overlap between the new communications staff and community engagement will be. Ms. Davis stated the new person will be providing support with outreach and they are hoping this person will be able support improving language access efforts as well. Ms. Davis stated they will also be hiring someone to focus specifically on equity and social justice, who will be able to support multiple pieces: working with Communications and Community Engagement team, developing and implementing the Board's individual Pro-Equity Anti-Racism (PEAR) plan, policy work, and supporting the Health Disparities Council. Ms. Davis also offered that she sees the information Ms. Haag has been collecting helping the Board build towards its next 5-year strategic plan as well as build towards community weighing in on future Board priorities.

Socia Love-Thurman, Board Member asked how the Board can think towards actions and wins, based on the data Ms. Haag had provided. She asked about what the Board priorities are, offering the maternal child health is one of her priorities. She offered her support in that area if the Board moves towards it. She also suggested taking a deeper dive into community groups to learn where the gaps are and how the Board can support groups who need to connect with government. Ms. Haag shared her willingness to connect Member Love-Thurman about her priorities.

Michael Ellsworth, Secretary's Designee asked if Ms. Haag planned to write a report with this information, as he thinks his colleagues at the Department of Health (Department) would be interested in it. Ms. Haag stated she is not planning any report at this time but would be happy to share information with others.

Chair Grellner stated that the Board has identified that communication to the public needs to improve, and that they've been unable to keep up with the technology changes over the past years. The Board is working on funding and will take time to build the

infrastructure but hear the intent from the Steering Committee. Ms. Davis offered that until 2019, there was only one designated communications staff, who oversaw media, website, and public records requests, while also acting as production manager for Board meetings.

Member Dean commented on her interest in the implementation of the Healthy Environment for All (HEAL) Act, specifically the role of the Board and the Department and how this could overlap with the community engagement work.

The Board took a break at 11:10 a.m. and reconvened at 11:30 a.m.

## **6. DEPARTMENT OF HEALTH UPDATE**

Umar A. Shah, Secretary of Health and Board Member, Tao Sheng Kwan-Gett, Chief Science Officer and Michael Ellsworth, Secretary's Designee, provided an update from the Department of Health (Department).

Tao Sheng Kwan-Gett, Chief Science Officer reviewed the 2022-23 flu/influenza season. He shared that the deaths and hospitalizations were highest in 5 years but in align with years prior to COVID-19 and COVID-19 prevention measures.

Secretary Shah shared an update on immunizations. The Department participated in an immunization summit in May 2023, where 405 attendees for health care providers, local health jurisdictions, tribal partners, community health workers, and other groups shared tools about being successful in improving vaccination rates for diverse communities. He also shared that the Department is partnering with the Seattle Storm, where game attendees will have access to a Care-a-Van team where they can receive information around immunizations as well as received childhood vaccines and the COVID-19 vaccines.

Secretary Shah presented on the opioid/fentanyl overdose and harm reduction programs. He reported a significant increase in overdose deaths involving synthetic opioids in all areas of Washington. The Department is currently working on a 2-month media campaign on opioids and accessing naloxone, focused on the website. [PreventOverdoesWA.org](https://www.preventoverdoeswa.org) (English); [NoMasSobredosis.org](https://www.nomasobredosis.org) (Spanish). He shared that the Overdose Education and Naloxone Distribution Program (ONED), in collaboration with Health Care Authority (HCA), shared 200,00 naloxone kits and reported 17,000 overdose referrals. He reported on the development of new programs with new allocated funding. In response the disparity gap for overdoses in the American Indians/Alaska Native/Native Hawaiian communities, Washington tribe recently brought together state agencies, elected officials, and others together to begin taking steps to closing those equity gaps. He also shared information on the National Tribal Opioid Summit in Tulalip, WA from August 22-24, 2023. The announcement of the new Office of Tribal Public Health & Relations (OTPHR) in collaboration with sovereign tribal nations and tribal organizations was also launched May 31, 2023.

Dr. Kwan-Gett talked about the Departments Data Modernization Initiative (DMI), 5-year modernization plan to align with the Centers for Disease Control and Prevention (CDC) data modernization. There will be a new center for data science as well as the development of a board of data governance, data modernization and cloud analytics which will include state, local, and tribal participations.

Secretary Shah briefly reviewed federal government updates. He stated that with the new Debt Limit capping non-defense discretionary spending, the \$28 Billion unobligated federal COVID-19 funding was rescinded. The Department is currently analyzing what that means for Washington and for state public health investments.

Chair Grellner invited Board Members to ask questions and discuss presentation.

Member Dean asked if the Department could use existing data to see if the trend of vaccine hesitancy is affecting flu and childhood vaccine rates. Secretary Shah shared that the politicizing of vaccines is a concern and challenge, the Department isn't sure of the overall impact at this time. Dr. Kwan-Gett shared that there currently isn't the data to make that analysis yet. He also shared that the issues of access to vaccines people experienced during the pandemic are still true. He stated that the stressed healthcare system increasing difficulty to receiving primary care may also affect the vaccination rates.

Member Dean commented that from a population health perspective, there is concern about reaching a low enough immunization rate will increase the likelihood of a measles outbreak. She stated her concern of whether the public health system can handle downstream effects. Secretary Shah said it is unclear whether the public health system is prepared for downstream effects and noted his concern.

Member Kutz asked if the Department is working with other agencies to address the fentanyl crisis, beyond just the Tribal Summit. Secretary Shah shared that there is work being done across all state agencies as well as the attorney general's system. He stated that while currently there's no discussion of a statewide conveying but that's not off the table. At the summit, there was discussion on how the public health system can be used to influence other agencies systems and understand barriers.

Member Love-Thurman asked where the health engagement hubs will be located and how will location be determined. She also asked with the focus on naloxone and reversed overdose rates, whether education be of the distribution program, as that is a common ask from the community. She commented that she's encouraged to hear about the lowering of licensing requirements for behavioral health professions but noted that gaps remain, especially with acute crisis situations with youth and young adults. Secretary Shah responded that he does not have information at this time about deciding locations of health engagement hubs but will keep the Board updated. He shared that a large portion of the Naloxone distribution program will include community engagement, as he agreed it's a critical portion of this program.

The Board took a lunch break at 12:25 p.m. and reconvened at 1:15 p.m.

## 7. RULES UPDATE – [PRIMARY AND SECONDARY SCHOOL ENVIRONMENTAL HEALTH & SAFETY, CHAPTER 246-366A WAC](#)

Keith Grellner, Board Chair, introduced the school rule agenda item, provided a brief history of this rulemaking, and reminded Board Members of the Board's authority in this work and prior Board action.

Andrew Kamali, Board staff, shared some additional background, introduced the Department of Health (Department) staff presenting on this topic and stated that the suspended school rules have been brought to the Board each year since the budget proviso was put in place prohibiting the implementation of the rules. Mr. Kamali said that following the Department's presentation, the Board may wish to consider extending the effective date of the suspended rules by directing staff to file a new CR-103.

Juan Gamez Briceño, Department of Health, gave a historical overview of the Board's school environmental health and safety rules (Chapter 246-366 WAC), including the content of the rules, the role of local health jurisdictions in this work, the Board's 2009 revised and suspended rules (Chapter 246-366A WA), and the multi-year process that went into developing the revised rules. Mr. Briceño reemphasized that due to a proviso in the state's 2009-2011 operating budget, the Board cannot implement new or amended school environmental health and safety rules until funding is provided. Mr. Briceño then highlighted the Department's School Environmental Health and Safety Program and provided examples of the technical support and training that the program provides to local health jurisdictions and schools. Mr. Briceño also showed a map of local health jurisdictions that currently have school environmental health and safety inspection programs, and jurisdictions that are starting the process of implementing a program and provided a summary of other ongoing work in Washington to improve school environmental health and safety. Mr. Briceño closed out the presentation by thanking Nancy Bernard, Julie Awbrey, Lori Karnes, and all local health jurisdictions in the state for all their efforts to support this work.

Chair Grellner extended kudos to Nancy, Julie, Lori, and local health jurisdictions.

**Motion:** The Board directs staff to amend the effective date of new sections of chapter 246-366 WAC and new chapter 246-366A WAC, as filed in WSR 22-14-021, by filing a new CR-103, Order of Adoption, to delay the effective date of the new rules to August 1, 2024.

**Motion/Second:** Member Kutz/Member Dean. Approved unanimously

Chair Grellner, shared that at the Washington State Association of Local Public Health Officials (WSALPHO) conference, he had the opportunity to meet with health officers and administrators across the state to meet with legislators to discuss this topic. Chair Grellner said that in this meeting, they asked what they could do to unsuspend the Board's school rules. One Senator said there's a school coalition with a very strong lobby that has been influential in keeping the proviso in place because they feel that the funding piece is unresolved. Chair Grellner said that this was a fair point but emphasized that the Board would work with schools to figure this out and could put in a funding proviso in the Board's rules. Chair Grellner said that holding this up in perpetuity

is not helping our students, it is not helping our teachers, it is not helping the public, or facilities, and creates a lot of hardship when people are trying to build new schools because people do not know which standards they are supposed to follow. In Chair Grellner's discussions with legislators, one Senator offered to meet with a group of the Board, Department, and local health jurisdiction staff to discuss a plan for the next session. Chair Grellner extended an invitation to other Board Members if they would like to be included in these conversations.

Member Kutz, commented that it has been many years since the Board developed its revised rules, and since then, the standards have changed, especially as it relates to lessons learned during the pandemic about indoor air quality and ventilation. Member Kutz suggested that in the conversations with legislators, people propose that the rules should be opened and updated even if the proviso is kept in place and implementation isn't an option.

Chair Grellner agreed that this was a fair point because the Board is precluded from even updating the rules while the proviso is in place and said that the Board made a similar suggestion years ago but has been held up by the current proviso language.

Michelle Davis, Executive Director, agreed with Member Kutz's point about the learnings about indoor air quality due to the pandemic. She commented there have been more studies and new recommendations, which creates challenges for the current rules. She said the proviso precludes the Board from updating the rules, even to reflect any new federal standards. Ms. Davis said an option could be for the Board to lean into this discussion and begin to explore the federal recommendations, and to connect with our local health partners to learn more about their work and the challenges they encounter in schools. Ms. Davis also mentioned that the Board had hoped that the recent University of Washington report on school environmental health and safety would include information regarding the inventory of schools in Washington state, but Michelle isn't sure that this information is readily available. Ms. Davis emphasized that understanding the state of schools is a really important place for the Board to focus, and maybe the Office of Superintendent of Public Instruction (OSPI) can assist the Board with this understanding as well.

Member Kutz commented that the study during the pandemic focused on ventilation, which Member Kutz found informative. Member Kutz mentioned that this study could be sent out to current Board Members to review, and reemphasized how outdated the rules. He said schools ought to have the best standards available to them when they are investing money into updating their facilities.

Chair Grellner, shared that in talking to some colleagues, although the Board's rules have been held up, there have been some updates to the building codes, and some health and environmental safety standards have been incorporated. Chair Grellner said that the challenge with this is that once building inspectors approve a building, they don't come back. It is local health that is charged with coming back for inspections. He said the maintenance and the upkeep and making sure systems are working are the key pieces of this work. Chair Grellner stated that the Board may need to get creative against the lobbying going on at the legislature and bring more attention to these issues.

Member Dean asked for clarification about what work would be updated considering the University of Washington report and suspended school rules.

Mr. Briceño responded that the Department is working with OSPI to update the K-12 Health and Safety Guide.

Member Dean asked a follow-up question regarding funding associated with the inspection programs for local health jurisdictions.

Mr. Briceño clarified that there is inconsistency in school environmental health and safety implementation in the state and that some local health jurisdictions have received funding from foundational public health services to increase their capacity, but not all jurisdictions across the state. Mr. Briceño emphasized that students that live in a district without a school health and safety program are not receiving the same level of health and safety oversight as jurisdictions with programs.

Member Dean commented that this would be a good project for an environmental justice assessment under the Healthy Environment for All (HEAL) Act or another assessment addressing these equity issues.

Mr. Briceño agreed that there are equity issues with this topic and mentioned that in the University of Washington study, of the local health jurisdictions surveyed, funding was noted as the key factor in implementing a successful school inspection program. Mr. Briceño also stated that the survey highlighted that local health jurisdictions and schools struggle to improve health and safety standards for students without the appropriate resources.

## 8. UPDATE ON PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS) RULE IMPLEMENTATION AND RELATED ISSUES – [GROUP A PUBLIC WATER SUPPLIES](#), CHAPTER 246-290 WAC

Stuart Glasoe, Board Staff introduced the update and presenters. Stuart reminded the Board that rulemaking completed in 2021 on the Group A and Laboratory drinking water rules adopted five Per- and polyfluoroalkyl substances (PFAS) as State Action Levels (SALs) along with requirements for monitoring, reporting, public notice, and more. The PFAS drinking water rules took effect January 1, 2022. He explained that the presentation would cover rule implementation and related issues, including newly proposed national PFAS drinking water standards by the U.S. Environmental Protection Agency (EPA) that would likely require further Board rulemaking. He also noted significant litigation occurring nationally pertaining to PFAS drinking water contamination, including a lawsuit filed by Washington state in May 2023.

Mike Means, Department of Health and Barb Morrissey, Department of Health provided background on PFAS sources and health effects, drinking water monitoring results across the state, related responses and resource needs, evolving health guidance, and implications of EPA's pending PFAS drinking water standards. Shawn Magee, Yakima Health District, complemented this discussion of public water systems and the Board's Group A rules by describing the experiences of a local health jurisdiction responding to

needs and questions of local residents who are dealing with PFAS contamination of private wells near the Yakima Training Center (see presentation on file).

Member Kutz commented on the PFAS map shown during Mr. Magee's portion of the presentation and asked if Yakima Health District has done any work to test the Yakima River for PFAS levels, and if they have, if Tribes were notified of the testing outcomes. Mr. Magee responded that at the local level, they have not tested the Yakima River or fisheries in the area, but this would likely be a topic of interest to the Department of Ecology.

Member Kutz also stated concerns about bottled water containing PFAS and asked if agencies are testing different types of bottled water for these contaminants. Mr. Magee said that a lot of bottled water companies indicate whether their water has been tested for PFAS. Ms. Morrissey added that PFAS has been found in some bottled water. The Department of Health (Department) advises people to look for bottled water labeled "purified" versus spring water brands, which are more likely to have PFAS in low levels. Returning to the previous question, Ms. Morrissey shared that the Department is in regular contact with the Department of Ecology regarding testing work around the Yakima River. Barb said Ecology was recently in the area gathering surface water samples from the river with the U.S. Environmental Protection Agency (EPA), and they have been working with the Tribes as well.

Vice Chair Oshiro asked if the Department has done any engagement with other agencies like the Department of Fish and Wildlife or the Department of Agriculture related to PFAS testing. Ms. Morrissey responded that they have done some work with the Department of Fish and Wildlife, which monitors Puget Sound organisms, and confirmed the agency has conducted testing in certain fish species for PFAS and has not found high levels to date. Ms. Morrissey noted that the Department of Health also conducted testing in markets for the ten most widely purchased fish types in Washington and did not find high levels of PFAS. PFAS contamination has been detected in freshwater fish in impacted streams, and this work is being conducted by the Department of Ecology.

Member Kutz inquired if agencies are testing differences between farm-raised fish and non-farm-raised fish. Ms. Morrissey mentioned that the Department did test some farm-raised Chinook from Canada, and PFAS levels were low. Ms. Morrissey also said the Department issued PFAS fish consumption advisories for three urban lakes in King County.

Member Dean inquired about the Infrastructure Investment and Jobs Act (IIJA) funding designated for Group A water systems and if the \$17 million referenced in the Department of Health's presentation is Washington's portion of the funding. Mr. Means confirmed yes, the \$17 million is Washington's portion of the funding, each year for the five years of authorization, if the funding is reauthorized.

**9. RULES UPDATE – [WATER RECREATION AND RECREATIONAL WATER CONTACT FACILITIES](#), CHAPTERS 246-260 AND 246-262 WAC**

Keith Grellner, Board Chair, introduced this briefing to the Board, outlined the differences between the two different rules chapters that comprise the Board's Water Recreation rules, and provided definitions for water recreation facilities, and recreational water contact facilities. Chair Grellner then turned it over to Andrew Kamali, Board Staff to continue the introduction to this topic.

Mr. Kamali mentioned that the Department of Health (Department) and Board are currently reviewing these two rules' chapters and are forming a technical advisory committee (TAC) to assist with developing draft rule language and revisions to present to the Board. Mr. Kamali introduced David DeLong, Department of Health Staff, to provide more details on the history of this rulemaking and a timeline for the rule revisions.

Mr. DeLong shared that this rulemaking work started in December of 2016 when the Board filed a CR-101 to formally initiate rulemaking. He said rulemaking was initiated to review the two rule chapters to keep pace with changes in technology, to consider the most recent version of the Model Aquatic Health Code (MAHC) per a recent amendment to the water recreation authorizing statute RCW 70.90.120, to further address designated swim areas and consolidate chapters for usability. Mr. DeLong noted the status of this work and shared a tentative timeline and plan for rule development. Mr. DeLong noted that their timeline is ambitious, but they hope to come back to the Board in the Spring of 2024 to give an additional update on this work, and to discuss proposed rule language.

Member Love-Thurman thanked the presenters and asked them to share more about the Model Aquatic Health Code, and what some of the most exciting parts of the code are that would be different from the Board's current rules.

Mr. DeLong provided some additional information on the Model Aquatic Health Code and shared that a large component of this rulemaking work will entail updating terminology in the rules to align with the federal code and to incorporate guidance that might be missing. He also shared that the most exciting part of the Model Aquatic Health Code, from a regulator's standpoint, is the logistical layout of the document and ease of use. Mr. DeLong stated that it is a comprehensive document and includes everything you need to know about certain issues within these topics. The current water recreation rules have gone through some changes that make it easier to use, but you need to know the code well to find the issue you are looking for.

Mr. Kamali added that the Model Aquatic Health Code is a several hundred-page document that provides details beyond the scope of our current rules. Reviewing the federal code will allow the Department and Board to develop rules that are more specific and allow individuals to better understand guidance and regulations around these topics.

Member Abdelmalek thanked Mr. DeLong and Mr. Kamali. She asked how this work might impact environmental health colleagues at local health jurisdictions, and whether the rule revisions will have an impact on workloads.



Mr. DeLong responded that this was a great question, and that how the Water Recreation program is administered across the state is interesting. The Department is tasked with administering the program and working with local health jurisdictions through contracts, joint plans, and responsibilities. Mr. DeLong stated that the impact on local health jurisdictions will vary based on factors like the size of the county but anticipates that for the most part the impacts should be relatively minimal, and that they will involve local health jurisdictions in the rule review process and development throughout the rulemaking process.

Member Dean asked if the Department is seeing increases in harmful algal blooms in natural and freshwater facilities and whether there will be guidance or regulations in the amended rules to monitor this work.

Mr. DeLong said they are fairly confident that this issue will be mentioned in the revised rules, and that although the current rules do not mention natural water areas, they cover topics related to water quality and other public health hazards. Mr. DeLong shared that there is a natural bathing beach/designated swim area guideline created through joint work between the Department and Seattle Children's Hospital as part of the drowning prevention network, and they may use guidelines such as these to help flesh out new rule language around natural bathing areas. Mr. DeLong added that this may be a challenging area to move into, but as mentioned in the presentation, this is where the Board and Department can have an impact on the number of children who drown in Washington each year, as drowning is the number one killer of children ages 1-4, so it's a very important thing to be looking at and is an issue they want to focus on.

## **10. IMPLEMENTATION OF THE HEALTHY ENVIRONMENT FOR ALL (HEAL) ACT**

Keith Grellner, Board Chair introduced the Healthy Environment for All (HEAL) Act. Andrew Kamali, Board Staff, said the HEAL Act focuses on eliminating environmental and health disparities, and today's presentation is for the Board to listen and learn, but no action will be taken. Mr. Kamali introduced Leah Wood, Department of Health, who oversees the HEAL Act implementation.

Ms. Wood talked about the history of environmental justice at the state and national level. She said the movement is led by low-income communities of color and tribal communities. She talked about the protests in rural North Dakota and toxic waste sites. She talked about agriculture pesticides, climate change, contaminated waters in Seattle and higher rates of cancer in communities living near SeaTac airport. She talked about the power of the communities leading initiatives and the HEAL Act comes from the decades of work from community organizing. She said environmental justice (EJ) is public health. The HEAL Act passed the legislature in 2021 as a fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, rules, and policies. Ms. Wood said there are five buckets of obligations within the HEAL Act for agencies. They include community engagement, tribal consultation, EJ in strategic planning, EJ assessments (go into implementation July 1), and EJ in budgeting and funding. She said eight agencies are opting into implement the HEAL Act: Puget Sound Partnership, Department of Health (Department), Seattle Department of

Transportation (SDOT), Department of Commerce, Department of Ecology, Attorney General, Department of Agriculture, and Department of Natural Resources. She continued to talk about the framework and timelines (see presentation on file).

Chair Grellner invited questions. Member Dean asked where this fits in within the rulemaking process. Ms. Davis said the EJ assessment tool is still being developed and that the Department serves as our rules coordinator and maintains our official rule making files. She said legislatively significant rules will need an EJ assessment and the EJ assessment tool will help answer questions. She said our team members will work in collaboration with Department staff who will be more practiced with the tool. She said in the fall of 2022, our team started working on scoping document for projects that asks the questions who will be impacted by the rules, such as PFAS. Ms. Davis asked Ms. Wood if she knows which rules might be piloted. Ms. Wood talked about a private detention center and disadvantaged communities re: drinking water, but they are still determining which one is the best. Ms. Davis said as the Department and others are working on this tool, our team including Lindsay Herendeen from the Health Impact Review team (HIR) and our policy advisors have been providing feedback. Ms. Wood said the feedback has been helpful.

#### **11. DISCUSSION OF 2023 MEETING SCHEDULE AND POSSIBLE JULY MEETING CANCELLATION** (moved after item 5 and before 6, at 11am)

Michelle Davis, Board Executive Director, asked Board members to cancel the July 12 Board meeting and asked for flexibility on location regarding the August 9 Board meeting, which is currently scheduled for the John A. Cherberg building on the Capital Campus. Since the room is currently undergoing renovations, Ms. Davis asked for approval to make last minute location back-up changes.

Ms. Davis talked about the Monday, October 9 Board meeting, planned for the Confluence Technology Center (CTC) in Wenatchee and the lodging nearby. She asked for approval to have the board meeting at the CTC.

**Motion:** [The Board approves the cancellation of the July 12 meeting, the flexibility and any last-minute location changes for the August 9 meeting, and approval for the October 9 meeting location at the CTC.](#)

**Motion/Second:** [Member Kutz/Vice Chair Oshiro.](#) Approved unanimously

Ms. Davis talked about committee meetings, special meetings, and tentative dates available on our website. She talked about hybrid meetings and plans to create space for the public to observe.

Member Dean asked about standard practice for committee meeting invites and said it is super helpful to have a physical address/location on the outlook calendar invite. Ms. Davis said she will make a note and update our process. Member Dean asked if Board Members typically attend the fall Washington State Public Health Association (WSPHA) conference. Ms. Davis said it is a learning conference, attended by public health professionals and academia, and the conference covers a broad range of public health topics and healthcare such as opioids, legislative upcoming priorities, local health, tribal

partnerships, and more. Ms. Davis said we intentionally made the October 9 Board meeting in Wenatchee so Board members and staff can attend.

## **12. BOARD MEMBER COMMENTS AND UPDATES**

Dimyana Abdemallek, Board Member, shared about the Washington State Association of Local Public Health (WSALPHO) meeting in Leavenworth that she and Chair Grellner just returned from. She talked about school rules and much interest in ventilation to make it a priority. She noted the discussions included the work around decontamination standards (clandestine methamphetamine labs), and how local jurisdictions can respond. There were also conversations about work regarding fentanyl. She is excited to look at the real impacts to folks to see if there's a space for us to be helpful.

Socia Love-Thurman, Board Member shared about a long-term care facility on Vashon Island that was just procured with a 92-bed in-patient capacity and a 10-bed capacity for pregnant women. Transportation has been a puzzle and some difficulty navigating the ferry system for transport. They are working with Senator Cantwell regarding the murder of indigenous people and Member Love-Thurman hopes to report more on this work. This interest in human traffic seems to be more on a national level.

Kate Dean, Board Member, spoke about recent trip to DC and their discussion on chemicals and toxicity to humans from salmon, tire manufacturers (tire dust) and alternatives to these chemicals. She said they've had a swift response from federal agencies and tire manufacturers.

## **ADJOURNMENT**

Keith Grellner, Board Chair, adjourned the meeting at 3:57 p.m.

## **WASHINGTON STATE BOARD OF HEALTH**

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Keith Grellner, Chair

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TTY users can dial 711.

PO Box 47990 • Olympia, Washington • 98504-7990  
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From: bill teachingsmiles.com  
Sent: 8/3/2023 8:53:46 AM  
To: DOH WSBOH  
Subject: Public comment August 9, 2023, Osmunson



attachments\477145DFCD8A4F91\_WSBH 7 23.docx

External Email

Please add my name for public comment, August 9, 2023 and forward my comments to the Board Members.

### FLUORIDE IS THE NEW LEAD

The WSBH is correct to review the prevention and reduction of lead exposure and fluoride must be included.

Fluoride exposure reduction is significantly authority (WSBH) controlled.

Prevention requires the WSBH recommending turning off the fluoride pumps.

Comparing fluoride's developmental neurotoxic effects with lead.

Experts: Fluoride's IQ deficits "on par with lead"

Editors from the Journal of the American Medical Association (JAMA) described the IQ drop of -4.5 IQ points in one study [Christakis & Rivera 2019

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ffluoridealert.org%2Farticles%2Fgro>]:

"An effect size which is sizeable – on par with lead."

David Bellinger, author of over 400 epidemiology papers

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F%3F> on neurotoxic chemicals including over 100 on lead, said [NPR 2019

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fhealth%2Fshots%2F2019%2F08%2F19%2F752376080%2Fcan-maternal-fluoride-consumption-during-pregnancy-lower-childrens-intelligence&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11>]:

"It's actually very similar to the effect size that's seen with childhood exposure to lead."

Christine Till, leader of a research team that has published rigorous studies of fluoride neurotoxicity funded by the National Institutes of Health (NIH) says [Canada CTV 2019

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ctvnews.ca%2Fhealth%2Fhifluoride-levels-during-pregnancy-may-be-linked-with-lower-iq-scores-in-kids-study->

1.455550&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C110  
]:

"4.5 points is a dramatic loss of IQ, comparable to what you'd see with lead exposure."

And [Farmus 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1016%2Fj.envres.2021.101611>  
]:

"A 2- to 4-point decrement in PIQ [Performance IQ] may seem like a small difference at the individual level. However, a small shift in the mean of IQ scores at the population level translates to millions of lost IQ points given the ubiquity of fluoride exposure."  
(emphasis added)

Philippe Grandjean, editor-in-chief of the journal Environmental Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fehjournal.biomedcentral.com%2F10.1007/s12403-021-00450-0>  
, and author of over 500 peer-reviewed papers

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F%3A36062722>  
on toxicity of fluoride, lead, mercury, perfluorinated compounds (like PFAS), and other

chemicals says [Grandjean 2013 book & website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbraindrain.dk%2Fabout-this-site%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e0>

]:

"Fluoride seems to fit in with lead, mercury and other poisons that cause chemical brain drain."

## OVERVIEW OF FLUORIDE RISK PREVENTION PROGRAMS

1. Authorities must turn off the fluoride pumps causing excess fluoride ingestion and harm.
2. Do not swallow fluoridated toothpaste or dental products. The reflex of swallowing before spitting is strong.
3. Pregnant mothers and caregivers should use water with less than 0.1 ppm fluoride to make infant formula and for children under the age of 3 to drink.
4. When possible, use non-fluoridated general anesthesia.
5. Avoid fluoride pesticides and fluoride post-harvest fumigants, eat organic foods.
6. Avoid mechanically deboned meat.

The Board's website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%2F01%2FSledge%2520->

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fsites%2Fdefault%2F01%2FSledge%2520->

%2520BOH%2520Strategies.pdf&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e0

, states: "Access to community water fluoridation benefits the health of everyone: children, adults, and seniors. Recommendation: Expand and maintain access to community water fluoridation."

The Board statement is false, trusting endorsements and gossip rather than facts or logic, and does not even rise to the level of "fake science." How does fluoridation benefit the teeth of someone who does not have teeth? Other than endorsements, where is the FDA CDER approval? Where are the facts?

Where are the caution of excess fluoride? Where is the caution of the FDA CDER approved label, "Do Not Swallow?"

By cherry picking opinions of like-minded believers, the Board is harming the public. Science demands empirical evidence, not just trust of like-minded believers.

No one can scientifically explain the mechanism of how the fluoride gets from the blood in the tooth pulp chamber through the tooth to the developing caries. It can't. The dentin and enamel are highly resistant to the migration of fluoride. The concentration of fluoride in the saliva is too low to have benefit. Ingested fluoride can't get to the caries in any reasonable concentration.

The WSBH is correct to be concerned with lead.

The NTP (National Toxicology Program) states: "Overall, the NTP concludes that there is sufficient evidence that blood Pb levels < 10 microg/dL and < 5 microg/dL are associated with adverse health effects in children and adults." [1] PubMed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F239level%2520Pb%2520was%2520selected%2520for%2520evaluation%2520by%2520the%2Cfor%2520effect>

Likewise, the NTP for fluoride states: "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." [2]

The five independent peer-reviewers of the NTP report all voted to accept the review's main conclusion and lauded the report. Their comments include: "what you have done is state-of-the-art"; "the analysis itself is excellent, and you thoroughly addressed comments"; "Well done!"; "Findings... were interpreted objectively".

The newly released documents include comments from the NTP's own experts confirming that the report's conclusion that fluoride can lower IQ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Farticles%2Fsu-government-report-finding-fluoride-can-reduce-childrens-iq-made-public-under-epa-lawsuit%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11>

does apply to communities with water fluoridation programs. NTP report says the evidence is not just in those who drink water with higher fluoride concentrations exceeding the World Health Organization (WHO) recommended maximum level of 1.5 mg/L. Furthermore, the WHO guideline was set in 1984 to protect against more severe forms of dental fluorosis and neurotoxicity was never considered. Few neurotoxicity studies even existed in 1984.

In numerous responses to comments by reviewers of the report, the NTP made clear that they had found evidence that exposures of at least some people in areas with fluoridated water at 0.7 mg/L were associated with lower child IQ.

For example, when an unnamed government fluoridation proponent claimed:

"The data do not support the assertion of an effect below 1.5 mg/L...all conclusory statements in this document should be explicit that any findings from the included studies only apply to water fluoride concentrations above 1.5 mg/L."

The NTP responded:

"We do not agree with this comment...our assessment considers fluoride exposures from all sources, not just water...because fluoride is also found in certain foods, dental products, some pharmaceuticals, and other sources... Even in the optimally fluoridated cities...individual exposure levels...suggest widely varying total exposures from water combined with fluoride from other sources."

Additional NTP responses about the review's relevance to water fluoridation programs:

"We have no basis on which to state that our findings are not relevant to some children or pregnant people in the United States."

"Several of the highest quality studies showing lower IQs in children were done in optimally fluoridated (0.7 mg/L) areas...many urinary fluoride measurements exceed those that would be expected from consuming water that contains fluoride at 1.5 mg/L."

The NTP also responded to commenters asking whether their meta-analysis had identified any safe exposure threshold, below which there would be no loss of IQ.

The NTP responded that they found "no obvious threshold" for either total fluoride exposure or water fluoride exposure, referring to a graph in the meta-analysis (NTP's eFigure 17 reproduced above) showing that as water fluoride concentration increased from 0.0 to 1.5 mg/L there was a steep drop in IQ of about 7 points (expressed as "standardized mean difference" units in the graphs). NTP REPORT

The WSBH cherry picked promoters and protectors of fluoridation rather than evaluating the empirical evidence.

Judgment requires the Board to evaluate both benefit and risk.

The data below is from Iida and Kumar, proponents of fluoridation, graphed by Thiessen PhD (risk management) and will help the Board understand the degree of possible benefit from fluoridation.

See below: Left to right, increasing fluoride exposure.

Red lines are caries experience. It is very hard to detect any benefit to the teeth and the Board's claim that "everyone" benefits is not supported by the empirical evidence.

The blue lines show harm to the teeth, undisputed harm. With more fluoride exposure more teeth are harmed. More harm than benefit.

Where is the Board's warning to consumers to avoid excess fluoride, especially for the fetus and infants?

In June, 2023, I presented over 50 reasons to stop fluoridation with scientific references. Most developed countries do not mass medicate their public, fetus, infants, toddlers, youth, adults and seniors without consent with fluoride and yet they have as good or better dental health as the USA.

Whats The Fuss About Fluoride? - YouTube

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

The webinar by Professor Christine Till, Ph.D

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3ZpYWBNAka-2FwUtfGDitcw-2FREBDL0hqeWPPo73LB41thipo-2Bm6H845kzZkyYBjruDQ-2FQ-3D-3DLREi\\_UvgxF0qNGtJ5m5hAeMK8oSzCA-2FJJxIJJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79BK26BRsK3LKFUZ8WIEgpL6VvyYkI56jTLu6AqSTktKo5-2FnusqTCJKRWDV6jtVfo-2BdTu-2FBvn-2Fpj1nGxNeyUBnrgk0AAItnt6EI0eu-2BejQ-2FTHiAU3sh2IFBX9LFHkhb0rLILNdFIyXLzIQ3as2uoTlrmT9nPRIborjIRfO2O-2FO1jwr64T6wEZTgE4AKI6uPuyL2caKR14zA23sw463lvLJC37oMJD-2FaEDYKeeNOjwmdYvd2UwDYL34012-2FOc1odbf7juXjO5JOK8EHiqWkkjhH0s-2Fs4BOMFVdlskESNGhc7Ec-3D&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e2172](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3ZpYWBNAka-2FwUtfGDitcw-2FREBDL0hqeWPPo73LB41thipo-2Bm6H845kzZkyYBjruDQ-2FQ-3D-3DLREi_UvgxF0qNGtJ5m5hAeMK8oSzCA-2FJJxIJJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79BK26BRsK3LKFUZ8WIEgpL6VvyYkI56jTLu6AqSTktKo5-2FnusqTCJKRWDV6jtVfo-2BdTu-2FBvn-2Fpj1nGxNeyUBnrgk0AAItnt6EI0eu-2BejQ-2FTHiAU3sh2IFBX9LFHkhb0rLILNdFIyXLzIQ3as2uoTlrmT9nPRIborjIRfO2O-2FO1jwr64T6wEZTgE4AKI6uPuyL2caKR14zA23sw463lvLJC37oMJD-2FaEDYKeeNOjwmdYvd2UwDYL34012-2FOc1odbf7juXjO5JOK8EHiqWkkjhH0s-2Fs4BOMFVdlskESNGhc7Ec-3D&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e2172)

., focuses on the current state of research on fluoride neurodevelopmental toxicity, including her own landmark studies looking at fetal and infant fluoride exposure. It also includes a discussion of potential adverse health outcomes associated with fluoride exposure, particularly during early childhood development.

Dr. Till is an award-winning researcher with particular interest in children’s environmental health and is the principal investigator on a National Institutes of Health (NIH) grant focused on testing the effects of fluoride exposure during pregnancy on thyroid function and child neurodevelopment. She’s an adjunct scientist to the Neurosciences and Mental Health Program at SickKids and an associate professor of Psychology at York University.

She is the senior author of several significant fluoride studies, including the JAMA Pediatrics fluoride neurotoxicity study (Green 2019

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3Zvv-2BvTxVO4BLvOmtuOQSUTIIzcgudCBjDRwNxJsOJBrNQndrIKmcy-2BVoJOsgFVuFdmSW12gUfQTUVtItfD50US4KznSag2uvzr7I5t1gRy3z1fJpTeOrnLxoidZIymaaJsyLqZiYJ9bsPak3DtFjj\\_UvgxF0qNGtJ5m5hAeMK8oSzCA-2FJJxIJJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79BK26BRsK3LKFUZ8WIEgpL6VvyYkI56jTLu6AqSTktKo5-2FnusqTCJKRWDV6jtVfo-2BdTu-2FBvn-2Fpj1nGxNeyUBnrgk0AAItnt6EI0eu-2BejQ-2FTHiQ-2F5nD5vFjIV0ocq4FDIzE5wuyqCdutuijffzq4xPhhWXt6Zc-2B8xC-2BNCGrhIZC3xtgKZKH-2FAKWkiel56bp1XZH8O8rgXfz-2BKoJtPjj6TIHL1bby5EqH3L1V8j6fx-2FQavcxgk-2F1Jvw5ev-2B-2B1xAvzZjgqWG8NGKSDRqTNTerO7-2Bo-2BeAabpZjZ9gWSeOIzTcN-2B0-3D&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e2172](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3Zvv-2BvTxVO4BLvOmtuOQSUTIIzcgudCBjDRwNxJsOJBrNQndrIKmcy-2BVoJOsgFVuFdmSW12gUfQTUVtItfD50US4KznSag2uvzr7I5t1gRy3z1fJpTeOrnLxoidZIymaaJsyLqZiYJ9bsPak3DtFjj_UvgxF0qNGtJ5m5hAeMK8oSzCA-2FJJxIJJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79BK26BRsK3LKFUZ8WIEgpL6VvyYkI56jTLu6AqSTktKo5-2FnusqTCJKRWDV6jtVfo-2BdTu-2FBvn-2Fpj1nGxNeyUBnrgk0AAItnt6EI0eu-2BejQ-2FTHiQ-2F5nD5vFjIV0ocq4FDIzE5wuyqCdutuijffzq4xPhhWXt6Zc-2B8xC-2BNCGrhIZC3xtgKZKH-2FAKWkiel56bp1XZH8O8rgXfz-2BKoJtPjj6TIHL1bby5EqH3L1V8j6fx-2FQavcxgk-2F1Jvw5ev-2B-2B1xAvzZjgqWG8NGKSDRqTNTerO7-2Bo-2BeAabpZjZ9gWSeOIzTcN-2B0-3D&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e2172)

), the 2020 study, Fluoride exposure from infant formula and child IQ in a Canadian birth cohort

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, and the 2018 study, Community Water Fluoridation and Urinary Fluoride Concentrations



in a National Sample of Pregnant Women in Canada.

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3Zvv-2BvTxVO4BLvOmtuOQSUTkXUSIDzXmLsAj2IYcIF17ts6-2FLqutFQ3pDndeDKfP2QFDZdFoMKzyiNP0J8ZvYEYzsPwpslRPRj7D-2FLWxL-2BO-2BDkOATohpPIEWY8duxdUN5XINRWnZBFs9E-2FlrIrEe1Cs-3D1X9v\\_UvgxF0qNGtJ5m5hAeMK8oSHzCA-2FJJxIJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79BK26BRsK3LKFUZ8WIEgpL6VvyYkI56jTLu6AqSTktKo5-2FnusqTCJKRWDV6jtVfo-2BdTU-2FBvn-2Fpj1nGxNeyUBnrgk0AAItntpt6EI0eu-2BejQ-2FTjRrFxCrdjPqZrJVb2vaYUc6UXp3UfsUJ9UMg-2Ff4LKonqO8GsFPqjzmHSw3b-2BzCb19gKEH0xEoe-2F6p8UZVq7fMkKRlhzaMhgUtt7ANqyfaqyiFtmAGZGDa6aF3dZ7f5pgDL8kYx2TC7RbZK3ivW1vGZIH5dptJp-2BXJ6O-2B7W-2B5kDzh3yA8KLyaXT8clD2CIXA30-3D&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e2172](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3Zvv-2BvTxVO4BLvOmtuOQSUTkXUSIDzXmLsAj2IYcIF17ts6-2FLqutFQ3pDndeDKfP2QFDZdFoMKzyiNP0J8ZvYEYzsPwpslRPRj7D-2FLWxL-2BO-2BDkOATohpPIEWY8duxdUN5XINRWnZBFs9E-2FlrIrEe1Cs-3D1X9v_UvgxF0qNGtJ5m5hAeMK8oSHzCA-2FJJxIJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79BK26BRsK3LKFUZ8WIEgpL6VvyYkI56jTLu6AqSTktKo5-2FnusqTCJKRWDV6jtVfo-2BdTU-2FBvn-2Fpj1nGxNeyUBnrgk0AAItntpt6EI0eu-2BejQ-2FTjRrFxCrdjPqZrJVb2vaYUc6UXp3UfsUJ9UMg-2Ff4LKonqO8GsFPqjzmHSw3b-2BzCb19gKEH0xEoe-2F6p8UZVq7fMkKRlhzaMhgUtt7ANqyfaqyiFtmAGZGDa6aF3dZ7f5pgDL8kYx2TC7RbZK3ivW1vGZIH5dptJp-2BXJ6O-2B7W-2B5kDzh3yA8KLyaXT8clD2CIXA30-3D&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C9d065f067c2f41c4dc5b08db94396b01%7C11d0e2172)

In June of this year, a prominent fluoride research receiving millions of dollars to study and promote fluoridation published a study [ncbi.nlm.nih.gov/pmc/articles/PMC10348053/](http://ncbi.nlm.nih.gov/pmc/articles/PMC10348053/) claiming dental fluorosis is the “only proven downside.”

Proof of benefit is much easier than proof of harm. It is unethical to give people an intervention for the purpose of looking for harm.

Two main differences between lead and fluoride.

1.

The Board, authorities, and health care providers do not intentionally dispense and profit from lead.

2. See “A” above.

The Board must stop harming the developing brains of our children.

1. Remove recommending the mass medication of everyone with an unapproved drug.

2. Provide warnings for pregnant mothers and care givers to not use fluoridated water when making infant formula.

Sincerely,

Bill Osmunson DDS MPH

[2] [ntp.niehs.nih.gov/sites/default/files/ntp/about\\_ntp/bsc/2023/fluoride/documents\\_provided\\_bsc\\_wg\\_031](https://ntp.niehs.nih.gov/sites/default/files/ntp/about_ntp/bsc/2023/fluoride/documents_provided_bsc_wg_031)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fntp.niehs.nih.gov%2Fsites%2Fdefault%2Ffiles%2Fntp%2Fabout\\_ntp%2Fbsc%2F2023%2Ffluoride%2Fdocuments\\_provided\\_bsc\\_wg\\_031%2Fntp\\_niehs\\_nih\\_gov\\_sites\\_default\\_files\\_ntp\\_about\\_ntp\\_bsc\\_2023\\_fluoride\\_documents\\_provided\\_bsc\\_wg\\_031.pdf](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fntp.niehs.nih.gov%2Fsites%2Fdefault%2Ffiles%2Fntp%2Fabout_ntp%2Fbsc%2F2023%2Ffluoride%2Fdocuments_provided_bsc_wg_031%2Fntp_niehs_nih_gov_sites_default_files_ntp_about_ntp_bsc_2023_fluoride_documents_provided_bsc_wg_031.pdf)

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

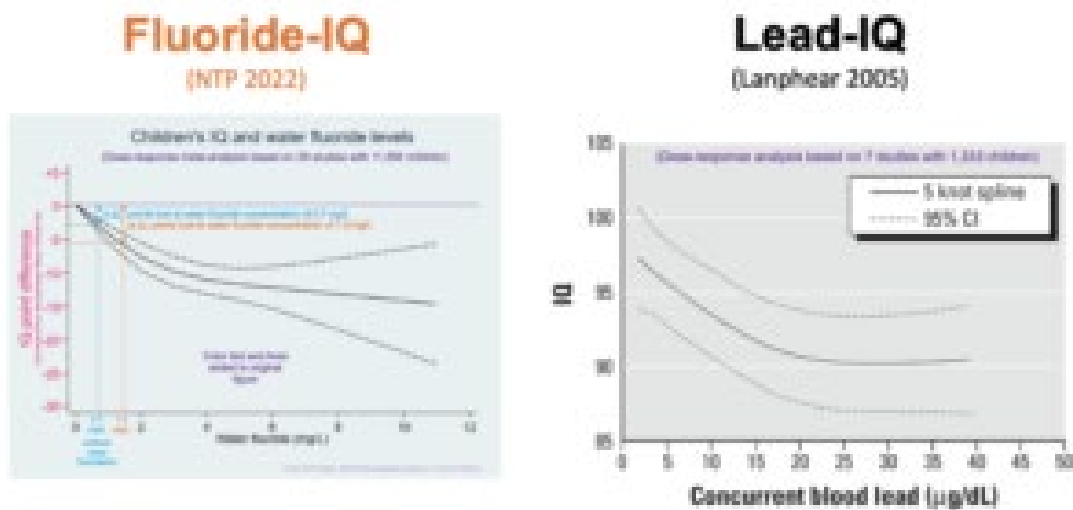
## FLUORIDE IS THE NEW LEAD

The WSBH is correct to review the prevention and reduction of lead exposure and fluoride must be included.

Fluoride exposure reduction is significantly authority (WSBH) controlled.

Prevention requires the WSBH recommending turning off the fluoride pumps.

Comparing fluoride's developmental neurotoxic effects with lead.



### Experts: Fluoride's IQ deficits "on par with lead"

Editors from the *Journal of the American Medical Association (JAMA)* described the IQ drop of -4.5 IQ points in one study [[Christakis & Rivera 2019](#)]:

"An effect size which is sizeable – on par with lead."

David Bellinger, author of [over 400 epidemiology papers](#) on neurotoxic chemicals including over 100 on lead, said [[NPR 2019](#)]:

"It's actually very similar to the effect size that's seen with childhood exposure to lead."

Christine Till, leader of a research team that has published rigorous studies of fluoride neurotoxicity funded by the National Institutes of Health (NIH) says [[Canada CTV 2019](#)]:

“4.5 points is a dramatic loss of IQ, comparable to what you’d see with lead exposure.”

And [[Farmus 2021](#)]:

“A 2- to 4-point decrement in PIQ [Performance IQ] may seem like a small difference at the individual level. However, a small shift in the mean of IQ scores at the population level translates to *millions of lost IQ points* given the ubiquity of fluoride exposure.” (*emphasis added*)

Philippe Grandjean, editor-in-chief of the journal *Environmental Health*, and author of [over 500 peer-reviewed papers](#) on toxicity of fluoride, lead, mercury, perfluorinated compounds (like PFAS), and other chemicals says [[Grandjean 2013 book & website](#)]:

“Fluoride seems to fit in with lead, mercury and other poisons that cause chemical brain drain.”

## OVERVIEW OF FLUORIDE RISK PREVENTION PROGRAMS

1. Authorities must turn off the fluoride pumps causing excess fluoride ingestion and harm.
2. Do not swallow fluoridated toothpaste or dental products. The reflex of swallowing before spitting is strong.
3. Pregnant mothers and caregivers should use water with less than 0.1 ppm fluoride to make infant formula and for children under the age of 3 to drink.
4. When possible, use non-fluoridated general anesthesia.
5. Avoid fluoride pesticides and fluoride post-harvest fumigants, eat organic foods.
6. Avoid mechanically deboned meat.

The [Board's website](#), states: ***"Access to community water fluoridation benefits the health of everyone: children, adults, and seniors. Recommendation: Expand and maintain access to community water fluoridation."***

The Board statement is false, trusting endorsements and gossip rather than facts or logic, and does not even rise to the level of “fake science.” How does fluoridation benefit the teeth of someone who does not have teeth? Other than endorsements, where is the FDA CDER approval? Where are the facts?

Where are the caution of excess fluoride? Where is the caution of the FDA CDER approved label, “Do Not Swallow?”

By cherry picking opinions of like-minded believers, the Board is harming the public. Science demands empirical evidence, not just trust of like-minded believers.

No one can scientifically explain the mechanism of how the fluoride gets from the blood in the tooth pulp chamber through the tooth to the developing caries. It can't. The dentin and enamel are highly resistant to the migration of fluoride. The concentration of fluoride in the saliva is too low to have benefit. Ingested fluoride can't get to the caries in any reasonable concentration.

The WSBH is correct to be concerned with **lead**.

The NTP (National Toxicology Program) states: **“Overall, the NTP concludes that there is sufficient evidence that blood Pb levels < 10 microg/dL and < 5 microg/dL are associated with adverse health effects in children and adults.”**<sup>1</sup> [PubMed](#)

Likewise, the NTP for **fluoride** states: **“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.”**<sup>2</sup>

The five independent peer-reviewers of the NTP report all voted to accept the review’s main conclusion and lauded the report. Their comments include: “what you have done is state-of-the-art”; “the analysis itself is excellent, and you thoroughly addressed comments”; “Well done!”; “Findings... were interpreted objectively”.

The newly released documents include comments from the NTP’s own experts confirming that the report’s conclusion that **fluoride can lower IQ** does apply to communities with water fluoridation programs. NTP report says the evidence is not just in those who drink water with higher fluoride concentrations exceeding the World Health Organization (WHO) recommended maximum level of 1.5 mg/L. Furthermore, the WHO guideline was set in 1984 to protect against more severe forms of dental fluorosis and neurotoxicity was never considered. Few neurotoxicity studies even existed in 1984.

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<sup>1</sup> National Toxicology Program. NTP monograph on health effects of low-level lead. NTP Monogr. 2012 Jun;(1):xiii, xv-148. PMID: 23964424.

<sup>2</sup>[ntp.niehs.nih.gov/sites/default/files/ntp/about\\_ntp/bsc/2023/fluoride/documents\\_provided\\_bsc\\_wg\\_031523.pdf](https://ntp.niehs.nih.gov/sites/default/files/ntp/about_ntp/bsc/2023/fluoride/documents_provided_bsc_wg_031523.pdf)  
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

In numerous responses to comments by reviewers of the report, the NTP made clear that they had found evidence that exposures of at least some people in areas with fluoridated water at 0.7 mg/L were associated with lower child IQ.

For example, when an unnamed government fluoridation proponent claimed:

“The data do not support the assertion of an effect below 1.5 mg/L...all conclusory statements in this document should be explicit that any findings from the included studies only apply to water fluoride concentrations above 1.5 mg/L.”

The NTP responded:

**“We do not agree with this comment...**our assessment considers fluoride exposures from all sources, not just water...because fluoride is also found in certain foods, dental products, some pharmaceuticals, and other sources... Even in the optimally fluoridated cities...individual exposure levels...suggest widely varying total exposures from water combined with fluoride from other sources.”

Additional NTP responses about the review’s relevance to water fluoridation programs:

“We have no basis on which to state that our findings are not relevant to some children or pregnant people in the United States.”

“Several of the highest quality studies showing lower IQs in children were done in optimally fluoridated (0.7 mg/L) areas...many urinary fluoride measurements exceed those that would be expected from consuming water that contains fluoride at 1.5 mg/L.”

The NTP also responded to commenters asking whether their meta-analysis had identified any safe exposure threshold, below which there would be no loss of IQ.

The NTP responded that they found “no obvious threshold” for either total fluoride exposure or water fluoride exposure, referring to a graph in the meta-analysis (NTP’s eFigure 17 reproduced above) showing that as water fluoride concentration increased from 0.0 to 1.5 mg/L there was a steep drop in IQ of about 7 points (expressed as “standardized mean difference” units in the graphs). [NTP REPORT](#)

The WSBH cherry picked promoters and protectors of fluoridation rather than evaluating the empirical evidence.

Judgment requires the Board to evaluate both benefit and risk.

The data below is from Iida and Kumar, proponents of fluoridation, graphed by Thiessen PhD (risk management) and will help the Board understand the degree of possible benefit from fluoridation.

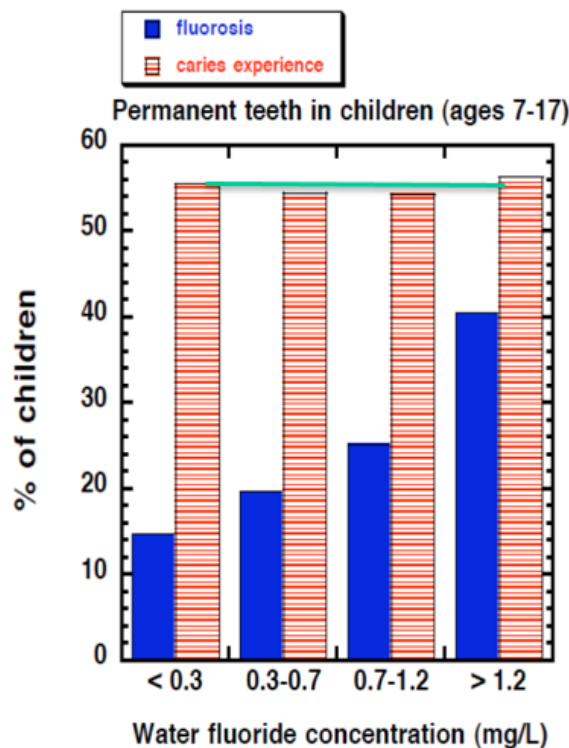
See below: Left to right, increasing fluoride exposure.

Red lines are caries experience. It is very hard to detect any benefit to the teeth and the Board's claim that "everyone" benefits is not supported by the empirical evidence.

The blue lines show harm to the teeth, undisputed harm. With more fluoride exposure more teeth are harmed. More harm than benefit.

Where is the Board's warning to consumers to avoid excess fluoride, especially for the fetus and infants?

Iida, H., and Kumar, J.V. 2009. The association between enamel fluorosis and dental caries in U.S. schoolchildren. JADA 140:855-862.



Thiesen

In June, 2023, I presented over 50 reasons to stop fluoridation with scientific references. Most developed countries do not mass medicate their public, fetus, infants, toddlers, youth, adults and seniors without consent with fluoride and yet they have as good or better dental health as the USA.

### [Whats The Fuss About Fluoride? - YouTube](#)

The webinar by Professor [Christine Till, Ph.D.](#), focuses on the current state of research on fluoride neurodevelopmental toxicity, including her own landmark studies looking at fetal and infant fluoride exposure. It also includes a discussion of potential adverse health outcomes associated with fluoride exposure, particularly during early childhood development.

Dr. Till is an award-winning researcher with particular interest in children's environmental health and is the principal investigator on a National Institutes of Health (NIH) grant focused on testing the effects of fluoride exposure during pregnancy on thyroid function and child neurodevelopment. She's an adjunct scientist to the Neurosciences and Mental Health Program at SickKids and an associate professor of Psychology at York University.

She is the senior author of several significant fluoride studies, including the JAMA Pediatrics fluoride neurotoxicity study ([Green 2019](#)), the 2020 study, [Fluoride exposure from infant formula and child IQ in a Canadian birth cohort](#), and the 2018 study, [Community Water Fluoridation and Urinary Fluoride Concentrations in a National Sample of Pregnant Women in Canada](#).

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1. Remove recommending the mass medication of everyone with an unapproved drug.
2. Provide warnings for pregnant mothers and care givers to not use fluoridated water when making infant formula.

Sincerely,

Bill Osmunson DDS MPH



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From: Sue Coffman  
Sent: 7/31/2023 9:46:27 AM  
To: DOH WSBOH  
Cc:  
Subject: Public Comment for Aug 9 meeting

External Email

Hello, my name is Sue Coffman, and I reside in Clallam County. Thank you for taking the time to read my Public Comment.

It has been very disturbing for me to hear that EUAs for the experimental COVID bivalent injections continue to be updated and that the FDA and CDC are expected to approve an ADDITIONAL experimental COVID booster in the fall. I feel that our corporations and agencies only want to keep us forever in fear and submission over a disease that is not that harmful, if indeed it existed at all.

If COVID manufacturers really stand behind their products and think that they are Safe and Effective then WHY are they Exempt from Liability, Exempt from lawsuits??

I find this disturbing given all of the COVID vaccine-injured individuals and their ongoing testimonies. There are horror stories from around the country regarding life-altering permanent disabilities (as well as deaths) following an experimental COVID "vaccine" injection. Given ALL of the information and documents being released after COVID-related FOIA requests and FOIA lawsuits (which include private emails AND Pfizer's COVID Vaccine Clinical Trial Documents), there should be much more attention on the absolute risks associated with this medical treatment.

AND given an independent journalist's disturbing undercover video footage of COVID-vaccine statements made by (now former) Pfizer Senior Employee Dr. Jordan Trishtan Walker who was a Director of Research & Development at Pfizer. AND given the testimony by Pfizer Executive Janine Small at the EU Parliament stating that Pfizer NEVER completed studies to see if the COVID vaccine prevents transmission because they were moving at Quote "the Speed of Science" Unquote. Whatever that means... What we DO know is that these experimental COVID injections do NOT prevent infection and do NOT prevent transmission. They are NOT safe and effective; they ARE dangerous and toxic. AND community members have NOT been given Informed Consent. People have NOT been informed of the ingredients, and NOT been informed of the Risks and Adverse Reactions that are associated with these experimental COVID shots.

I want to note that the first COVID Vaccine Injury Lawsuit in the United States targeting the U.S. government and social media companies was filed on May 22nd 2023. The plaintiffs are 5 people injured by the experimental COVID-19 vaccines and a father-Ernest Ramirez- whose 16 year old son died of Vaccine-Induced Cardiac Arrest 5 days after receiving Pfizer's experimental COVID-19 vaccine.

The plaintiffs' online content that was posted on Facebook, YouTube, TikTok, GoFundMe, Reddit, and Instagram was HEAVILY censored and removed on an ongoing basis.

According to COVID-vaccine injured plaintiff Brienne Dressen, the plaintiffs' experiences of censorship Quote "pale in comparison to the thousands of Americans we know who all have experienced the same thing. There is NOTHING scarier than reaching out for help only to be SILENCED. It was as scary as the Vaccine Reaction itself." Unquote. Brienne Dressen is permanently disabled following an experimental COVID-19 vaccine injection that she received during a clinical trial that she participated in. She is now Co-Chair of an organization called React19. <https://react19.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Freact19.org%2F&data=05%7C01>>

Thank you for your time in reading the above. Your input as an Agency member is important and you need to hear and speak the Truth; not what you are being told to say.

Truth Cheers and WILL Prevail,

Sue Coffman

Sent from Mail

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

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From: Joshua Allen  
Sent: 8/3/2023 7:36:07 AM  
To: DOH WSBOH  
Cc:  
Subject: My Public Comments

External Email

You unelected illegal big pharma ass kissers. Sell out propaganda train of another unelected billionaire funded Fraudulent WHO cronies. Have backed up your fake claims of safe and effective data with non science BS you have no authority over my decisions. My body my choice fuk all of you health minister included fuk Big Pharma and your BS you have 48 hours to Sue Phizer and Moderna I will expose you all if not. Money grabbers you will Rot in hell if you don't come clean.

Joshicloudz@icloud.com

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From: Melissa Leady  
Sent: 8/3/2023 2:41:35 PM  
To: DOH WSBOH  
Cc:  
Subject: My Public Comments

External Email

Members of the State Board of Health,

#### WHERE IS THE BIVALENT BOOSTER DATA?

The Department of Health (DOH) report, COVID-19 Hospitalizations and Deaths by Vaccination Status, does not show the bivalent booster rates for hospitalizations and deaths. It only compares unvaccinated and monovalent booster rates. Authorization for the monovalent booster was rescinded last year. The bivalent booster has been authorized since September 1, 2022, over 11 months ago.

Two reasons for excluding the bivalent booster data are stated in the report Background on p.4: <https://doh.wa.gov/sites/default/files/2022-02/421-010-CasesInNotFullyVaccinated.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoh.wa.gov%2Fsites%2Fdefault%2F02%2F421-010-CasesInNotFullyVaccinated.pdf%3Fuid%3D64cc0f91e4155&data=05%7C01%7Cwsboh%40sboh.wa.gov%7>>

1. To avoid confusing the impact of the bivalent boosters with the impact of the monovalent boosters. Washington residents can look at graphs and charts with more than two variables without getting confused. For over 18 months, the DOH report compared unvaccinated, partially vaccinated, and fully vaccinated rates. It was not confusing.
2. Information about the impact of bivalent boosters will be included once a sufficient percentage of the Washington population has received a booster. At the July Vaccine Advisory Committee meeting, DOH reported 27.4% of Washington residents have received a bivalent booster. That is over two million people. At 27.4% of the total population, clearly enough residents have received the bivalent booster for DOH to share hospitalization and death rates.

Is the bivalent booster effective? Why is this data being kept from the public? DOH recommends the bivalent booster, so they need to be sharing the data.

#### ALL-CAUSE MORTALITY DATA BY VACCINATION STATUS STILL MISSING

DOH has still not updated the all-cause mortality data since 2020. COVID-19 mortality data (a subset of all-cause mortality data) are shared monthly, with the most recent data through June 9, 2023. All-cause mortality data during the COVID-19 vaccine era (2021, 2022, and 2023) should be broken down by age, race, gender, and vaccination status, and shared monthly.

I encourage you to follow with DOH to pursue publication of these data.

Sincerely,

Melissa Leady

---

From: shellies4@netzero.com  
Sent: 7/27/2023 11:24:30 AM  
To: DOH WSBOH  
Cc:  
Subject: My Public Comments

External Email

Dear Board.

Thank you for all your hard work. Please keep in mind that PEOPLE OWN their property and are doing the best they can with their resources. A SIMPLE septic design should not cost \$2000. That is ridiculous! The whole point is to remember that PEOPLE are trying to do the best they can and not make everyone sick by disposal of waste properly. Being nit picky about a bunch of little things is a waste of everyones time. Just a reminder for everyone to keep the big picture in mind! Remember that what you decide on affects the WHOLE state.

Thank you very much for your time and energy to try and keep everyone safe!  
Have an amazing day!

---

From: Lisa Templeton  
Sent: 8/3/2023 10:01:43 PM  
To: DOH WSBOH  
Cc:  
Subject: Written comments for BOH member for its August 9 meeting

External Email

Dear Board members,

In light of the fact that the BOH typically concurs with and reissues CDC guidelines and recommendations, here are 25 questions for the BOH regarding the CDC. The public earnestly seeks greater inquiry and transparency on all these matters, as well as systemic reforms to address them.

1. Why has there been no formal recognition of COVID vaccine injury by the CDC?
2. What do you believe is the moral responsibility of the public health administration to address COVID vaccine injuries that occurred in those who were coerced into taking the COVID shot?
3. Research indicates that the shot's mRNA material stays in the body far longer than initially believed. How and why did the CDC miss this fact?
4. The CDC's definition of "unvaccinated" includes those who have received the requisite number of doses but not until two weeks have passed. Has CDC considered that vaccine injuries and hospitalizations/deaths would incorrectly accrue under the "unvaccinated" status?
5. How much does CDC understand regarding those who experience myocarditis following a COVID vaccine?
6. Has CDC considered that autoimmune disease consists of a constellation of symptoms and that the COVID vaccine could increase the risk of any of them?
7. How much does the CDC understand the increased risk of vaccine injury with increased numbers of COVID shots?
8. How much does CDC understand the interplay and synergies between the COVID vaccine and other vaccines that increase the risk of vaccine injury?
9. We need greater transparency regarding data at the CDC. Can the Vaccine Safety Datalink data be made freely available to the public?
10. The CDC philosophy of "the more vaccines, the better" needs to change. How much does the CDC understand the cost/benefits of over-vaccination to the public?
11. We have concerns that the CDC is inadequate at policing its own self-interests. Can we have a standing committee of non-government citizens whose task is to monitor CDC actions for overreach?
12. Why hasn't the CDC publicly acknowledged the failure of community masking as an intervention?
13. There seems to be groupthink at the CDC that prevents criticisms from local public health departments and CDC employees from voicing concerns about policies that would affect the entire populace. How can we make sure these concerns are heard outside of the CDC?
14. It is problematic that the CDC is tasked with both vaccine promotion and accurately measuring vaccine safety. Can the task of vaccine safety measurement be moved to another oversight organization tasked with monitoring and measuring CDC performance in an unbiased fashion?
15. There seems to be a discrepancy in the COVID death numbers that biases them upward. Why hasn't the CDC acknowledged the false positive rates of the PCR tests and

revised the death statistics for 2020-2021?

16. To what extent has the CDC directed the efforts to address "vaccine misinformation" amongst the media and business community?
17. To what extent has the CDC encouraged vaccine injury denial amongst the media and business community?
18. Those hurt by mandates, including loss of economic income and harm from vaccine injury, require restitution. To what extent should the CDC be involved in such restitution efforts?
19. The Bradford-Hill criteria have long been used to assess causality when RCTs were impossible to conduct. Why hasn't the CDC applied the Bradford-Hill criteria to assess vaccine injury?
20. What CDC reforms were instituted after the whistleblower allegations of William Thompson, and why hasn't the study in question been retracted?
21. Why does the CDC continually assert that "vaccines don't cause autism" when only one vaccine (MMR) and one ingredient (thimerosal) has been studied with no efforts to understand the effect of cumulative doses?
22. Why hasn't the CDC earnestly investigated the possibility that increased vaccination could be a determinant for autism?
23. Public trust in public health is at a low. Would you be willing to overhaul the vaccine safety measurement and redo all previous vaccine safety research to allay the public's concerns?
24. Would you be willing for a legislative body to re-examine all conflicts of interest and monetary flows from pharmaceutical companies to assure the public?
25. Would you be willing to put in "revolving door" rules so high-profile CDC employees such as Julie Gerberding cannot suddenly start working for pharmaceutical companies or vice versa?

All future vaccine additions and expansion of pandemic preparedness measures need to be paused until reform can be completed. For the good of public health, can you utilize your position on BOH to help?

Thank you for considering,

Lisa Templeton

Director, Informed Choice Washington

[informedchoiceWA.org](http://informedchoiceWA.org)



---

From: Allison Duellman  
Sent: 7/20/2023 4:39:25 PM  
To: DOH WSBOH  
Subject: Public School Health Mandates

External Email

Hello,

I am mother to 2 children in WA public schools and was listening to a hearing presented to AZ state senate that I believe should be heard by all who are making health mandates which limit one's ability to say no. The one I'm questioning in this email, is my right to say no to vaccines and still have my children attend public school. I am aware that most vaccines can be signed off in WA state as a personal or philosophical exemption, and I'm am greatly appreciative of that, but not for measles, mumps and rubella. I strongly encourage you and all your associates to watch the portion of the trial below. As an organization that impacts our educational system, you have the power, the right and the duty to educate. Please educate yourselves on this broken part of our health system and the damage I do not believe anyone intended to cause, but the damage that has been the result.

<https://thehighwire.com/ark-videos/aaron-siri-gives-testimony-on-the-floor-of-arizona-state-senate/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehighwire.com%2Fark-videos%2Faaron-siri-gives-testimony-on-the-floor-of-arizona-state-senate%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C68036450f82a4e66cb3908db897a7476%7C1>>

Thank you,  
Allison Duellman

---

From: John Osborn  
Sent: 7/24/2023 10:38:23 PM  
To: DOH WSBOH  
Cc:  
Subject: Public Comment for meeting January 12, 2022



*attachments\90C8E0EEA1FD4E38\_are-covid-19-vaxxes-safe-for-children.pdf*

External Email

Greetings to all board members!

I'm not going to argue how your proposed mandate is illegal. I'm just going to put you all "ON NOTICE" that what you propose to do by this mandate is unconscionable. Attached is a PDF file from the [childrenshealthdefense.org.australia](http://childrenshealthdefense.org.australia). The document is 158 pages long, but you only have to peruse the first few pages to see the reality of this so called vaccine.

This is not a vaccine, this is a bioweapon! Coercing (which is what you are doing by this "mandate") the public to get this shot for themselves and their children is genocide. I know it, now you know it and the whole world is waking up to it. If you do this mandate you will not be able to walk down the street. You will be complicit in the genocide of hundreds of fellow Washingtonians.

Big pharma cannot be held accountable. But there is no such protection for each one of you.

Think long and hard before you become complicit.

Thank you,

Audrey Osborn  
122 Heron Hollow  
Prescott, WA 99348  
509-849-2466



# ARE THE COVID-19 VAXXES SAFE FOR CHILDREN?

the facts to help you decide

"For there is *nothing hidden* that will not be disclosed, and nothing concealed that will not be known or brought out into the open."

Children's Health Defense Australia  
[www.childrenshealthdefense.org.au](http://www.childrenshealthdefense.org.au)

Children's  
Health Defense   
AUSTRALIA CHAPTER

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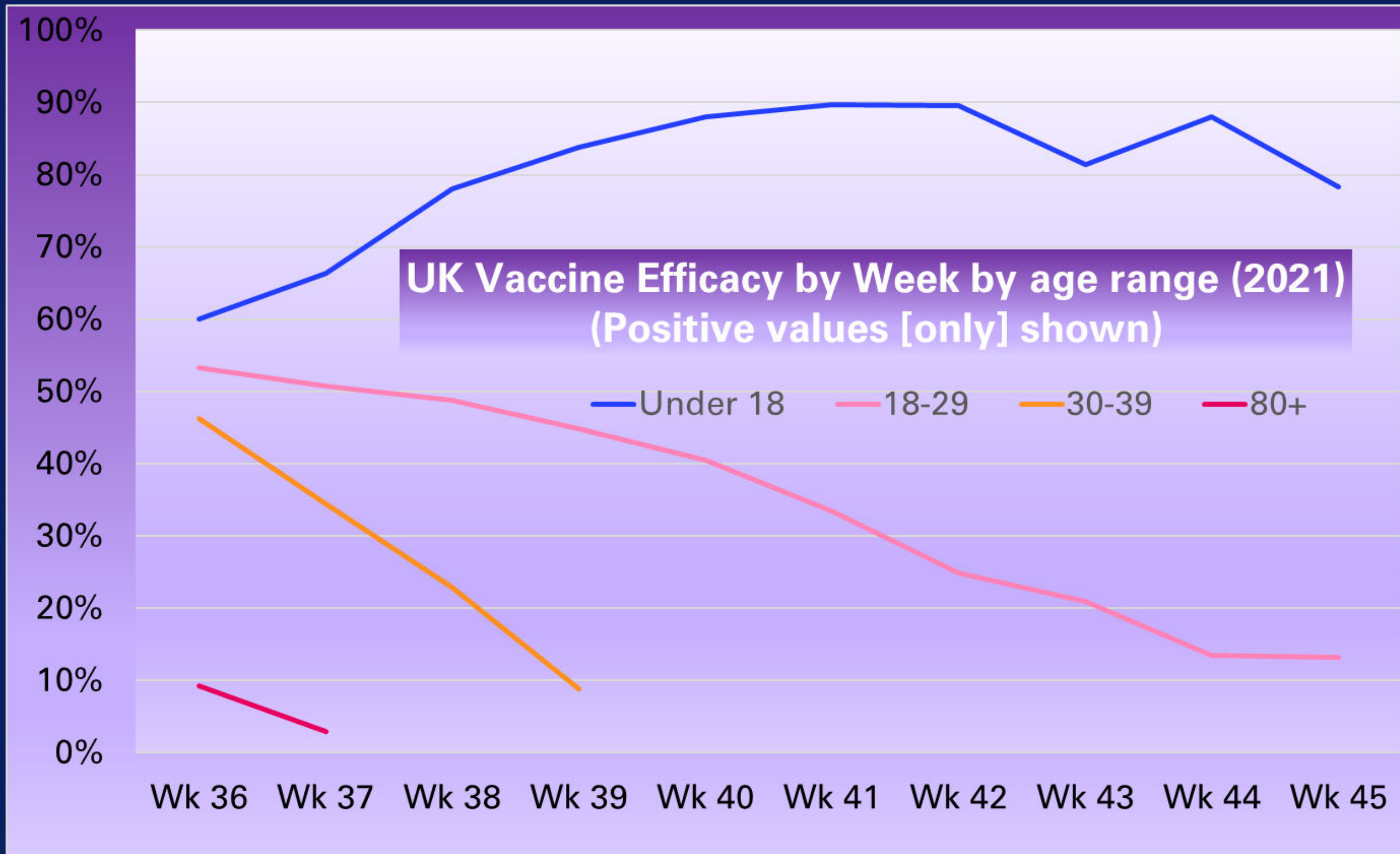


# Abbreviations & Some of the Main Players

- **AHPRA** (Australian Health Practitioner Regulation Agency) – manages the renewal process on behalf of the national boards
- **TGA** (Therapeutic Goods Administration) – part of the Australian Government Department of Health, responsible for regulation
- **CDC** (Centers for Disease Control and Prevention) – US national public health agency
- **NIH** (National Institutes of Health) – Health and biomedical agency of the US government
- **FDA** (Food and Drug Administration) – responsible for protecting the health of drugs, bio products and devices
- **WHO** (World Health Organization) – works with 194 members states re health guidance
- **VAERS** (Vaccine Adverse Event Reporting System) – voluntary vaxx injury reporting system
- **MSM** – Mainstream Media – the term given to the large media channels
- **Big Pharma** – collective name given to the major pharmaceutical companies
- **Bill Gates** – vaxx investor and distributor, influencer of regulatory policy
- **Anthony Fauci** – director of the NIH, US's top advisor on Covid-19



# Firstly – the good news



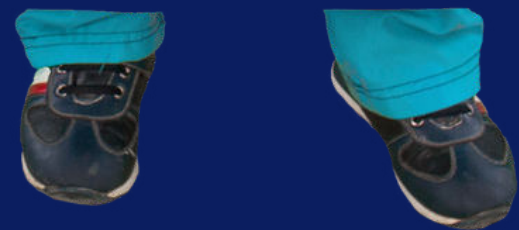
The UK data for the past 2-months shows positive Vaccine Efficacy for several age ranges for a number of weeks.

Vaxxed people during those weeks were less likely than the unvaxxed to catch Covid and have severe Covid symptoms.

View Source [here](#).



**Now,  
Questions  
we must ask**



# 1.

The vaxxes are **SAFE**  
- injuries & deaths are rare?





**Why isn't there an urgent investigation into the unprecedented number of sport's star deaths – to check if they're linked to the vaxx?**

**WHY ARE HEALTHY ATHLETES COLLAPSING? – The HighWire**

Caution: Though informative, viewers may find some of the footage distressing.

## German News Agency Tracks 75 Prominent Athletes Suddenly Dead Of Heart Attacks After COVID Vax



conservativedailypost.com

German News Agency Tracks 75 Prominent Athletes Sudden...  
One German news agency is apparently stunned by the fact that 75 prominent athletes have suddenly died of heart ...

# Here's the growing list of sports stars – WHY ARE THEY NOW ALL DEAD??

Over a 60X increase in pro sports adverse events since the vaccines rolled out – by Steve Kirsch – Steve Kirsch's newsletter (substack.com)

37-year-old former French professional footballer Franck Berrier dead  
Germany goalkeeping coach of SV Niederpöding suffers heart attack  
24 years Bordeaux pro Samuel Kalu suffers cardiac arrest  
25 years old Belgian soccer player Jente Van Genechten suffers cardiac arrest  
31 years old Fabrice N'Sakala Besiktas Istanbul collapses on the field  
29 years old Pedro Obiang Italian first division after vaccination has myocarditis  
30 year old Venezuelan National Marathon Champion Alexaida Guedez dead  
29 years old José dos Reis (Luxembourg) collapses on the field and has to be resuscitated  
Germany C-League Dillenburg a player from Hirzenhain collapses, the game is canceled  
16 years old Diego Ferchaud from ASPTT Caen suffers a cardiac arrest  
Austria player of ASV Baden collapses on the field and has to be revived  
16-year-old unnamed football player in Bergamo suffers cardiac arrest  
27 years old Belgian amateur soccer player Jens De Smet dead  
13-year-old soccer player from the Janus Nova club collapses on the field with cardiac arrest  
17 year old soccer player Dylan Rich dies of a double heart attack during a game  
Player from Birati Club Münster suffers cardiac arrest  
24 years old Lucas Surek from BFC Chemie Leipzig suffers from myocarditis  
49 years old Ain / France: Frédéric Lartillot succumbs to a heart attack in locker room  
45 years old Andrea Astolfi, sporting director of Calcio Orsago dead with no previous illness  
22 years old Abou Ali collapses with cardiac arrest during a two-tier game in Denmark  
19 years old ice hockey player Sebastiaan Bos dead. Passed away suddenly and unexpectedly  
40 years old A half marathon runner collapsed during the race and died a little later  
Germany Anil Usta from VfB Schwelm breaks on the field with heart problems  
33 years old Dimitri Liénard from FC Strasbourg collapses with heart problems  
37 years old Ex-NFL professional Parys Haralson dies suddenly and unexpectedly  
25 years old Kingsley Coman from FC Bayern Munich, operation on the heart after an arrhythmia  
25 years old Canadian university football player Francis Perron dead shortly after a match  
19 year old FC Nantes soccer player suffers cardiac arrest during training  
Germany volleyball trainer Dirk Splisteser from SG Traktor Divitz collapses dead on the sidelines  
Austria, 64 years old former goalkeeper Ernst Scherr dead suddenly and unexpectedly  
Germany, 42 years old Alexander Siegfried dead suddenly and unexpectedly  
17-year-old athlete from Colverde collapses while training with cardiac arrest

33 year old pro dancer Santo Giuliano suffers heart attack 5 days after vaccine  
32 year old Olympic Tennis player Joachim Gerard collapses during match with heart problems  
19 year old Football player Jalen Leavey dies at campus after the game  
23 year old Baseball player Daniel Brito suffers stroke during game  
19 year old Football player Tirrell Williams dies following on-field collapse  
21 year old Football player Okafor Kelechi dies during training  
29 year old Football player Lee Moses dies during training session  
15 year old Footballer Stephen Sylvester collapsed and dies during conditioning practice  
18 year old Football player Emmanuel Antwi dies after collapsing on the field  
13-year-old Football player Cajetan Chinoyelum Nsofor dies during practice  
15 year old Soccer player Moira Claire Arney died during practice  
Junior High School Baseball Pitcher Andrew Roseman died suddenly and unexpectedly, no further information was given  
17 year old Footballer Nickolas Lawrinas died suddenly and unexpectedly, cause given by media, unclear  
17 year old Footballer Miquel Lugo collapsed and died during practice  
16 year old Football player Devon DuHart mysteriously died in July 2021  
16 year old Footballer Ivan Hicks dies of Cardiovascular Disease during Scrimmage  
19 year old Footballer Joe Bradshaw dies mysteriously off campus, not conclusion of death  
16 year old Football player Drake Geiger collapses and dies during game  
15 year old Football player Joshua Ivory collapses and dies during game  
19 year old Football player Quandarius Wilburn collapses during practice and later dies  
17 year old Football player Dimitri McKee passes out and dies after practice  
28 year old Rugby play Tevita Bryce collapses during game from heart attack  
29 year old Rugby player Dave Hyde collapses and dies after match  
27 year old Baseball player Yusuke Kinoshita collapses and dies during practice  
32 year old Champion Speed Skater Kjeld Nuis suffered Pericarditis after the vaccine  
24 year old Olympic Cyclist Olivia Podmore dies suddenly and mysteriously in her room and during that week another athlete sprinter Cameron Burrell also dies mysteriously  
23 year old China Olympics Champion Gilbert Kwemoui collapsed in his home and died on the way to hospital  
37-year-old former French professional footballer Franck Berrier dead

France, 49 years old SC Massay player dead of heart attack during the game  
Mexico, Caddy Alberto Olguin collapses on the golf course after a heart attack  
29 years old Shrewsbury striker Ryan Bowman treated with defibrillator during play with extreme heart problems  
Italy, 18 year old soccer player suddenly faints on the field  
France, 40 years old A Saint-James player suffers a heart attack after warming up  
Italy, 59 years old long-distance runner from Biella dies of heart failure during a race  
Germany, Women's League match, a player collapses shortly before the end without any opposing influence  
25 years German goalkeeper Lukas Bommer dies suddenly and unexpectedly  
Mexico, 16 years old student Hector Manuel Mendoza dies of a heart attack while training  
Brazil, 18 years old pro footballer Fellipe de Jesus Moreira has double heart attack and is fighting for his life  
Italy, 27 years old cycling champion Gianni Moscon has to undergo an operation because of severe cardiac arrhythmias  
Augsburg referee of a Kreisliga Augsburg game in Emersacker collapses with heart problems  
English lineswoman Helen Byrne, heart problems has to be carried off the pitch at world cup  
Germany Game abandoned due to cardiac arrest of the referee in a game of Lauber SV  
Italy, 20 years old young rider suffers a heart attack  
17-year-old soccer player of the JSG High Hagen has revived during game  
53-year-old football coach Antonello Campus dead 16 years old collapses while playing soccer and dies a little later  
Germany Team leader Dietmar Gladow suffers a fatal heart attack before the game  
USA a high school football player collapsed during practice and died in the hospital  
Germany player collapsed during the A 2 regional league game suffered cardiac arrest  
Germany 15 years old goalkeeper Bruno Stein dead  
Italy, 53 years old AH footballer suffers a heart attack while training  
USA, 14-year-old soccer player Ava Azzopardi collapsed on pitch, is fighting for her life in an artificial coma  
France, 54 years old AH player Christophe Ramassamy died of a heart attack during a match  
France, 41 years old soccer player collapsed on the field and died due to cardiac arrest  
Austria, 26 years old Raphael Dwamena collapsed with severe heart problems  
Germany, Hertha BSC co-trainer Selim Levent dies suddenly and unexpectedly  
USA, 12 year old Jayson Kidd collapsed during basketball practice and later died  
Spain, 33-year-old striker Kun Agüero had to be replaced in a game due to heart problems  
USA 21 year old Senior student athlete John Stokes suffers with Myocarditis  
22 year old Cyclist Greg Luyssen forced to end his career after vaccine due to heart problems

**We pay our condolences to the grieving families.**

# Why are sports people getting injured and dying in absolutely unprecedented numbers?

## Over a 60X increase in pro sports adverse events since the vaccines rolled out

Nobody can explain that. Some poo-poo these events saying that they happen all the time. True, they do. But not at this rate. Something happened in 2021 that changed things by a lot. Can you guess?



Steve Kirsch

Nov 14 65 75

**Caution: Though informative, viewers may find some of the footage distressing.**

Over a 60X increase in pro sports adverse events since the vaccines rolled out - by Steve Kirsch - Steve Kirsch's newsletter (substack.com) View source [here](#).

BBC Sign in News Sport Weather Shop Reel Travel More

### NEWS

## Josh Downie: Cricketer, 24, dies after heart attack at practice

© 10 May

A mother has paid tribute to her "beautiful" 24-year-old son who died after suffering a heart attack while playing cricket.

Josh Downie, brother of Olympians Becky and Ellie, collapsed in the nets in Birkenhead, near Liverpool, on 6 May and was pronounced dead that evening.

AD Weather in the next few days Behind the scenes Customer service Webshop Digital newspaper To advertise

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Dutch football Foreign football formula 1 cycling Darts Martial arts Tennis Other sports Offside transfer talk Meer...

## Hockey club Laren mourns deceased Sebastiaan Bos (19)

Hockey club Laren is in deep mourning after the death of Sebastiaan Bos. The first team player has turned 19 years old.

Sports editors 11-09-21, 18:03
























# Why is there an increasing number of websites screaming out that young athletes are **dying in unprecedented numbers?**

The government & the MSM won't want you to see these.  
CLICK HYPERLINKS BELOW TO SEE WHAT IS BEING BURIED!

- [What's Going On? Athletes Dropping Like Flies \(odysee.com\)](#)
- [Canadian Covid Care Alliance video, athletes collapsing/dying heartattacks](#)
- [Crazy spike in young athletes dying: Former Pfizer VP sounds the alarm \(lifesitenews.com\)](#)
- [Athletes dead or hospitalized after covid injections ▶ Dr Mark Trozzi \(drtrozzi.org\)](#)
- [List of association footballers who died while playing – Wikipedia](#)

And why has Wiki stopped recording them?

Note: These sites are frequently removed from the internet – so some hyperlinks may not work.  
Caution: Viewers may find some of the footage in these videos distressing.

11 April 2021	 Dejan Oršuš	24	 NK Otok
18 April 2021	 Tremaine Stewart	33	 Portmore United
1 June 2021	 Giuseppe Perrino	29	 Parma
22 June 2021	 Viktor Marcell Hegedüs	18	 Andrásida SC
16 July 2021	 Imad Bayumi	45	Retired
28 August 2021	 Alexander Shishmarev	23	 Krasnaya Zvezda
2 September 2021	 Dylan Rich	19	 West Bridgford Colts
4 September 2021	 Jens De Smet	27	 FCC Filosoof
25 September 2021	 Guillermo Arias	31	 Camaguán FC
1 October 2021	 Bruno Stein	15	 FC An der Fahner Höhe
8 October 2021	 Benoît Sabard	49	 SC Massay
15 October 2021	 Christophe Ramassamy	54	 AS Saint Yves

Home India World Cities Opinion T20 WC Entertainment Lifestyle Tech Videos Explained Audio

Home / Sports / Cricket / 2 West Indies women cricketers collapse on field during T20I against Pakistan

## 2 West Indies women cricketers collapse on field during T20I against Pakistan

Two West Indies players collapsed on the ground within a span of 10 minutes, during the second T20I against Pakistan.

By: Sports Desk | Updated: July 3, 2021 5:25:07 pm



# Why do the vast and growing numbers of vaccine injuries & deaths rarely seem to be discussed by the government & the media?

**NB: All of the numbers quoted in these government website databases are EXCEPTIONALLY CONSERVATIVE since they rely on voluntary reporting.**

**Studies show the real numbers are likely to be at least 10 X these numbers.**

[COVID-19 Injection Casualties List \(healthimpactnews.com\)](https://www.healthimpactnews.com)

**CDC: 16,310 DEAD 778,685 Injured following COVID-19 injections**

**Through October 1, 2021**

**2,102 Fetal Deaths following COVID-19 injections of pregnant mothers**

**COVID-19 Vaccine Adverse Drug Reactions**

**29,934 DEAD**

**2,804,900 Injuries Through Nov 06, 2021**

COVID-19 MRNA VACCINE MODERNA (CX-024414)  
COVID-19 MRNA VACCINE PFIZER-BIONTECH  
COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)  
COVID-19 VACCINE JANSSEN (AD26.COV2.S)

EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

EudraVigilance

Australia Records 10X More Deaths Following COVID-19 Shots than Recorded Deaths Following ALL Vaccines for Past 20 Years

**524 DEAD**

**56,650 Injury Cases**

**Through September 11, 2021**

UK Medicine Regulator Confirms There Have Been Four Times Deaths Due to the Covid-19 Vaccines in 8 Months than Deaths Due to Other Vaccines Combined in 20 Years

**1,662 DEAD**

**1,204,555 COVID-19 Vaccine Injuries**

**Through 9 December 2020 to 15 September 2021**

# \*Why are we not hearing that in just three months after vaxx roll-out, Moderna's internal reporting systems had recorded a staggering 300,000 adverse reactions to the vaxx?

- \*Claims ex-New York Times reporter, Berenson
- From internally released IQVIA reports
- **More than 25 X** the 10,500 adverse events within VAERS (voluntary reporting system)
- Far higher than numbers reported to the FDA

[REPORT: Moderna Had 300,000 Adverse Effects from Its COVID Vaccine - Headline USA](#)

**Headline USA**

TOP NEWS POLITICS FINANCE HEALTH COURTS CRIME FAITH CULTURE

## REPORT: Moderna Had 300,000 Adverse Effects from Its COVID Vaccine

*Lingering questions by some about both the efficacy and side effects long-term for mRNA type of vaccines...*

By John Ransom August 6, 2021



Vanessa Guerra, at right, receives a shot of the Moderna COVID-19 vaccine from nurse Kelly Mendoza/AP Photo



Andrew Bostom, MD, MS

@andrewbostom



@AlexBerenson Moderna insider email reveals "300K adverse event reports" in a 3-month period which "dwarfs the number of reports in VAERS for the Moderna vaccine" for either 3-month period, Jan-Mar; Apr-June [alexberenson.substack.com/p/some-actual-...](https://alexberenson.substack.com/p/some-actual-...)

# Why are many doctors reporting a marked increase of cancers in vaxxed people?

## Comments from Dr. Ryan Cole, pathologist:

- *"Increases of endometrial cancer, melanomas, herpes, shingles, mono, and a 'huge uptick' in HPV when looking at women's cervical biopsies"*
- *"The vaccines seem to be causing serious autoimmune issues, like a 'reverse HIV' response"*
- *"Post-vaccine, there are significant drops in killer T-cells, in your CD8 cells, which keep all other viruses in check"*

Idaho doctor reports a '20 times increase' of cancer in vaccinated patients - LifeSite (lifesitenews.com)

[Brighteon](#)

## Idaho doctor reports a '20 times increase' of cancer in vaccinated patients



ToTheLifeboats  
@ToTheLifeboats



This doctor trained at the Mayo Clinic and runs the largest independent testing laboratory in Idaho.

Listen to what his lab testing is showing:



3:53 AM · Aug 26, 2021



10.4K 595 Share this Tweet



Steve Maher

2 November at 05:31 · 🌐

3000 South Australian health workers protest.

- 30 out of 38 patients in ICU are vaxed.
- Most hospitalisations are vaccine injured.
- Myocarditis raging among vaxed.
- Massive government/ media coverup.

Their words, not mine. This video will be deleted by Facebook before too many get to see it. Here's your chance to wake up.

NOTE: We now know who shot the original footage. Please see our website link for full disclosure here (<http://www.commonsenseextremists.com/south-australia-nurse.../>)

Why are nurses like Maureen from South Australia who loved her job before being sacked for not taking the vaxx, reporting that large numbers of hospitalizations are from **vaxx injured people?**

[Steve Maher – 3000 South Australian health workers... | Facebook](#)



# Why is it there not a **MAJOR** investigation into Pfizer and Moderna as a result of what this key safety data shows us?

## Key Safety Data from \*VAERS Reports

The numbers as of 15th October 2021

FLU VACCINE	PFIZER VAXX	MODERNA VAXX
Adverse Events (AE) Reports		
1608	171463	188998
Deaths		
15	2828	2603
Hospitalizations		
73	14262	10225

\*VAERS is the US Vaccine Adverse Event Reporting System.

Studies show that VAERS captures between only 1 % to 3 % of actual events, so the numbers in the table above are likely to be at least 30 X of those stated.

[100% of Covid-19 Vaccine Deaths Were Caused by Just 5% of the Batches Produced According to Official Government Data | Algora Blog](#)

Compare the numbers for Pfizer and Moderna columns in the table to the Flu vaccine.

**More than 200 X risk of adverse events for Pfizer & Moderna versus flu vaccine**

**More than 300 X risk of hospitalization or death for Pfizer & Moderna versus flu vaccine**

\* **Why is a MAJOR investigation not underway re the fact that some vaxx 'lots' have each PRODUCED THOUSANDS OF ADVERSE EVENTS (AEs) AND DOZENS OF DEATHS?**

Of all of the information in this presentation this data is probably the most concerning.

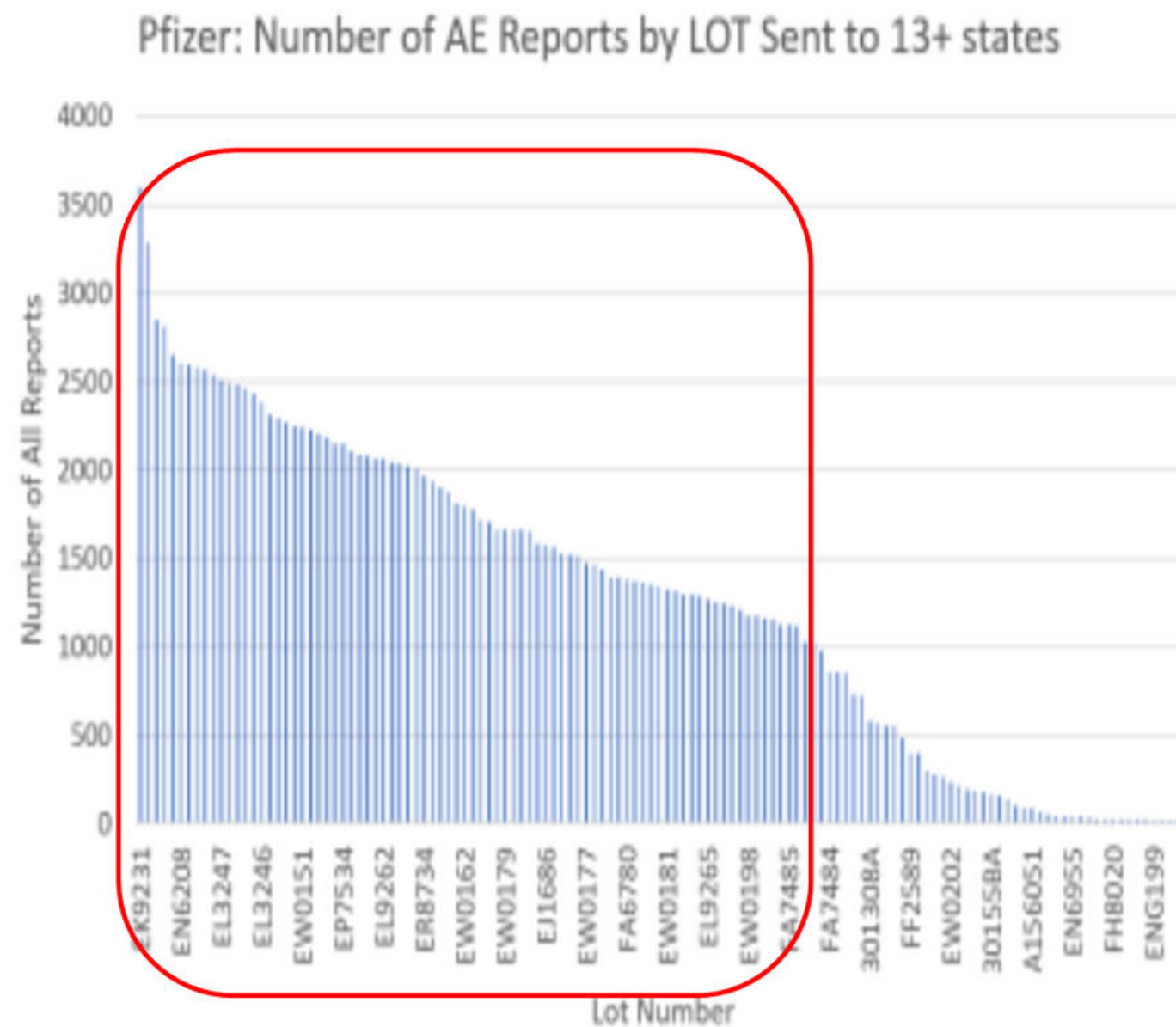
Thousands of vaxx 'lots' have each been manufactured by Pfizer, and by Moderna. Each 'lot' contains thousands of doses.

**Dozens of lots EACH had more than 1,000 AE reports!**

**12 lots EACH had more than 60-deaths!**

The data for Moderna is (inexplicably) similar.

[100% of Covid-19 Vaccine Deaths Were Caused by Just 5% of the Batches Produced According to Official Government Data | Algora Blog](#)



**Claim: Odds of a heart attack in the next 5-years more than doubles for vaxxed people**

***"This increase is totally massive. If true, it would mean absolutely massive increases in numbers of heart attacks."*** Dr John Campbell

-----

- **Initial study (paper to follow) was for more than 500 vaxxed people at 10-weeks post-vaxx**
- **ACS (Acute Coronary Syndrome) PULS score had skyrocketed from 11 % to 25 % for vaxxed people**

**Why are we not being told that the latest research indicates that the future potential risk of heart attacks for vaxxed people has doubled?**

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY

SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

**Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning**

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

# Latest devastating news on the vaccine

If you weren't already convinced, you double your risk of cardiac incidents and the rate of stillborn babies is up by 29 times (but only if you are vaccinated). Does anyone in authority care?

[Latest devastating news on the vaccine \(substack.com\)](https://substack.com)

[Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning | Circulation \(ahajournals.org\)](https://ahajournals.org)

[Heart risk after vaccines - YouTube](https://www.youtube.com)



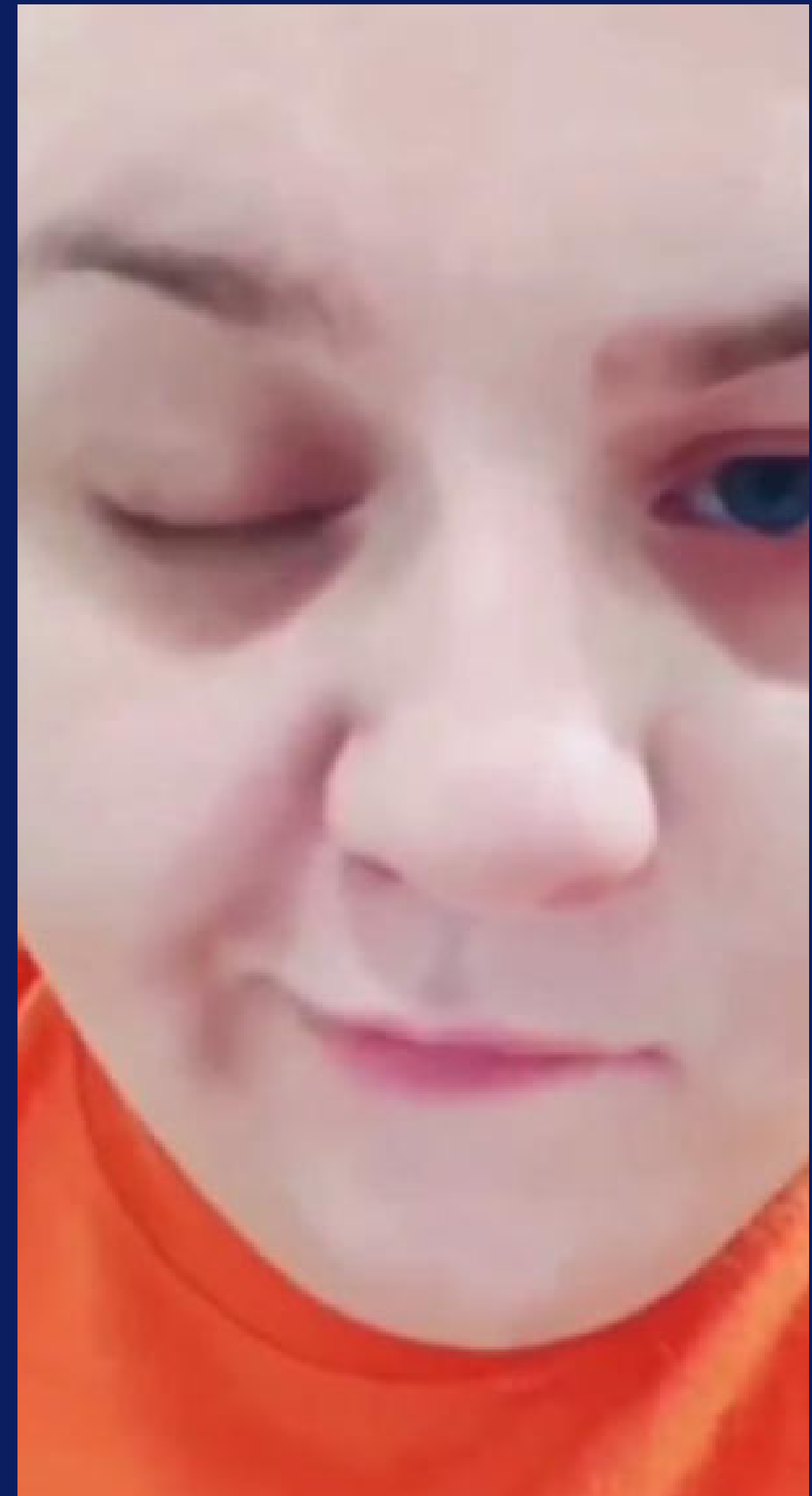
Steve Kirsch

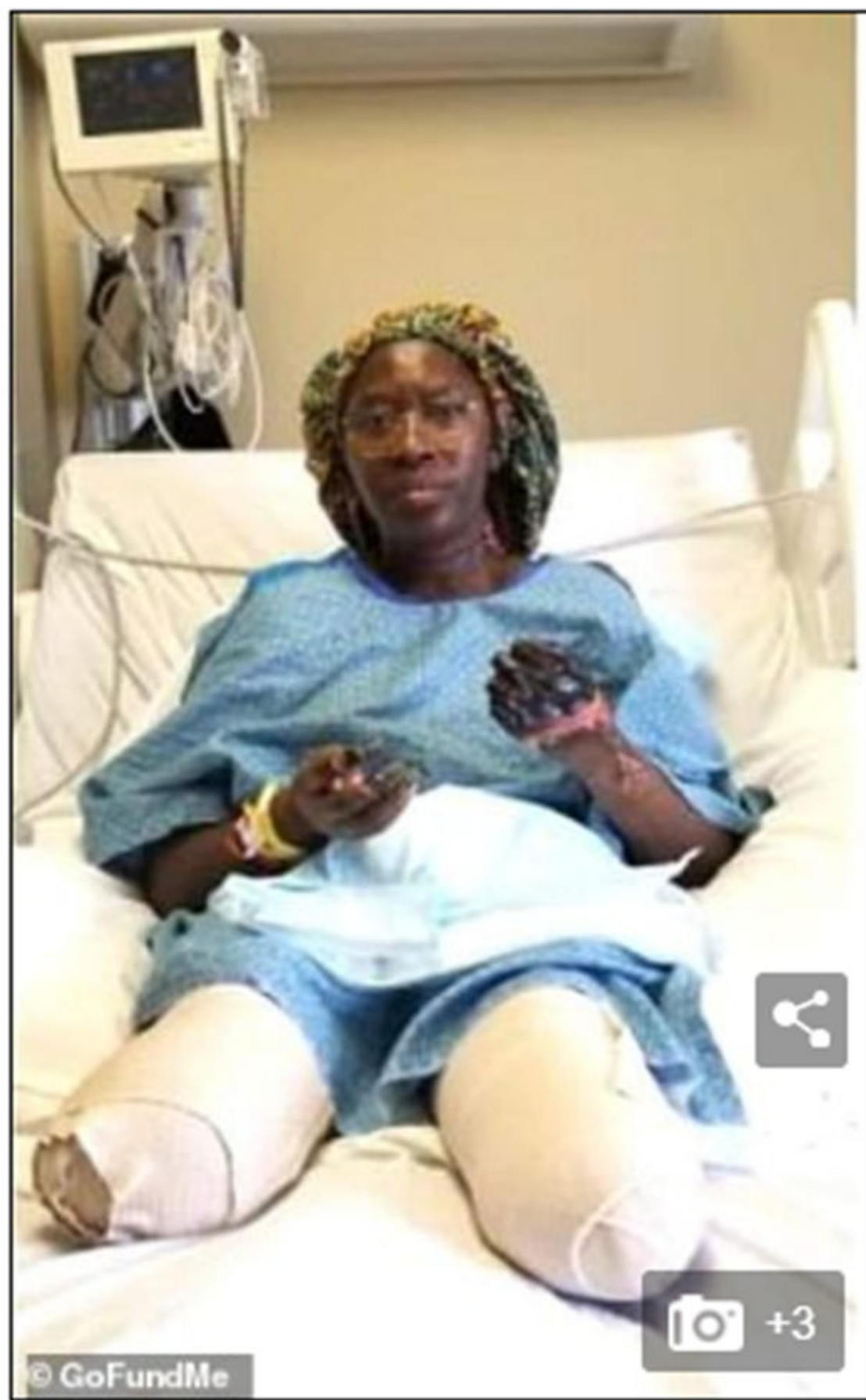
Nov 24 273 341

Why are we **regularly** seeing these types of injuries post-vaxx if side effects are 'rare'?

Or might '**rare**' mean '**rarely reported**'?

[Frontline Workers Testimonies & VAERs Reports 26 MAR 2021 : Free Download, Borrow, and Streaming: Internet Archive](#)





Jummai Nache (pictured) contracted COVID-19 in the days after she received the second shot of a vaccine. Complications from the virus led to her needing both legs amputated



Harold Molle developed a blood clot in his leg three days after his second dose of Astra Zeneca. It had to be amputated. (9News)

Dave Mears: Former Taekwondo World Champion's Leg "Exploded" 1 Month After Receiving AstraZeneca Vaccine



Former taekwondo world champion Dave Mears had his left leg amputated just a month after receiving the AstraZeneca COVID-19 vaccine, which caused his leg to "explode".

Why are there **MANY** records of clotting, haemorrhaging or worse within days or weeks post-vaxx?

Minnesota woman has both her legs AMPUTATED after contracting COVID-19 days after receiving vaccine | Daily Mail Online

Ex-taekwondo champ catches mystery infection that made leg 'explode' - Daily Star

Coronavirus vaccine update Australia: Thousands apply for government scheme to compensate COVID-19 vaccine reactions (9news.com.au)

This Is All Lies , All Made Up? | peckford42 (wordpress.com)

# Why, if the government is repeatedly claiming that the vaxx is safe, would it want to wait 55 years to release Pfizer's vaxx safety data?

## FDA Asks Federal Judge to Grant it Until the Year 2076 to Fully Release Pfizer's COVID-19 Vaccine Data

The fed gov't shields Pfizer from liability. Gives it billions of dollars. Makes Americans take its product. But won't let you see the data supporting its safety/efficacy. Who does the gov't work for?



Aaron Siri

Nov 18 ❤️ 396 💬 298 ➦

- The FDA has asked a federal judge to **make the public wait until the year 2076** to disclose all of the data and information it relied upon to license Pfizer's COVID-19 vaxx
- The FDA wants to release data at the rate of 500 pages per month
- More than 30 academics, professors, and scientists from the USA's most prestigious universities requested the safety data and information submitted to the FDA
- The FDA has repeatedly promised "full transparency" with regard to Covid-19 vaccines

[FDA Asks Federal Judge to Grant it Until the Year 2076 to Fully Release Pfizer's COVID-19 Vaccine Data - by Aaron Siri - Injecting Freedom \(substack.com\)](#)



# Why did a mother make a video of 40 Israeli people who were vaccine-damaged or dead after taking the Pfizer vaxx if it is safe?

The testimonies project - the movie  
[WATCH: Vaccine Injury Stories Pour In Public Thanks to a Brave Israeli Mom – The True Defender !](#)



- Spoke to hundreds of vaxx-affected people. Many permanently injured
- Read thousands of job-affected testimonies
- No news company, journalist, reporter investigated this or published the data
- Victims in constant pain
- Victims afraid to speak out due to hostility on this subject
- Many pressured into jab from employers, government, schools, family and friends
- Damages: heart problems, disease, blood clots, bleeding & miscarriages, infections & inflammations, skin problems, neurological problems etc.

Why, if the vaccines are safe, have Australian frontline health workers formed a Telegram group called *Frontline Workers Speak Out* which in less than a month had amassed more than 50,000 subscribers, detailing hundreds of horrific side effects and deaths from patients and frontline workers as a result of taking the vaccine?

—————→

←  Frontline Workers Speak Ou...  
54.3K subscribers

Frontline Workers Speak Out! 🗣️❤️🇺🇸 #AU

**Whistleblower #0087**

Registered Nurse, 23yrs incl. ICU.

AHPRA verified ✓

6/10/21

What I've seen;

1. A massive increase in nose bleeds
2. A person post vaccination with fainting and an overall jaundiced colour. Months in this person still had a jaundiced colour
3. chest pain, palpitations and a feeling of impending doom 1 day post vaccination
3. extremely high temperatures 1 day post vaccinations
4. people who make statements like; "ever since \_\_\_\_\_ got the jab I feel really unwell" This has happened on a number of occasions
5. people who struggle emotionally with the mask wearing. Mental health issues have dramatically increased in the students.
6. Someone a week post vaccination with ongoing symptoms. Heavy bleeding, rashes, brushing, generally feeling awful.

\*\*\*Updated by request, altered some content for obscurity

←  Frontline Workers Speak Ou...  
54.3K subscribers

**Whistleblower #0084**

Aged Care Worker, 7yrs. NSW.

6/10/21

I was fired from my job for refusing both Influenza and COVID19 vaccines. I worked in dementia wards and was well suited to that particular work (not many are).

I was asked to sign consent forms which asked me to agree the vaccines were "completely voluntary". As I could not, I was fired. I told my employer that it's not possible to give valid, legal consent to something I'm being coerced to take. Their coercion was contrary to their own policies on informed consent. I made the point that it's absurd to financially coerce staff into taking such when so many had been sick.

(1). My grandmother had myocarditis after AZ (she's never been to hospital before now), and I know of a few younger people that have had heart issues since.

(2 and 3). I witnessed two people in the area that I work die due to the vaccine. It was obvious as directly after the second shot they both could no longer sit up straight or talk. They both died a week later.

(4 and 5) Another can no longer walk. One recovered slightly after first dose to walk, but the second (they) didn't recover from. Prior to the vaccine – was a wanderer who constantly walked all day long. Another

←  Frontline Workers Speak Ou...  
54.3K subscribers

**Whistleblower #0076**

Medical Practitioner (Dr.) Former RN & Midwife.

Emergency Dept.

AHPRA verified ✓

2/10/21

I have been notified I will not be rostered for shifts because I have not provided evidence of first vax by 1/10, with 2nd due 1/11.

I previously worked briefly on a -- ward. After seeing multiple cases of stroke after both az and Pfizer, I questioned senior staff about reporting to tga. I was told tga has provided guidelines on what platelet count, fibrinogen, and d-dimer level they consider relevant when reporting adverse effects. Because of this, doctors were no longer reporting anything that didn't match the tga recommendation.

In the ED I have seen 5 cases of pulmonary embolism in patients under 30, 6 cases of pericarditis, 4 of myocarditis in patients from teenage to early 40s, multiple cardiac arrest, strokes and cases of anaphylaxis after these jabs. This is all in the past 8 weeks. Given I am one doctor out of approx 95 who cover 3 shifts daily, working only 4 days per week, in a -- rural hospital, I can't imagine what the actual numbers are nationwide,

I can equivocally say that these are not being considered related. I feel that this is primarily



Why, if the vaccine is safe,  
was ABC's Facebook page  
that asked for tragic  
unvaccinated Covid  
stories instead inundated  
with


over 250,000 stories of  
tragic injuries and  
deaths

within the space of 5-  
days as a **RESULT OF** the  
vaxx (before the page  
was removed).




## Unexpected and heartbreaking: Thousands flood ABC affiliate's Facebook page with vaccination horror stories

by: WorldTribune.com 09/13/2021 Source: WorldTribune.com

 **WXYZ-TV Channel 7** ✓  
September 10 at 3:40 PM · 🌐

After the vaccines were available to everyone, did you lose an unvaccinated loved one to COVID-19? If you're willing to share your family's story, please DM us your contact information. We may reach out for a story we're working on.



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Recent Articles



# Why did the US government authorize boosters when their FDA scientists **voted 16 – 2 AGAINST it for safety reasons?**

- Uncertainty that COVID-19 shots reduce hospitalization without causing serious harm
- **Claims that for every life the vaxx saves it would kill between 2 to 6 people**
- Doctors presented REAL data about the vaxx until then had been heavily censored
- Claims from non-government data that about **150,000 people had been killed** from the vaxx in the US to date
- Many nurses refused to take the vaxx despite seeing COVID-19 death & devastation, because they also witnessed many vaxx injuries and deaths
- Despite all of this, the US government approved the boosters anyhow


[BOMBSHELL: FDA Allows Whistleblower Testimony that COVID-19 Vaccines Are Killing and Harming People! \(bitchute.com\)](#)

[BOMBSHELL: FDA Allows Whistleblower Testimony that COVID-19 Vaccines Are Killing and Harming People! \(healthimpactnews.com\)](#)

**BOMBSHELL: FDA Allows Whistleblower Testimony that COVID-19 Vaccines Are Killing and Harming People!**

# The vaxx is safe?

Tragically, the creator of the *V-Safe* US smartphone application, that was designed to remind people to get vaxxed, died right after getting vaxxed.

 **Alex Lightman**  
26m · 🌐

Creator of app to remind others to get vaxxed (v-safe) dies after second injection of vax. But Joe Biden says it's "perfectly safe"...

The word "perfect" doesn't seem to mean what it used to be.

"Joel R Kallman, head of the software development department for Oracle APEX, has died "of Covid" just days after taking the second injection of messenger RNA against the new coronavirus, writes Vlad Parau on the ActiveNews portal based on Natural News's information.

On March 26, 2021, Kallman was announcing his Twitter followers that he had had his first injection against Covid-19 and was proud of creating " v-safe ", a smartphone app that would have them



# Is Ryan's vaxx injury horror a 'rare' event like we're being told?

## RYAN'S STORY & INJURIES:

-Extreme fatigue, light sensitivity, jerky eye tracking, slow reflexes, unusual walking gait, tinnitus, ear pain, extreme pain at base of spine, headache spread over the left side of face. Muscle weakness, can no longer walk unassisted, muscle tremors, pins & needles, feeling of numbness in limbs, 4-hourly vertigo attacks

*-“The lovely lady at the Government's 1800 number service told me she was getting **100's of calls every week just like mine.**”*

-Self reported to TGA and SafeVac - no response

-My GP was not able to provide any support or useful guidance

*-“The doctors don't know how to fix us because they are not allowed to talk about vaccine injuries.”*

<https://www.realnotrare.com/realstories>

[The Faces Of The Vaccine Injured | Real, Not Rare \(realnotrare.com\)](#)

[Ryan Taylor \(realnotrare.com\)](#)

Ryan Taylor

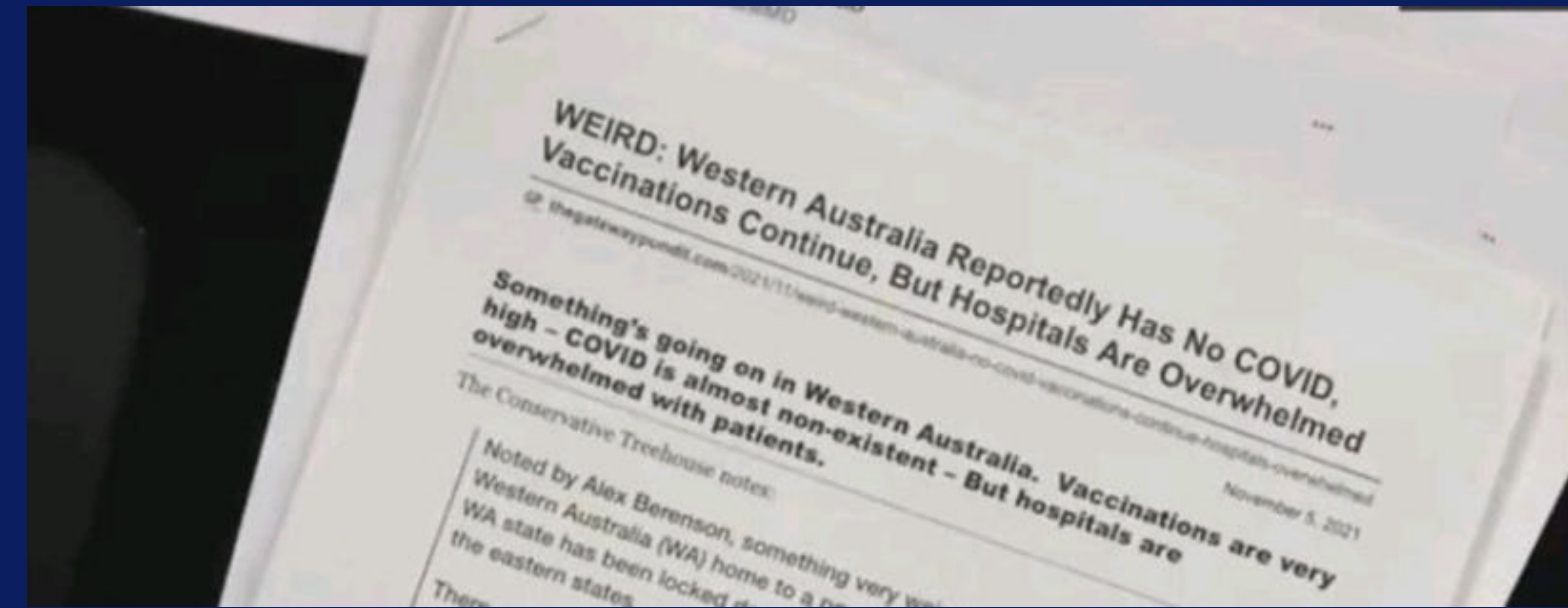
First Dose of Pfizer on 08/13/21  
Melbourne, Australia



# Why are people getting sicker in many highly vaxxed regions & countries, with hospitals under stress?

**Natural News**  
The world's top news source on natural health

**Emergency Rooms across America being swamped by post-vaccine patients suffering organ failure**



**Mirror** | ce between a cold and COVID-19 | FREEWORLD

NEWS | FOOTBALL | CELEBS

## 'Worst lurgy ever' is spreading across UK - complete with 'horrible symptoms'

As the 'worst cold ever' sweeps Britain, experts warn this winter would see an increase in colds and flu as people socialise without any restrictions for the first time since March, 2020

By Graeme Murray & Kate Lally  
21:49, 9 Oct 2021 | UPDATED 11:59, 11 Oct 2021

49 COMMENTS

The 'worst lurgy ever' is spreading across the UK with sufferers say it has 'horrible symptoms'. It is leaving people with a sandpaper throat, chesty cough and runny nose that's reportedly difficult to shift. Experts have warned for some time that this winter would see an increase in colds and flu. This is because people are socialising largely without any restrictions for the first time since March, 2020. One woman explained she had been 'totally floored' for weeks and more and more people are saying they have been ill, or know someone who is under the weather, according to the **Liverpool Echo**.

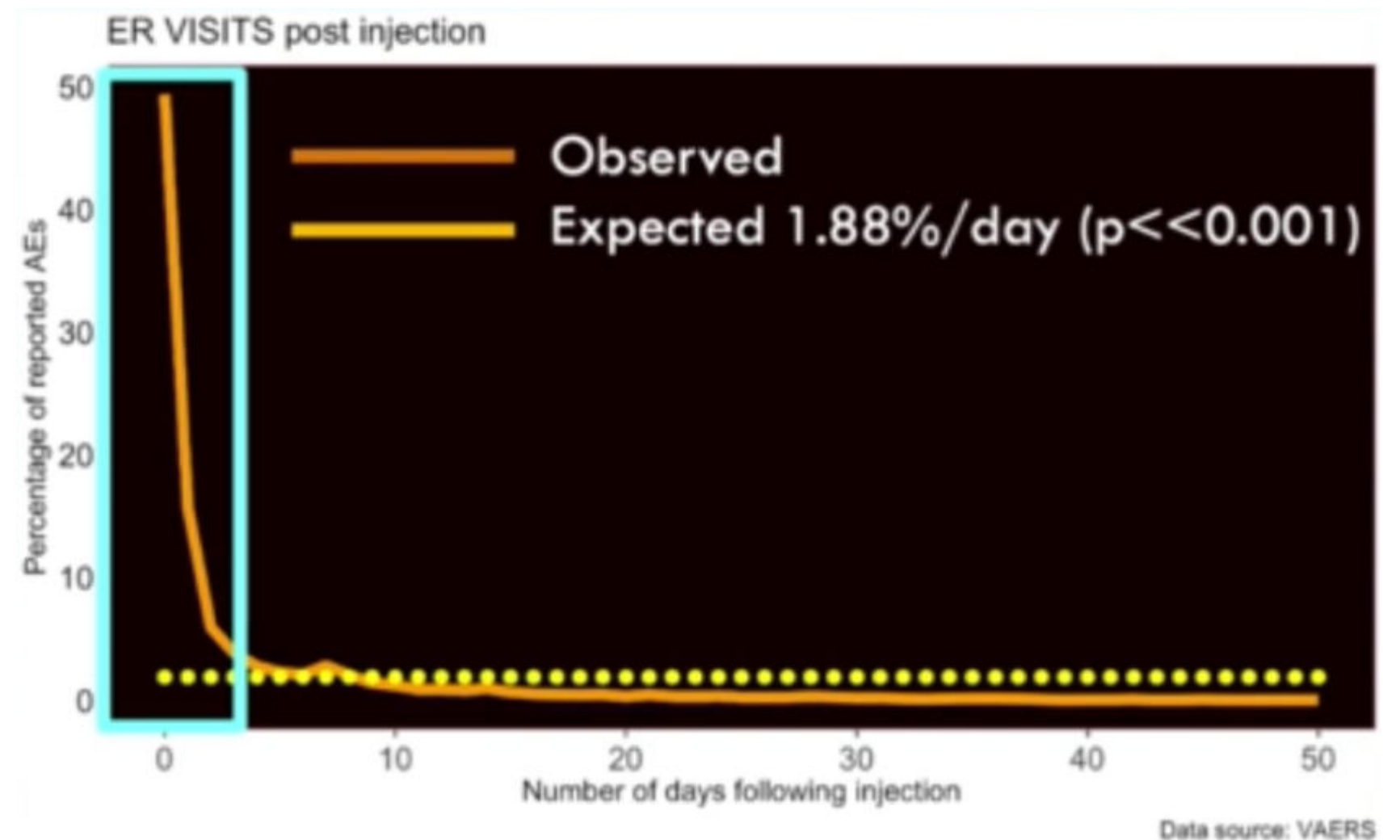
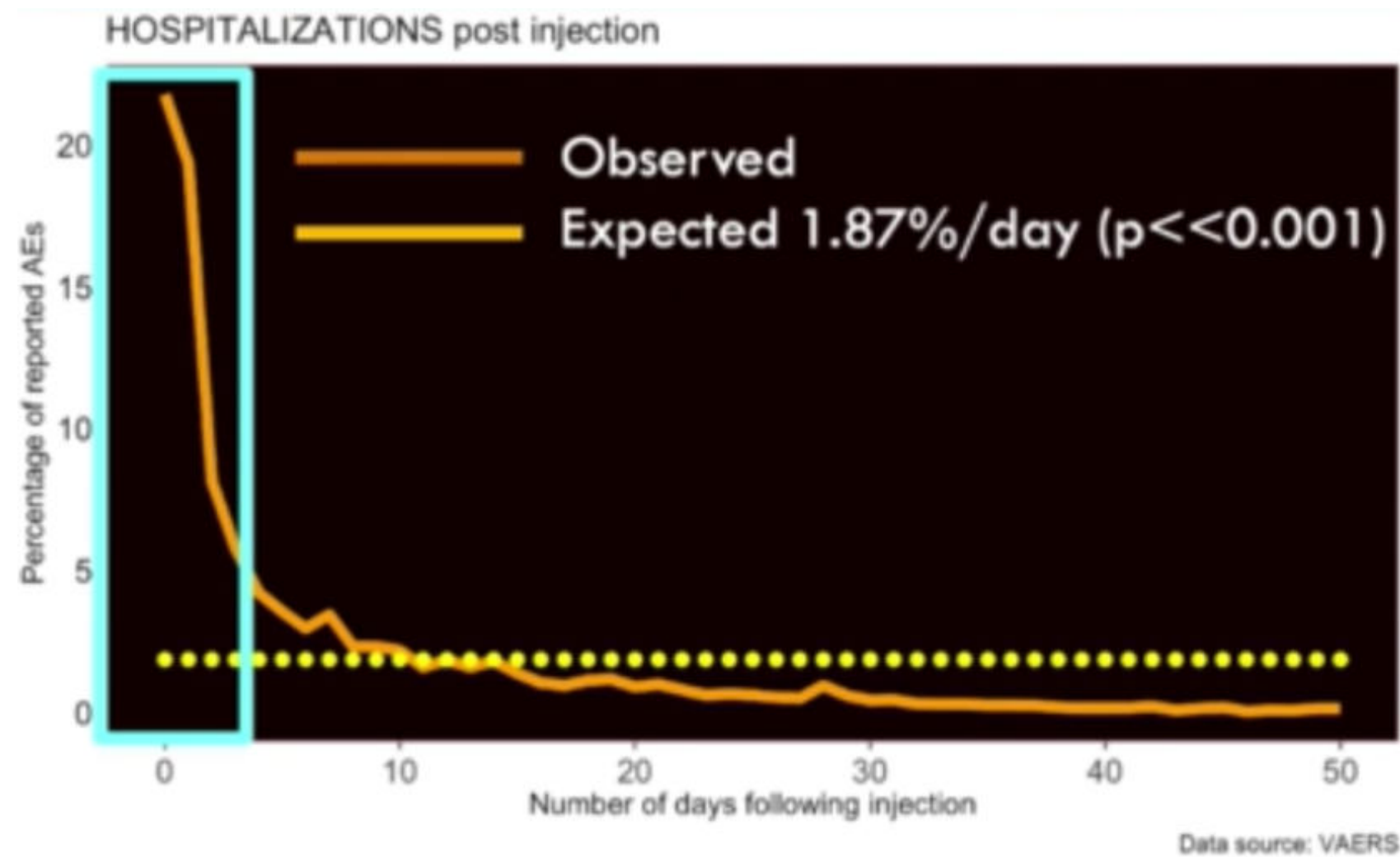
[Emergency Rooms across America being swamped by post-vaccine patients suffering organ failure | Naturalnews.com \(newslettercollector.com\)](#)



3000 South Australian health workers protest. - 30 out of 38 patients in ICU are vaxxed. - Most hospitalisations are vaccine injured. - Myocarditis raging among vaxe...

# Why, if the vaxxes are safe, are we seeing significant spikes in both hospitalizations and ER visits within 72 hours post vaxx?

COVID Vaccine Shots: Analysis of "Breakthrough Deaths". Dr. Jessica Rose - Global ResearchGlobal Research  
- Centre for Research on Globalization



Why did a Jewish Court rule (1st Nov 2021) that it was ***“Absolutely forbidden to administer or even promote this injection*** to children, adolescent young men or women”, claiming the following after listening to evidence within an 8-hour session ...

- **Profound danger inherent from the vaxxes**
- **Government agencies and pharmaceutical companies are deceitful, concealing true data**

- **Much harm has been caused to pregnant women, many women bleeding for months afterwards**
- **May be dangerous for pregnant women to be around injected people**

- **Pfizer product label states *“available data on COMIRNATY administered to pregnant women are insufficient to inform vaccine associated risks in pregnancy.”***

- **The media prevents the publication of injuries and deaths**
- **Other treatments available, but denied by government agencies**

- **Pfizer vaccine label states *“has not been evaluated for the potential to cause carcinogenicity, genotoxicity or impairment of male fertility.”?***

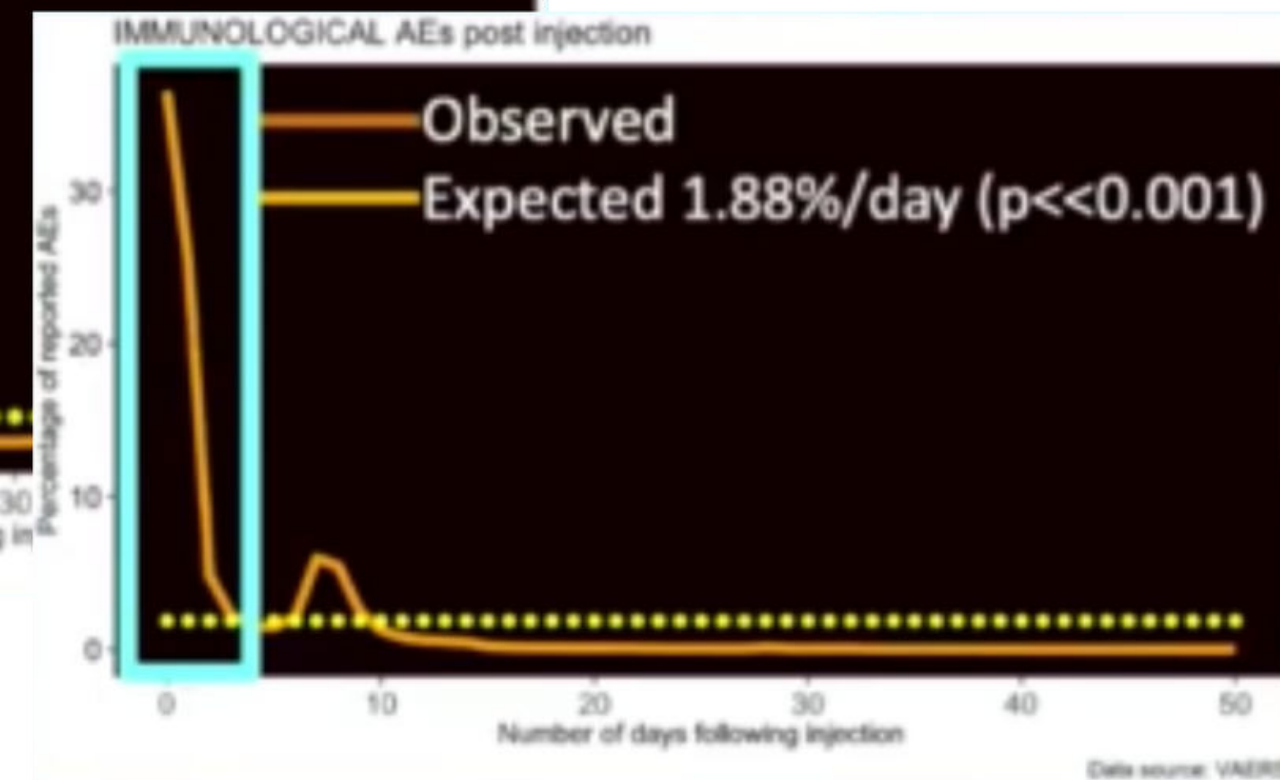
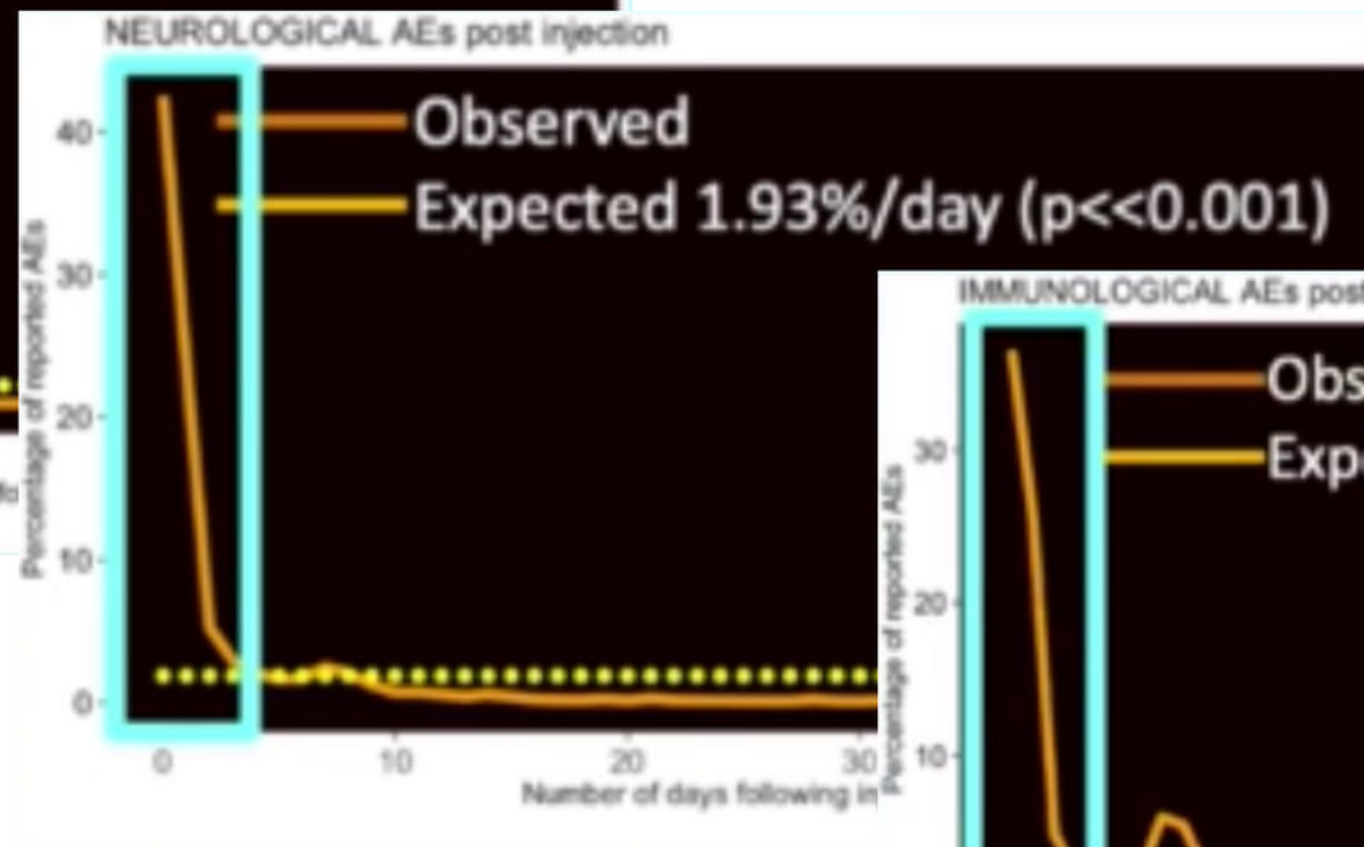
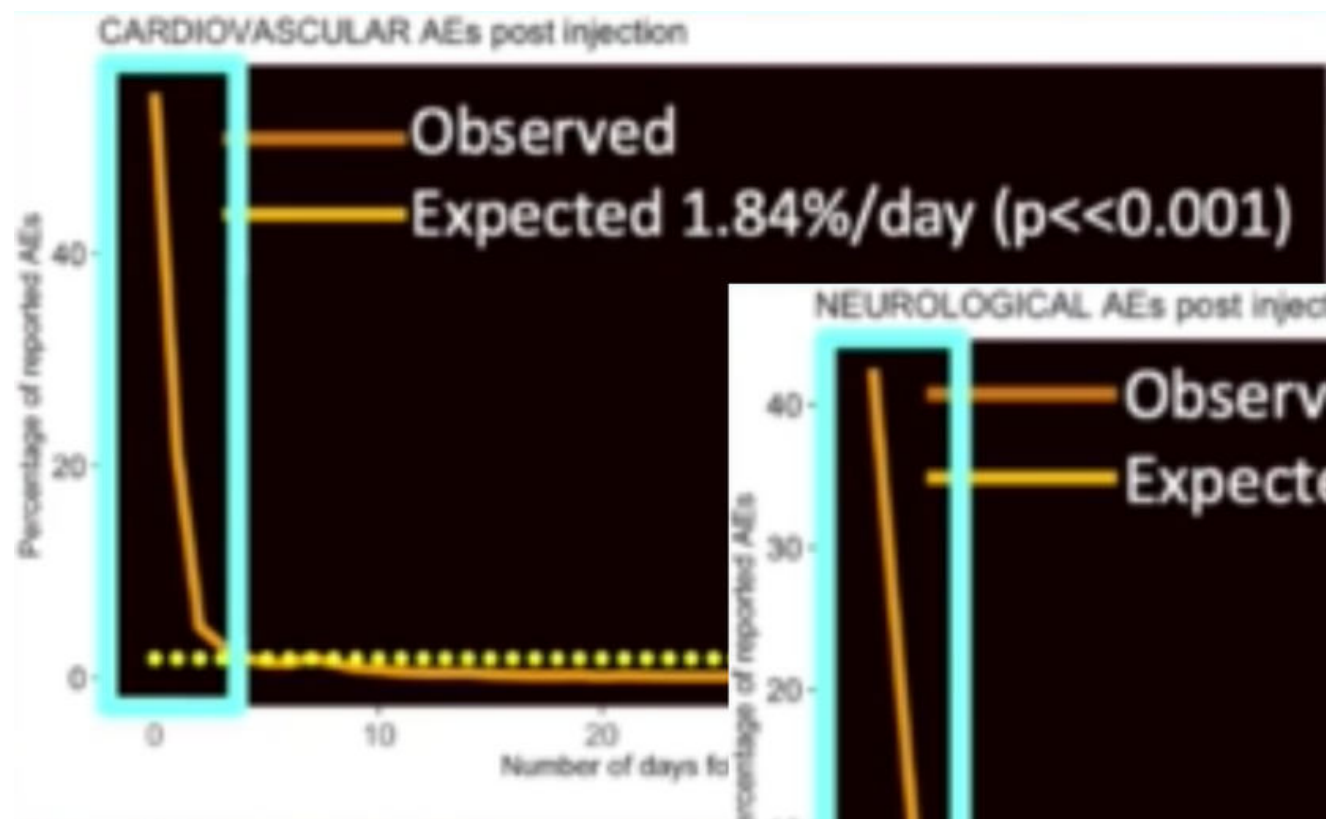
**View Source [here](#).**



22/11/2021

**“Absolutely forbidden to give COVID shots to kids, young men and women”, Jewish court rules**

# Why, if the vaxxes are safe, do we see huge spikes in cardiovascular, neurological, immunological Adverse Events within 72 hours post vaxx?



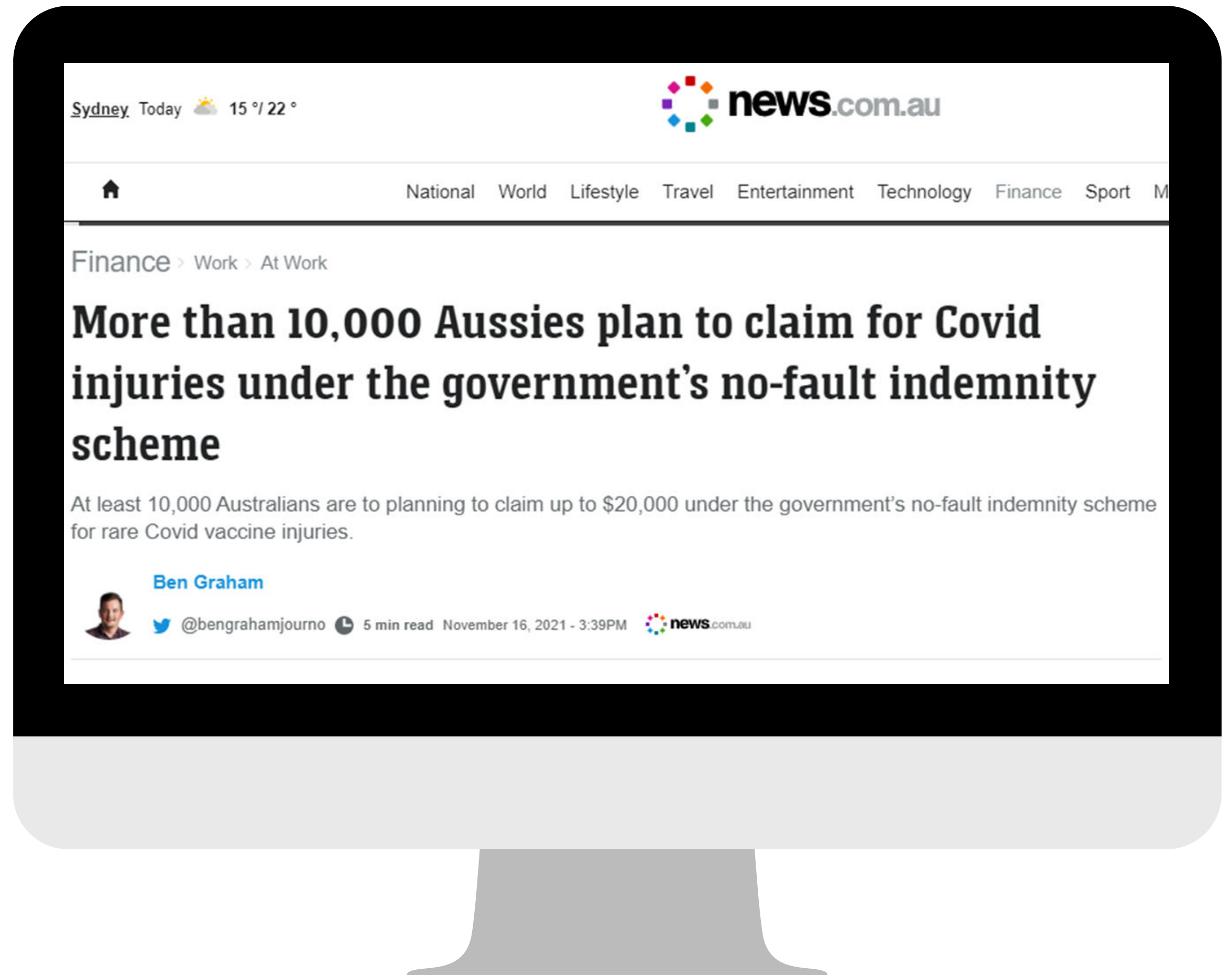
COVID Vaccine Shots: Analysis of "Breakthrough Deaths". Dr. Jessica Rose - Global Research - Centre for Research on Globalization



# If the vaxx is safe why are **more than 10,000** Australians suing for **vaxx injuries**?

- Only for claims between \$ 1,000 to \$ 20,000?
- For claims > \$ 20,000?
- **The numbers of vaxx injured, and claims, will continue to increase significantly over time with more boosters**

[Australia COVID vaccine injury claims total more than 10,000 \(smh.com.au\)](https://www.smh.com.au)



# Why have the vaxx companies said that the vaxxes do not affect DNA when recent lab studies show cause for great concern?

- Swedish lab studies produce 'bombshell news in molecular biology'
- The spike protein from the vaxx can enter the nucleus which houses DNA
- **Result: DNA repair inhibited**
- Previously not thought possible
- **IF DNA is affected, this could be catastrophic long term**
- Additional monitoring needs to be urgently performed

View Source 1 [here](#).

View Source 2 [here](#).

View Source 3 [here](#).

Viruses | Free Full-Text | SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro (mdpi.com)

Spike protein inside nucleus enhancing DNA damage? - COVID-19 mRNA vaccines update 18 - YouTube

<https://www.youtube.com/watch?v=-SYL-iU0E9Q>

Open Access Article

## SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

by [Hui Jiang](#)<sup>1,2,\*</sup> and [Ya-Fang Mei](#)<sup>2,\*</sup>

<sup>1</sup> Department of Molecular Biosciences, The Wenner-Gren Institute, Stockholm University, SE-10691 Stockholm, Sweden

<sup>2</sup> Department of Clinical Microbiology, Virology, Umeå University, SE-90185 Umeå, Sweden

\* Authors to whom correspondence should be addressed.

Academic Editor: Oliver Schildgen

*Viruses* 2021, 13(10), 2056; <https://doi.org/10.3390/v13102056>

Received: 20 August 2021 / Revised: 8 September 2021 / Accepted: 8 October 2021 /

Published: 13 October 2021

(This article belongs to the Special Issue SARS-CoV-2 Host Cell Interactions)

Given that studies are showing that many vaxx injuries will manifest months or even years post-vaxx, if **YOU** were injured how do you think you might prove that it was the vaxx that caused your injury?

Dr. Ryan Cole and others are seeing **huge spikes** in cancers weeks or months post-vaxx

Studies are showing that the vaxx reduces natural antibodies, making the body **more susceptible to sickness** from diseases in the future

In-vivo studies show that **DNA repair is inhibited** post-vaxx – meaning that sickness and injuries will occur in the future

If **most doctors are in denial that the vaxx is causing injuries** just after people are vaxxed, why would doctors ever admit that the vaxx has caused an injury months after the event?



# Does it seem fair that in the US it will be very difficult to claim for damages from a vaxx injury?

- You can't sue Pfizer or Moderna
- You can't sue the FDA or the US Government
- There is a (CICP) compensation scheme, but 94 % of claims are rejected
- Very concerning given that VAERS (that reports only a fraction of total injuries) has around 1-million cases

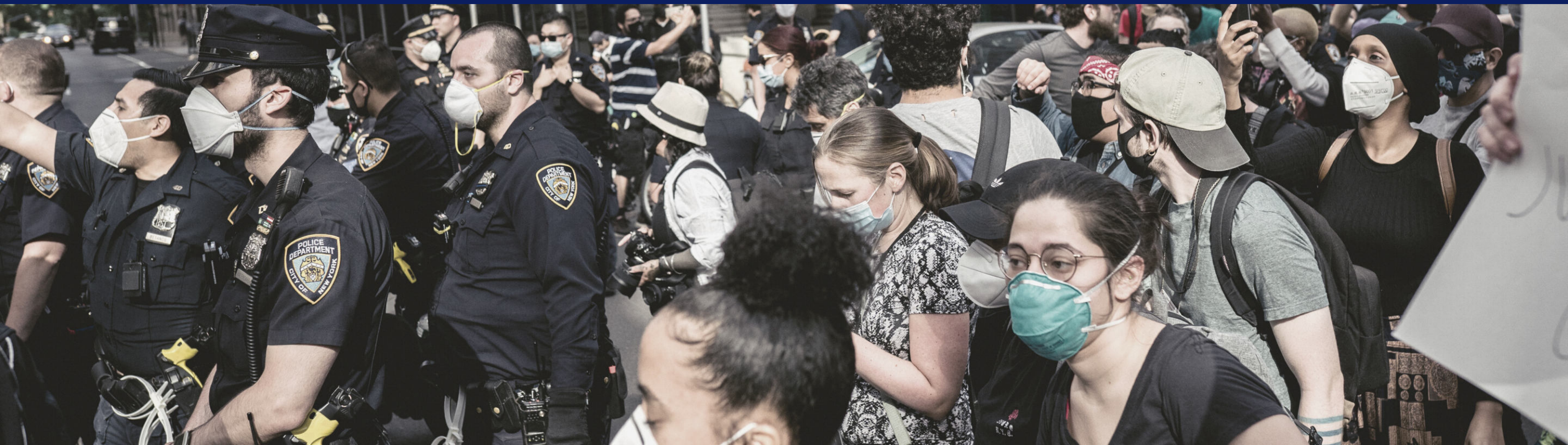
<https://www.cnbc.com/2020/12/16/covid-vaccine-side-effects-compensation-lawsuit.html>

If you are injured by the COVID vaccine, it will be nearly impossible to receive compensation for lost work days and medical bills



**Is the Mainstream Media (MSM) reporting any of this?  
Are our governments urgently flagging this?  
Are our regulatory bodies highlighting this?  
Are the vaxx companies investigating this?**

**If not, why not?**



# 2.

Our  
**CHILDREN**  
should be  
vaxxed?



# Are you aware that thousands of teens have been permanently injured and are dying within literally days of taking the vaxx?

[COVID-19 Injection Casualties List \(healthimpactnews.com\)](https://healthimpactnews.com)

## COVID Shots Are Killing and Crippling Teens in Record Numbers – Young Children Are Next

Whistleblower Reveals Fraud in Pfizer COVID Vaccine Trials as 5 to 11-Year-Olds Begin to be Injected – Vaccine Deaths and Injuries to Follow



Rare?  
or just  
Rarely  
reported?

# Why are fit and healthy teenage sportspeople, dropping dead at absolutely unprecedented rates?

## "Nobody expected anything like this": 12-year-old dies while training basketball

November 2, 2021 in World

12-year-old Jayson Kidd collapsed while warming up to a basketball workout at school. His life could not be saved – despite his rapid admission to a hospital, only his death could be determined. He is said to have died of "natural causes" due to a problem with his coronary arteries. Recently, many athletes around the world are dying of "natural causes" with heart problems. System media and politicians are puzzling over what could be different in 2021 than in the past.

## Young rugby player who 'gave his heart' to the game dies suddenly aged 17

By **Katie-Ann Gupwell**  
14:14, 2 NOV 2021 | UPDATED 14:48, 2 NOV 2021

Hundreds of tributes have been paid to the much-loved player of Penygraig RFC

The Valleys rugby community has been left shaken following the sudden death of a "very talented" young player who "gave his heart" to the game.

On Monday it was announced that Youth Captain at Penygraig RFC Logan Luker had died at the age of 17.

In a heart-breaking message to the community, the club confirmed the news on Monday, November 1. The sudden loss has left the community devastated.

Logan's family have described him as a "special person" who always brought joy to people's lives.

### LATEST HEADLINES

## Chester County Coroner: Philadelphia teen died of cardiovascular disease while playing football

By **FRAN MAYE** | [fmaye@dailylocal.com](mailto:fmaye@dailylocal.com) | Daily Local News  
PUBLISHED: September 28, 2021 at 8:41 a.m. | UPDATED: September 28, 2021 at 9:59 p.m.

WEST CHESTER — A Philadelphia teen who collapsed during a water break while playing in a scrimmage in Coatesville in July died of hypertensive cardiovascular disease, the Chester County Coroner's office ruled this week.

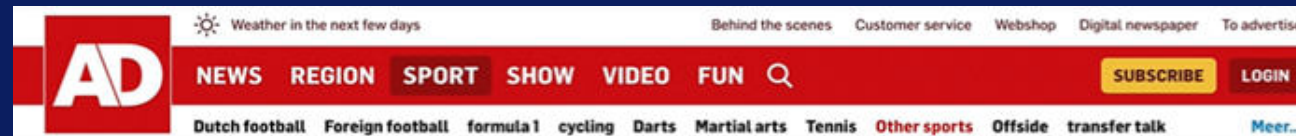
### STATE - ENSENADA

## 16-year-old athlete dies in sports unit

The events occurred during the early hours of the day while practicing physical activity

By: **Redacción | The Mexican** | October 13, 2021

**Ensenada**, BC - During the morning of October 12 at



## Hockey club Laren mourns deceased Sebastiaan Bos (19)

Hockey club Laren is in deep mourning after the death of Sebastiaan Bos. The first team player has turned 19 years old.

Sports editors 11-09-21, 18:03

### SPORT > SOCCER

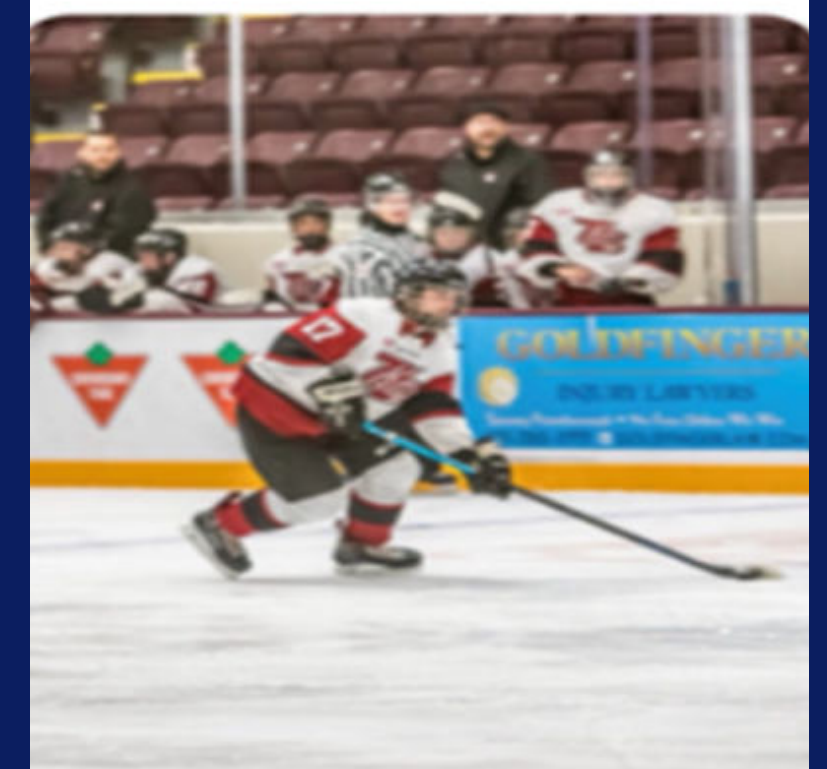
## Gold Coast soccer community rallies around girl, 14, after suffering heart attack on field

Warren Barnsley • **7NEWS** Published: Monday, 18 October 2021 4:17 PM AEDT

A healthy and active Gold Coast girl who suffered a heart attack during a soccer game has emerged from a coma, but is facing a long recovery.



Sean Hartman: 17-Year-Old Boy Dies Shortly After Receiving The COVID-19 Vaccine



Local Teen, Queen's University Student Passed Away Suddenly After Med...  
[kawartha411.ca](http://kawartha411.ca)



# Why, if vaccines are safe for children, did Project Veritas release a bombshell undercover video where J&J employees were caught admitting the following regarding vaxxing children?

[Johnson & Johnson: Children Don't Need the 'F\\*cking' COVID Vaccine Because There Are 'Unknown Repercussions Down the Road' ... Want to 'Punish' Unvaccinated Adults and Turn Them Into 'Second-Grade Citizens' for Not Complying with Mandates | Project Veritas](#)

#ExposePharma

Johnson & Johnson

*"It's a kid, you just don't do that, you know? Not something that's so unknown in terms of repercussions down the road, you know?"*

BRANDON SCHADT, BUSINESS LEAD, JOHNSON & JOHNSON:

It's a kid, it's a f\*cking kid— you know? Kids shouldn't have to get a f\*cking vaccine, they're a kid, you know.

▶ 0:21 / 9:58



# Why is Australia vaxxing children with the Moderna vaxx when it has a growing number of suspensions over safety concerns?

**FINLAND** – suspended for men under 30

**NORWAY** – recommending a different vaccine instead

**SWEDISH & DANISH** – health authorities paused for young adults & children

**ICELAND** – complete suspension for booster doses

**FRANCE** – independent regulator, Haute Autorité de Santé (HAS) advising against (15/10/21)

**GERMANY** – health authorities – advising against its use for under 30s

**FDA (US)** – not authorized for children

**PS:** Taiwan suspends 2nd Pfizer shots due to Myocarditis risks

## Taiwan suspends Pfizer for children due to Myocarditis

© Reignite Democracy Australia 📅 November 17, 2021 ⌚ 5:14 pm 💬 No Comments

In Taiwan, second doses of the Pfizer-BioNTech COVID-19 vaccine are being temporarily suspended for children between the ages of 12 and 17 due to concerns over the risk of myocarditis.

Taiwan suspends  
Pfizer for children  
due to  
Myocarditis |  
Reignite  
Democracy  
Australia

# Why is Australia continuing the rollout of the Moderna vaxx when it is injuring and killing children in Australia?

In the Senator's letter to the PM Senator Rennick writes:

- Of a 14-year-old girl in Australia who was killed by the Moderna vaxx
- Other countries have withdrawn Moderna and Pfizer vaxxes for children over the injuries incurred
- Over 50,000 children have caught Covid in Australia, with not one death
- Asks for cessation of vaxxes to children, given the risks
- Senator Rennick has been contacted by around 100 vaxx injured people for help



Senator **GERARD RENNICK**  
LNP Senator for Queensland

Hon. Scott Morrison MP  
Prime Minister  
PO Box 6022  
House of Representatives - Parliament House  
CANBERRA ACT 2600

8 November 2021.

Dear Prime Minister

I wish to bring to your attention the reported death of a 14-year-old girl due to the Moderna vaccine as reported in the TGA's Database of Adverse Event Notifications dated 20<sup>th</sup> October 2021.

I ask that the vaccine rollout for children under 18 years of age be suspended immediately.

If ever there was a reason when the precautionary principle should be applied, then the safety of our children should be it.

It is worth noting that over 50,000 children have caught Covid in Australia and not one has died directly from the disease. This evidence is supported by the fact children have fewer angiotensin-converting enzyme 2 (ACE2) receptors, to which the SARS-CoV-2 attaches, and as a result are at the lowest risk of a severe outcome from COVID-19.

I note that in Moderna's country of manufacture, the USA, the FDA has not approved the vaccine for 12-17-year-olds. Sweden and Denmark have also banned the use of the Moderna vaccine for young people due to safety concerns.

It is also worth noting that all Covid vaccines are still undergoing longitudinal studies, of which the data from those studies is still being reviewed on a rolling basis by the TGA.

In light of this evidence, I ask that the Australian Government join these countries in pulling not just Moderna, but all vaccines from circulation for those under 18.

Kind regards,

Gerard Rennick  
LNP Senator for Queensland

CC: Minister for Health

# Why are we vaxxing children when the data shows us that the risk of death from Covid for children is **LESS THAN** that for the flu?

Table 1: Preliminary estimated **COVID-19** cumulative incidence, by age group — United States, February 2020–May 2021<sup>†</sup>

Age group	Infections		Symptomatic Illness		Hospitalizations		Deaths	
	Estimate	95% UI*	Estimate	95% UI*	Estimate	95% UI*	Estimate	95% UI*
0-17 years	26,838,244	21,966,492 – 33,109,862	22,895,857	19,681,278 – 27,181,718	209,264	169,035 – 256,472	332	310-449

Table 1: Estimated **influenza** disease burden, by age group — United States, 2019–2020 influenza season

Age group	Symptomatic Illnesses		Medical Visits		Hospitalizations		Deaths	
	Estimate	95% UI	Estimate	95% UI	Estimate	95% UI	Estimate	95%UI
0-4 yrs	4,291,677	(3,065,436, 8,247,015)	2,875,424	(2,021,018, 5,544,822)	29,920	(21,371, 57,495)	254	(84, 554)
5-17 yrs	8,214,257	(6,551,246, 11,351,951))	4,271,413	(3,315,969, 6,011,703)	22,523	(17,963, 31,126)	180	(35, 439)

- Covid deaths in 2-seasons LESS than flu deaths for one season
- Many of the deaths are not from only Covid, but other serious illnesses or diseases

[Estimated Influenza Illnesses, Medical visits, Hospitalizations, and Deaths in the United States — 2019–2020 Influenza Season | CDC](#)

[Estimated COVID-19 Burden | CDC](#)

# Why did Pfizer notify the FDA that they added an untested blood-thinning ingredient to their children's vaxx?

- Pfizer adds blood thinning Tromethamine to its vaxx for children
- Has never before been tested in use with a vaccine
- Used in heart attack patients, has multiple reported adverse side effects including tissue damage
- Pfizer claims it is for stability reasons
- Evidence of the lack of testing on Tromethamine is concerning
- How do we know that it is safe?

Pfizer secretly added a heart attack drug to child COVID vaccines as reports of cardiac arrest in the vaxxed becomes the norm.



[Pfizer Adds Dangerous Drug to Children's COVID Vaccines \(infowars.com\)](https://infowars.com)

## Why is renowned global expert Dr. Bossch distressed, very distressed?

- *"I'm not into sensationalism"*
- *Mass vaccinations are **CAUSING** an **EXPLOSION** of Covid cases*
- *Vaccinating young people suppresses their immunity, it will make their immunity worthless.*
- *This is going to be a **MAJOR DISASTER.***
- *For me this is unbelievable, unbelievable.*
- ***"If we continue to give boosters to all children, you can put me in gaol if that is not going to be a catastrophe."***
- *I'm very serious about that.*
- *I say this because I'm convinced. I've done my homework, upside down from all sides.*
- *It's like the pieces up a very complex puzzle. I know it's going to explode. Very fast."*



Dr. Vanden Bossche is a genius with rare experience in four complex fields – immunology, virology, vaccinology and microbiology.

[Geert Vanden Bossche Warns of Covid-19 Vaccination Catastrophe | Voice for Science and Solidarity](#)

# Is Geert vanden Bossche correct when he says the following about vaxxing children?

*“... I cannot imagine how mass vaccination of our youngsters and children will not lead to an even more disastrous outcome.*

*This will dramatically increase the children’s risk to succumb to (accelerated) Covid-19 disease.*

*By vaccinating our youngsters, children and, even more generally, all people in excellent health, we ... instead turn them into a breeding ground for more infectious and increasingly NAb-resistant variants.*

*There can be no doubt that large scale immune interventions are recipes for massive disasters.”*



**world renowned Biotech/Vaccine consultant  
ex-pharmaceutical employee**

**The Last Post  
([geertvandenbossche.org](http://geertvandenbossche.org))**

**Why does Geert vanden Bossche, top immunologist,  
also say the following in relation to the  
vaxxing of children?**

***“We are in  
serious  
trouble.”***



***“Injecting our  
kids with this  
vaccine is  
an error of  
unfathomable  
proportions”***



# Why is the inventor of the mRNA vaxx, Dr. Robert Malone pleading, **'STOP vaxxing children'**?

- **One out of every 2,700 vaxxed boys hospitalized from myocarditis / pericarditis (heart trouble) from Comirnaty vaxx (Hong Kong)**
- **For Omicron in the US, where vaxx data was known 78 % were double vaxxed**
- **Says many US, UK and European politicians “need to grow a brain.”**

[Another reason not to jab the children: Omicron \(substack.com\)](#)

[Epidemiology of Acute Myocarditis/Pericarditis in Hong Kong Adolescents Following Comirnaty Vaccination | Clinical Infectious Diseases | Oxford Academic \(oup.com\)](#)

## **Another reason not to jab the children: Omicron**

The data are overwhelmingly clear: it is time to stop vaccinating healthy young people



Robert W Malone MD, MS

Dec 13   ❤️ 300   💬 18   ➦

# Why is the UK rolling out the vaccine to children despite the fact that 1 in 9 children suffered a severe adverse reaction leaving them unable to perform daily activities in the Pfizer clinical trial?

Children are up to 16 times more likely to die with Covid-19 if they've had the Covid Vaccine according to latest UK Health Security Agency report

BY THE EXPOSÉ ON OCTOBER 22, 2021 • ( 1 COMMENT )



Listen Now

The latest report from the UK Health Security Agency shows that the Chief Medical Officer (CMO) for England's decision to recommend all children over the age of 12 should be vaccinated against Covid-19 was a huge mistake because the data shows children are 16 times more likely to die with Covid-19 if they have been vaccinated.

**[Children are up to 16 times more likely to die with Covid-19 if they've had the Covid Vaccine according to latest UK Health Security Agency report – The Expose](#)**

**Why are our governments busting to mandate the vaxxing of children when a tsunami of scientific studies shows that this makes no sense, and that the odds of children dying solely from Covid is less than 1 in 100,000?**

**22 Studies and Reports Raise Doubts About COVID Vaccine Efficacy and Vaccinating Children • Children's Health Defense**  
 ([childrenshealthdefense.org](http://childrenshealthdefense.org))

**6 Studies Showing Why Children Don't Need — and Shouldn't Get — a COVID Vaccine • Children's Health Defense**  
 ([childrenshealthdefense.org](http://childrenshealthdefense.org))

**Why are we vaccinating children against COVID-19? — ScienceDirect**

**IT'S TIME FOR US TO PUT OUR CHILDREN FIRST WITH ABIR BALLAN — World Doctors Alliance**

**Source: [www.ghoorganisation.com](http://www.ghoorganisation.com) "An Assessment of Of Covid-19 & The Failed Global Health Policies of the WHO"**

## HYSTERICAL MEDIA VS FACTS

Table 1

LIFETIME ODDS OF DEATH FOR SELECTED CAUSES, UNITED STATES, 2018

Cause of Death	Odds of Dying
Heart disease	1 in 6
Cancer	1 in 7
All preventable causes of death	1 in 25
Chronic lower respiratory disease	1 in 26
Suicide	1 in 86
Opioid overdose	1 in 98
Motor-vehicle crash	1 in 106
Fall	1 in 111
Gun assault	1 in 298
Pedestrian incident	1 in 541
Motorcyclist	1 in 890
Drowning	1 in 1,121
Fire or smoke	1 in 1,399
Choking on food	1 in 2,618
Bicyclist	1 in 4,060
Sunstroke	1 in 7,770
Accidental gun discharge	1 in 9,077
Electrocution, radiation, extreme temperatures, and pressure	1 in 12,484
Sharp objects	1 in 29,483
Hot surfaces and substances	1 in 45,186
Homet, wasp, and bee stings	1 in 53,989
Cataclysmic storm	1 in 54,699
Dog attack	1 in 118,776
Lightning	1 in 180,746

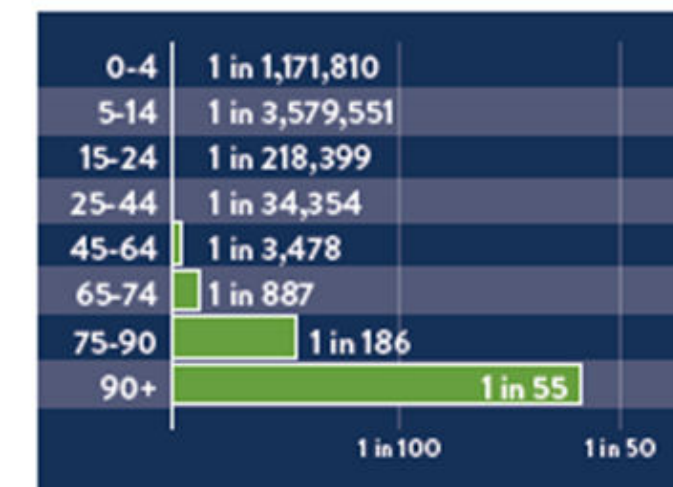
Source: National Safety Council estimates based on data from National Center for Health Statistics—Mortality Data for 2018

**“Your chance of dying from Covid is so incredibly rare. To worry about it borders on paranoia than factual reality.”**

**“The notion that we are all seriously threatened by the virus is false. It has led to levels of personal fear being strikingly mismatched to objective risk of death from Covid-19.”**

Graph 1

RISK OF DEATH FROM COVID-19 BY AGE



Analysis of data from the Office for National Statistics (ONS) by a top statistical expert David Spiegelhalter from the University of Cambridge shows the relative risk of dying from Covid-19.

# Why are doctors not informing parents & children of the staggering numbers of \*myocarditis cases post-vaxx?

- Thousands of \*Myocarditis cases have been reported post-vaxx
- 19 X risk of Myocarditis after 1st shot
- Further 5 X increase in myocarditis with the to 2nd dose in 12-15-year-old males
- \* Myocarditis: Inflammation of heart muscle. Often Serious in vaxx cases, often long lasting or permanent

REPORT: Younger Males Are at a Higher Risk of Myocarditis Following Covid-19 Vaccine, VAERS Cases are “Just the Tip of the Iceberg” – The Expose (dailyexpose.uk)



**REPORT: Younger Males Are at a Higher Risk of Myocarditis Following Covid-19 Vaccine, VAERS Cases are “Just the Tip of the Iceberg”**

BY CAPTAINDARETOFLY ON OCTOBER 6, 2021 • ( 10 COMMENTS )



David Turner  
@DaveLTurner



Replying to @American\_Heart

My son has been in the ICU for myocarditis, chest pain, and elevated troponin from the 2nd dose for past 3 days. Docs say they've seen ~60 other boys w the same. Who's paying for the ~100k bill and possible heart damage from this experimental vaccine?



2:41 AM · Jul 28, 2021



# Why did the FDA U.S. authorise the vaxx for children when **multiple studies show that it does more harm than good?**

FDA U.S. Vaccine panel meeting (Oct. 26, 2021)

Dr. Josh Guetzkow:

*"From CDC reports we can expect that for every 18 (Covid) child hospitalizations prevented (by the vaxx), at least 43 will end up in the hospital for all causes following vaccination."*

**That is, the vaxx will harm more than 2 X the amount of kids that it will save.**

*"Kids with pre-existing conditions were not included in Pfizer's study."*

**That is, the trial was biased, rigged.**

[Breaking: FDA Panel Endorses Pfizer Shots for 5- to 11-Year-Olds, Experts Say Vaccine for Kids Is 'Unnecessary, Premature and Will Do More Harm Than Good' • Children's Health Defense \(childrenshealthdefense.org\)](#)

[VAERS COVID Vaccine Data Show Surge in Reports of Serious Injuries, as 5-Year-Olds Start Getting Shots • Children's Health Defense \(childrenshealthdefense.org\)](#)

10/26/21 • COVID NEWS

## Breaking: FDA Panel Endorses Pfizer Shots for 5- to 11-Year-Olds, Experts Say Vaccine for Kids Is 'Unnecessary, Premature and Will Do More Harm Than Good'

The U.S. Food and Drug Administration's advisory panel today voted to recommend the agency allow Pfizer to amend its Emergency Use Authorization for its COVID vaccine for children 5 through 11 years old, despite a host of objections from scientists and physicians.

By Megan Redshaw



## **WITHDRAWN: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products**

Jessica Rose <sup>1</sup>, Peter A McCullough <sup>2</sup>

### **Abstract**

The Publisher regrets that this article has been temporarily removed. A replacement will appear as soon as possible in which the reason for the removal of the article will be specified, or the article will be reinstated.

# **Why did the US NIH withdraw the report on Myocarditis injuries from the vaxx?**

co-authored by Dr. Jessica Rowe,  
viral immunologist and biologist

[Withdrawn: WITHDRAWN: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System \(VAERS\) in Association with COVID-19 Injectable Biological Products - PubMed \(nih.gov\)](#)

**Do you think that it is just coincidental that the head of the NIH who withdrew the damning report is Dr. Fauci, who personally makes \$ multi millions from vaxx sales?**

Report showed:

\* Myocarditis rates were significantly higher in 13 to 23 years age group within eight weeks of the COVID vaccine rollout.

Tens of thousands of reports have been submitted to VAERS for children aged 0 to 18

**60 children have died from the vaxx (US data)**

\* Myocarditis acquired from a vaxx injury has up to a 50% chance that it will lead to death within 5-years, and is 10 to 100 X more serious than Covid-myocarditis

# Why are we vaxxing children when the US government's own data shows that it does more harm than good?



**Dr. Peter McCullough, MD,**

MPH, FACP, FACC, FCCP, FAHA, FNKF, FNLA, FCRSA

Doctor of Internal Medicine and Board-Certified Cardiologist

## Prof. McCullough:

- Myocarditis and hospitalization risks from the vaxx for children greater than hospitalization from COVID-19
- The FDA is effectively saying: 'WARNING: This causes myocarditis. Don't do it.'
- The CDC agrees, but does the opposite.
- Much better for children to not get vaccinated

***"It is simply not safe (for children) under any conditions. Period. Full stop."***

---

***"What's going on in Australia is not about COVID."***

---

***"Some type of totalitarian takeover has occurred all over the world."***

---

***"Something very dark is going on."***

**View Source [here](#).**

# Our teens are dying at increased rates post vaxx – why?

## Rates of teen deaths increased exactly when teens started to be vaxxed

The UK has Fallen – 81% of Covid-19 deaths are among the Vaccinated, Male Teen Deaths have risen by 63% since they were offered the jab, Covid-19 Deaths are 12 times higher than this time last year... – The Expose



Steve Kirsch ✓ @stkirsch

59m · 🌐

Teen deaths up 47% in England and Wales. Wonder what could have caused that? Hmm... the vaccine maybe? Note also that the excess teen deaths were 10X higher than than the COVID deaths. Could I be right that the vaccines are deadlier than COVID? Sure looks like it. [hartgroup.org/recent-deaths-in-young-people-i...](https://hartgroup.org/recent-deaths-in-young-people-i...)



Recent deaths in young people in England and Wales – HART

The mortality data for England and Wales from ONS from 1 May 2021 until 17 September 2021 shows a significant excess, particularly in the 15-19 year age group

HART

View Link Feed



toni\_gon

@toni\_gon

Replying to @stkirsch and @ReeceMayberry

But "vaccines" are so safe, they're giving them to children too. (20% jump in teen deaths among vaccinated teens in Ireland)

12:49 PM · Nov 13, 2021 · TweetDeck

## New post on The Expose



The UK has Fallen – 81% of Covid-19 deaths are among the Vaccinated, Male Teen Deaths have risen by 63% since they were offered the jab, Covid-19 Deaths are 12 times higher than this time last year...

by [Daily Expose](#)



# 3.

**The vaxx is safe for pregnant women?**



# In Ontario, why have stillbirths increased by 29 X?



**(FULL INTERVIEW) STILLBIRTHS EXPLODING IN FULLY VACCINATED CANADIAN MOTHERS**

PS. In Scotland: [Spike in new-born deaths](#), highest levels in 30-years, leads to investigation

- Waterloo, Ontario: Confirmed: 86 stillbirths between January and July. Normally 5 or 6 stillbirths every year
- All mothers fully vaxxed
- Suppression of data by govt and public health officials.

19th November

**Investigation launched into abnormal spike in newborn baby deaths in Scotland**



Exclusive by Helen McArdle | [@HMcardleHT](#)  
Health Correspondent

[\[FULL INTERVIEW\] Stillbirths Exploding Across Canada in Fully Vaccinated Mothers – Dr. Daniel Nagase – Bright Light News](#)

[Investigation launched into abnormal spike in newborn baby deaths in Scotland | HeraldScotland](#)

# Why, if the vaxxes are safe, do we see significant spikes in both injuries and deaths within 72 hours post vaxx?

## FEMALE REPRODUCTIVE ADVERSE EVENTS ARE VERY CONCERNING

thebmj

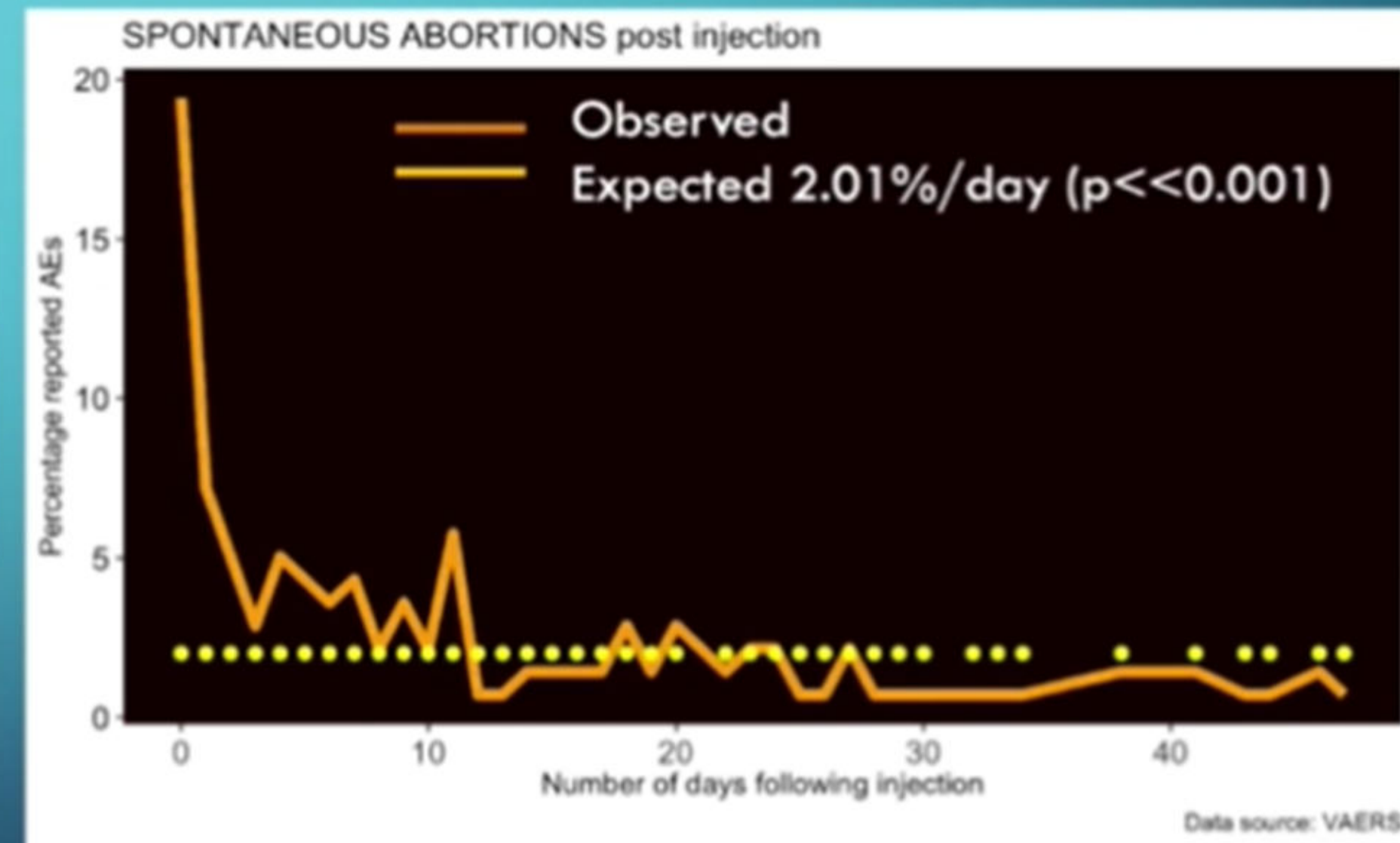
covid-19 Research ▾ Education ▾ News & Views ▾ Campaigns ▾

### Rapid Response:

CoViD-19 post-vaccine menorrhagia, metrorrhagia or postmenopausal bleeding and potential risk of vaccine-induced thrombocytopenia in women

[COVID Vaccine Shots: Analysis of "Breakthrough Deaths". Dr. Jessica Rose - Global Research](#)  
[Global Research - Centre for Research on Globalization](#)

[CoViD-19 post-vaccine menorrhagia, metrorrhagia or postmenopausal bleeding](#)



Spontaneous Abortions

# Why do some hospitals mandate the vaxx for pregnant mothers, sometimes leading to catastrophic consequences?

**Mother had to be vaxxed in order to have C-section**

**The baby is likely permanently neurologically damaged**

**Has same symptoms as vaccine-injured victims, never before seen in new-borns**

**Twitter keep removing the link to the video**

[Twitter](#)

← Thread

 kristingreenwood  
@krisgimages

Newborn vaccine damage. The mum was pressured into having it. Clearly an unthinkable crime 🤬  
#pfizer #covidvaccination #comirnaty #vaccinated 🙌  
#baby #usforthem #NHS #LeaveOurKidsAlone  
#chriswhitty



▶ 293 views 0:03 / 0:42 🔊 ↗

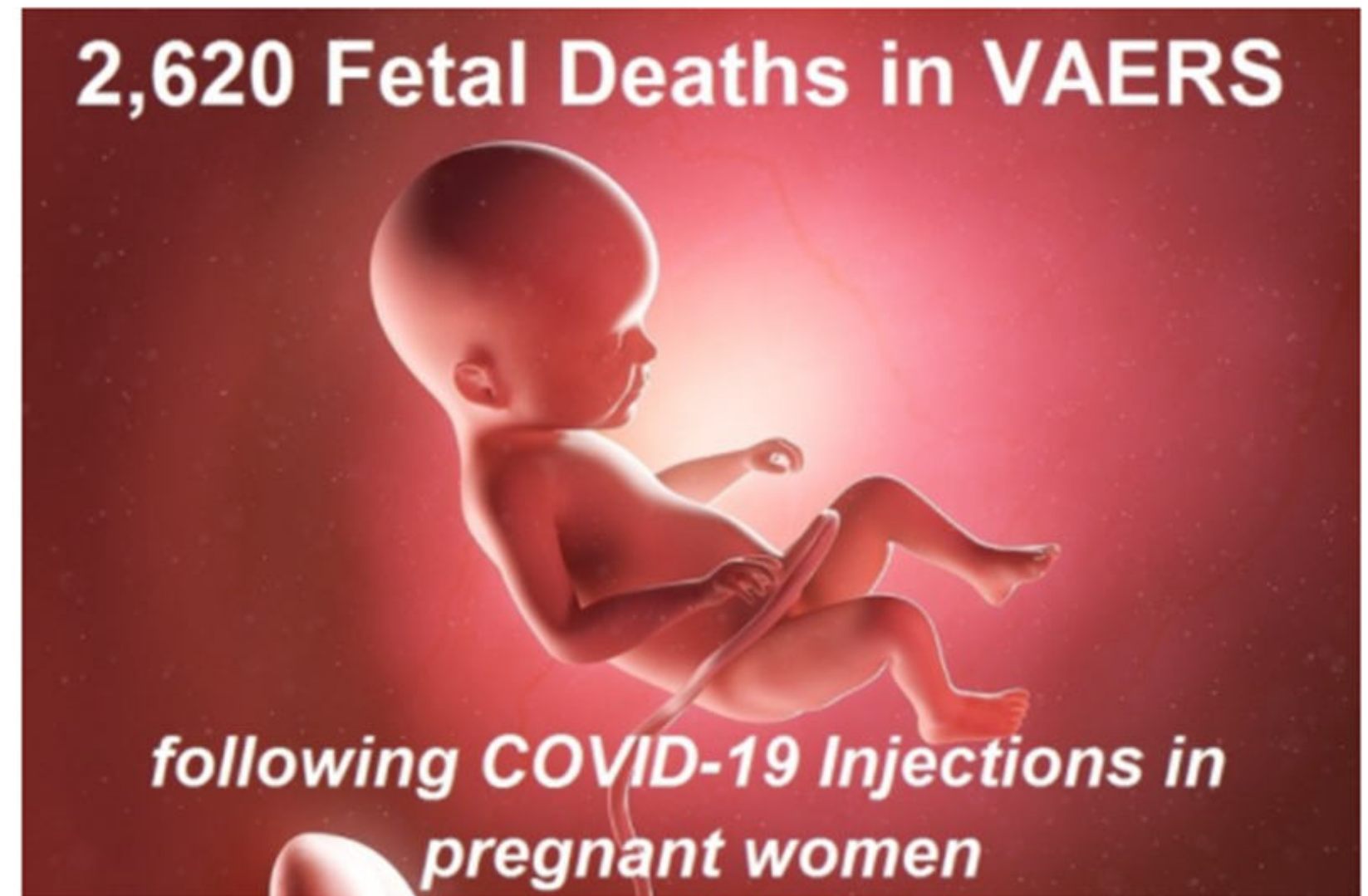
10:14 AM · Sep 13, 2021 · Twitter for Android

**Why, if the vaxxes are safe, has \*VAERS reported more than 2,000 fetal deaths (and counting) post vaxx?**

\* VAERS is the US's Vaccine-Adverse Event Reporting System.

\* VAERS Under-reporting is estimated to be between a factor of 35 to 100.

2,610 Dead Babies in VAERS After COVID Shots – More Fetal Deaths in 11 Months than Past 30 Years Following ALL Vaccines as Scotland Begins Investigation



[COVID-19 Injection Casualties List](https://healthimpactnews.com)  
 [\(healthimpactnews.com\)](https://healthimpactnews.com)

# Why has there been an explosion of spontaneous abortions post vaxx?

More fetal deaths in the past 11 months following COVID-19 shots than the previous 30+ years for ALL vaccines

*New England Journal of Medicine* (Oct 2021) admits the original study used to justify the CDC and the FDA in recommending the vaxx to pregnant women was **flawed**.

Since then, researchers in New Zealand conducted a new study on the original data, finding a cumulative incidence of spontaneous abortion of at least 82% (104/127), **7 X higher than the original authors' results**.

The CDC and FDA continue to recommend the shots for pregnant women.

- [Researchers Call for Halt on COVID-19 Vaccines for Pregnant Women After Re-analysis of CDC Study \(theepochtimes.com\)](https://theepochtimes.com)
- [2,433 Dead Babies in VAERS as Another Study Shows mRNA Shots Not Safe for Pregnant Women \(healthimpactnews.com\)](https://healthimpactnews.com)
- [Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons | NEJM Search Results from the VAERS Database \(medalerts.org\)](https://medalerts.org)
- [adf864\\_2bd97450072f4364a65e5cf1d7384dd4.pdf \(filesusr.com\)](https://filesusr.com)

Despite 82% Miscarriage Rate among 1st and 2nd Trimester Pregnant Women after Vax, CDC Urges Pregnant to Get Vax



Center to Deceive and Control

Why is no one telling us that menstrual issues post vaxx have increased between 570 X to 8,800 X (i.e. nudging a 1 million % increase)

Does this look 'safe' to you?

New VAERS analysis reveals hundreds of serious adverse events that the CDC and FDA never told us about (substack.com)

Steve Kirsch [stevekirsch.substack.com](http://stevekirsch.substack.com), slide no. 16, Vaccine Essentials

	Symptoms	C19 Count	Baselin e count	X factor
1				
2	Heavy menstrual bleeding	3,528	2	8820
3	Heart rate	3,189	2	7973
4	Magnetic resonance imaging head	1,512	2	3780
5	Angiogram pulmonary abnormal	609	1	3045
6	Weight	570	1	2850
7	Polymenorrhoea (menstrual cycle shortened)	562	1	2810
8	Maternal exposure during pregnancy	955	2	2388
9	Physical examination	470	1	2350
10	Blood pressure measurement	3,617	9	2009
11	Bell's palsy	3,065	10	1533
12	Facial discomfort	281	1	1405
13	Lung opacity	783	3	1305
14	Pain assessment	260	1	1300
15	Illness	4,088	17	1202
16	Vaccination site pruritus	4,179	18	1161
17	Menstrual disorder	2,043	9	1135
18	Disease recurrence	224	1	1120
19	Dysmenorrhoea (painful periods)	1,509	7	1078
20	Vital signs measurement	1,411	7	1008
21	Anosmia (loss of sense of smell)	3,187	16	996
22	Magnetic resonance imaging head abnormal	989	5	989
23	Anticoagulant therapy	1,537	8	961
24	Pulmonary embolism	2,672	14	954
25	Menstruation irregular	2,590	14	925
26	Oxygen saturation	1,031	6	859
27	Pulmonary thrombosis	512	3	853
28	Cerebral venous sinus thrombosis	167	1	835
29	Drug ineffective	2,697	18	749
30	Infusion	143	1	715
31	Poor quality product administered	2,091	15	697
32	Body temperature	9,230	75	615
33	Computerised tomogram neck	369	3	615
34	Oligomenorrhoea (infrequent menstrual periods)	462	4	578
35	Investigation	807	7	576
36	Taste disorder	1,939	17	570
37	Hypomenorrhoea (extremely light menstrual blood flow)	114	1	570

# 4.

**TOP EXPERTS AGREE**  
**with the policies of**  
**our Governments**  
**and Regulators?**





**Why does Nobel Laureate Dr. Luc Montagnier, expert virologist, awarded the Nobel Prize in Physiology or Medicine in 2008 with a colleague for his discovery of the Human Immunodeficiency Virus (HIV) say:**

***"It's insanity. It's vaccination insanity that I absolutely condemn."***

***"We're in unknown territory and proclaim mandatory vaccines for everyone."***

Dr Montagnier claims that widespread vaccination of children could have horrific generational consequences. And that the "Messenger RNA" may result in disastrous consequences without proper study

He discusses the possibility of side effects of vaccines that could be seen in five to ten years related to neurodegenerative illness.

[Nobel Laureate Luc Montagnier - Warns Covid Vaccine May Lead to 'Neurodegenerative Illness' \(Video\) - RAIR \(rairfoundation.com\)](#)



# Why do governments seem unconcerned with these claims from world-renowned specialist Prof. Peter McCullough MPH, FACP, FACC, FCCP, FAHA, FNKF, FNLA, FCRSA?

***“The vaccines at this point in time have amounted to record mortality and percent injury, and should be considered unsafe and unfit for human use.”***

***“The failed mass Covid-19 vaccination programme will go down as one of the deadliest in history.”***

***“There’s pre-clinical studies that suggest that the lipid nano particles actually go right into the heart”***

***“The heart expresses the spike protein, the body attacks the heart. Vaccine induced myocarditis is a big deal”***

[Dr. Peter McCullough Explains How Myocarditis Differs When Caused by Natural Infection vs Vaccine \(bitchute.com\)](#)



**Prof. McCullough, vilified by the MSM, has written more papers on heart & kidneys than anyone in the world and has written more than 60 studies on Covid, and successfully treated hundreds of Covid patients.**

**Why does [Dr. Vladimir Zelenko](#), a Nobel prize nominee and Presidential medal of freedom nominee, whose Covid patients have had a 100% survival rate, say:**

***“Covid War Criminals Should Face Nuremberg-Style Trials For Crimes Against Humanity.”***

***“Do not vaccinate your children, do not sacrifice your children. Take your children out of harm’s way.”***

**COVID Vax Is 'Premeditated First-Degree Murder & Genocide': Nobel Prize Nominee Dr. Zelenko - American Faith**



**Dr. Zev Zelenko has successfully treated 699 coronavirus patients rarely without hospitalisation, including high profile politicians, with 100% success using Zinc, Z-Pak, Hydroxychloroquine Sulfate.**

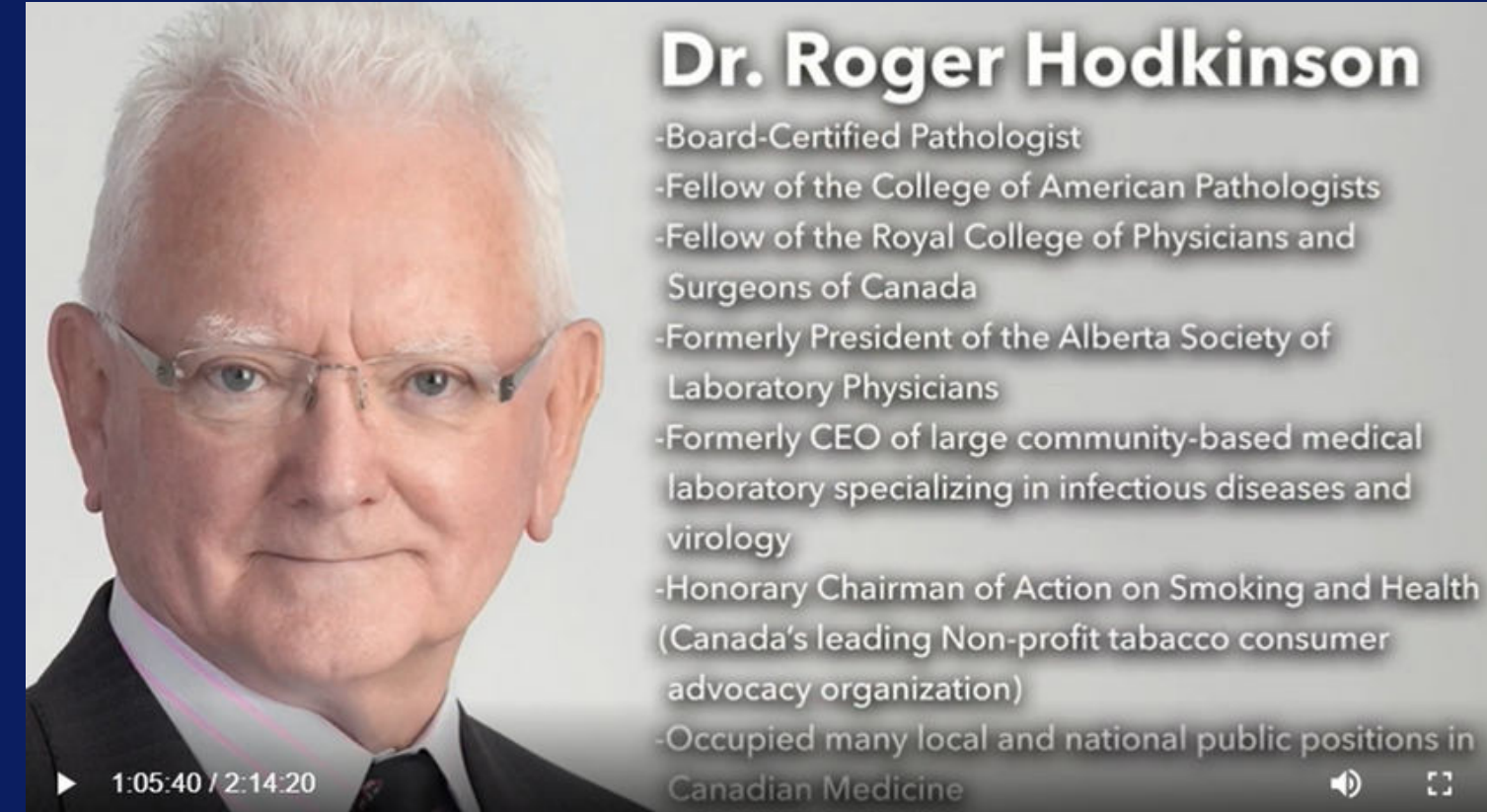
# Why does the esteemed Dr. Roger Hodkinson make the following claims if the vaxx is safe and if the Regulators are looking out for us?

*"The CDC is unbalanced.*

**Children, pregnant women, elderly were not even included in the 4 to 6 month trial that took place.**

- ***This is the largest **uncontrolled**, clinical trial in history by orders of magnitude.***
- ***An unsafe product is being injected into billions of people's arms without any clue about the long-term risks.***
- ***It's medical malpractice on the most grotesque scale.***
- ***It's massive deception. The lies upon lies upon lies know no end.***
- ***It's a bunch of lies and manipulation.***
- ***This is a nightmare, you could never have conceived this as a script for a movie.***
- ***It's an obsession with forcing people to be vaccinated.***
- ***It's so mad at every step along the way."***

**Episode 220: DIRTY DEEDS - The HighWire**



***"It's a bunch of **lies and deception** and manipulation of statistics at every single step and so it's hardly surprising that a majority of the population are buying the Kool-Aid - because the counter-opinion ... has been resolutely and brutally suppressed"***

***Fauci is the **most vile person** living on the planet."***

# Why does **Dr. Geert Vanden Bossche**, virologist and vaccine expert, who sits at the top of his field, make the following claims?

***“The mass vaccination hype will undoubtedly enter history as the most reckless experiment in the history of medicine.”***

***“Major outbreaks in countries with full vaccination rates ... show that Herd Immunity is not improbable but impossible.”***

***“Mass vaccination campaigns may have a beneficial short-time effect in that they reduce viral spread and protect vulnerable people from disease (e.g., elderly people and those with underlying disease), but will eventually drive the propagation of more infectious variants.”***

**[The Last Post \(geertvandenbossche.org\)](http://geertvandenbossche.org)**



Dr. Vanden Bossche, much maligned, has been consistently correct regarding nearly every single statement that he has ever made regarding his area of expertise involving the pandemic.

# 5.

We can **TRUST** the  
vaxx companies and  
their data?



# Bill Gates' Vaccine Crime Record: 496,000 Paralyzed Children In India And More

April 19, 2020 15937 0



from *Humans Are Free*:



Indian doctors blame Gates for a devastating vaccine-strain polio epidemic that paralyzed 496,000 children between 2000 and 2017. In 2017, the Indian Government dialled back Gates' vaccine regimen and evicted Gates. Polio paralysis rates dropped precipitously.

by *Llewellyn H. Rockwell, Jr.*

"Vaccines, for Bill Gates, are a strategic philanthropy that feed his many vaccine-related businesses (including Microsoft's ambition to control a global vac ID enterprise) and give him dictatorial control over global health policy – the spear tip of corporate neo-imperialism.

Would you trust Bill Gates, the *King of Vaxx*, who is renowned for his *appalling* safety record regarding vaxx rollouts, particularly in India, where the Indian government is suing him for the extensive damage caused by his vaxxes?

# \*Why are we not hearing that in just three months after vaxx roll-out, Moderna's internal reporting systems had recorded a staggering 300,000 adverse reactions to the vaxx?

Headline  
USA

TOP NEWS POLITICS FINANCE HEALTH COURTS CRIME FAITH CULTURE

## REPORT: Moderna Had 300,000 Adverse Effects from Its COVID Vaccine

*Lingering questions by some about both the efficacy and side effects long-term for mRNA type of vaccines...*

By John Ransom August 6, 2021



Vanessa Guerra, at right, receives a shot of the Moderna COVID-19 vaccine from nurse Kelly Mendoza/AP Photo

- \*Claims ex-New York Times reporter, Berenson
- From internally released IQVIA reports
- **More than 25 X** the 10,500 adverse events within VAERS (voluntary reporting system)
- Far higher than numbers reported to the FDA

[REPORT: Moderna Had 300,000 Adverse Effects from Its COVID Vaccine – Headline USA](#)



Andrew Bostom, MD, MS  
@andrewbostom



@AlexBerenson Moderna insider email reveals “300K adverse event reports” in a 3-month period which “dwarfs the number of reports in VAERS for the Moderna vaccine” for either 3-month period, Jan-Mar; Apr-June  
[alexberenson.substack.com/p/some-actual-...](https://alexberenson.substack.com/p/some-actual-...)



**Do you think that vaccine manufacturers have our best interest at heart, given their consistently **appalling safety record** involving fraud, kickbacks and given that they have one goal – making money?**

**JUSTICE NEWS**

Department of Justice  
Office of Public Affairs

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FOR IMMEDIATE RELEASE Wednesday, September 2, 2009

**Justice Department Announces Largest Health Care Fraud Settlement in Its History**

**Pfizer to Pay \$2.3 Billion for Fraudulent Marketing**



THE UNITED STATES  
DEPARTMENT of JUSTICE

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**JUSTICE NEWS**

Department of Justice  
Office of Public Affairs

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FOR IMMEDIATE RELEASE Monday, July 2, 2012

**GlaxoSmithKline to Plead Guilty and Pay \$3 Billion to Resolve Fraud Allegations and Failure to Report Safety Data**

**Largest Health Care Fraud Settlement in U.S. History**

Company	Amount of penalties	Year
GlaxoSmithKline	\$3 billion	2012
Pfizer	\$2.3 billion	2009
Johnson & Johnson	\$2.2 billion	2013
Abbott	\$1.5 billion	2012
Eli Lilly	\$1.42 billion	2009
Merck	\$950 million	2011
Amgen	\$762 million	2012
AstraZeneca	\$520 million	2010
Actelion	\$360 million	2018
Purdue Pharma	\$270 million	2019

# Do you think that the research director was kidding when she called the Pfizer trial a crazy mess?

## Researcher Speaks Out on Pfizer COVID Vaccine Trial, Calls It a 'Crazy Mess'

On the latest episode of "The Jimmy Dore Show," comedian and political commentator Jimmy Dore discussed a report by *The BMJ* on a whistleblower's revelations about Pfizer's Phase 3 COVID vaccine trial.

By [Jeremy Loffredo](#)

20



A regional director who was employed at the research organization Ventavia Research Group has told *The BMJ* that the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial.

thebmj

The  
JIMMY  
DORE  
Show

# Why did the Research Director, claim Pfizer's Phase 3 trial was *'the most helter skelter trial'*?

- Pfizer falsified data
- Quality Control staff overwhelmed by the volume of problems
- The age 12 to 15 trial – too small, just 1,129 kids
- Participants who needed emergency care were then excluded from the study
- No autopsies to determine cause of deaths
- Trial cut short at 6 months. **NO MORE CONTROL GROUP.** We'll never know the long-term effects of autoimmune diseases, cancers etc.
- **Contractor employees were fired for reporting problems**

A screenshot of a webpage from the British Medical Journal (BMJ). The header features the 'thebmj' logo and navigation links for 'covid-19', 'Research', 'Education', 'News & Views', 'Campaigns', and 'Jobs'. Below the header, the text 'Feature » BMJ Investigation' is displayed. The main title of the article is 'Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial'. Below the title, the publication information is given as 'BMJ 2021 ; 375 doi: https://doi.org/10.1136/bmj.n2635 (Published 02 November 2021)' and the citation 'Cite this as: BMJ 2021;375:n2635'. At the bottom of the article preview, there is a blue button with the text 'Read our latest coverage of the coronavirus pandemic'.

[Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial | The BMJ](#)

Reporting in the BMJ: (British Medical Journal)

Do you think that the vaxx  
companies would admit to  
any potential mistakes  
given that they have  
**COMPLETE & TOTAL  
IMMUNITY FOR LIABILITY?**

**Pfizer, Moderna to make  
\$ 93 billion from vaccine  
sales in 2022**



# Why did Melissa McAtee claim the following regarding the Pfizer manufacturing plant that she worked at?

- The vaxx vials were giving off a light blue glow, never seen that before. Disturbing.
- The plant staff didn't know what the ingredients were that they were mixing. Rare.
- **Allegedly about half the Pfizer plant workers won't take Pfizer's vaxx**
- The vaxx product just seemed to fly throughout the plant, without any issues, compared to normal vaxxes.
- Melissa chose to quit her job, along with many others, foregoing benefits, rather than work there
- **Melissa's advice to everyone: "Do your own research."**

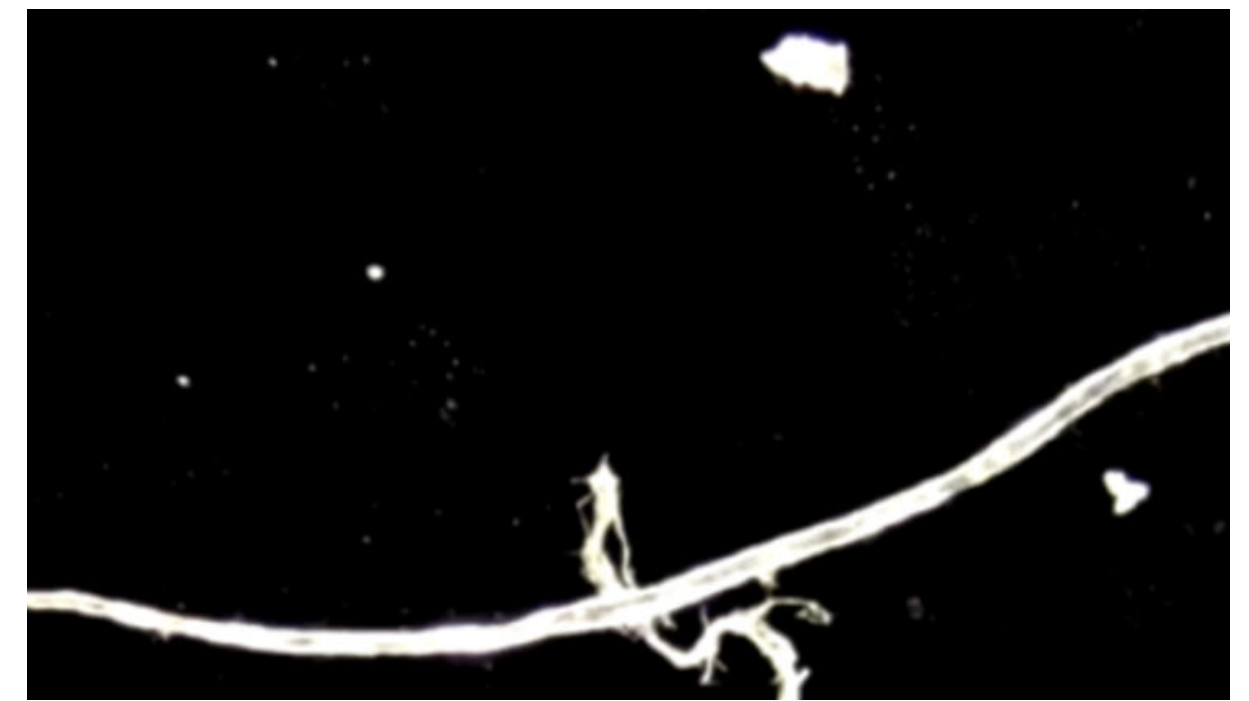
[Pfizer Whistleblower Melissa McAtee on Vaccine Glowing And What Happened When She Confronted Management | Worldview Weekend Broadcast Network](#)



Why have **dozens** of groups of independent, unconnected researchers from numerous countries recorded the following 'things' within numerous Covid-19 vaxxes on the market?



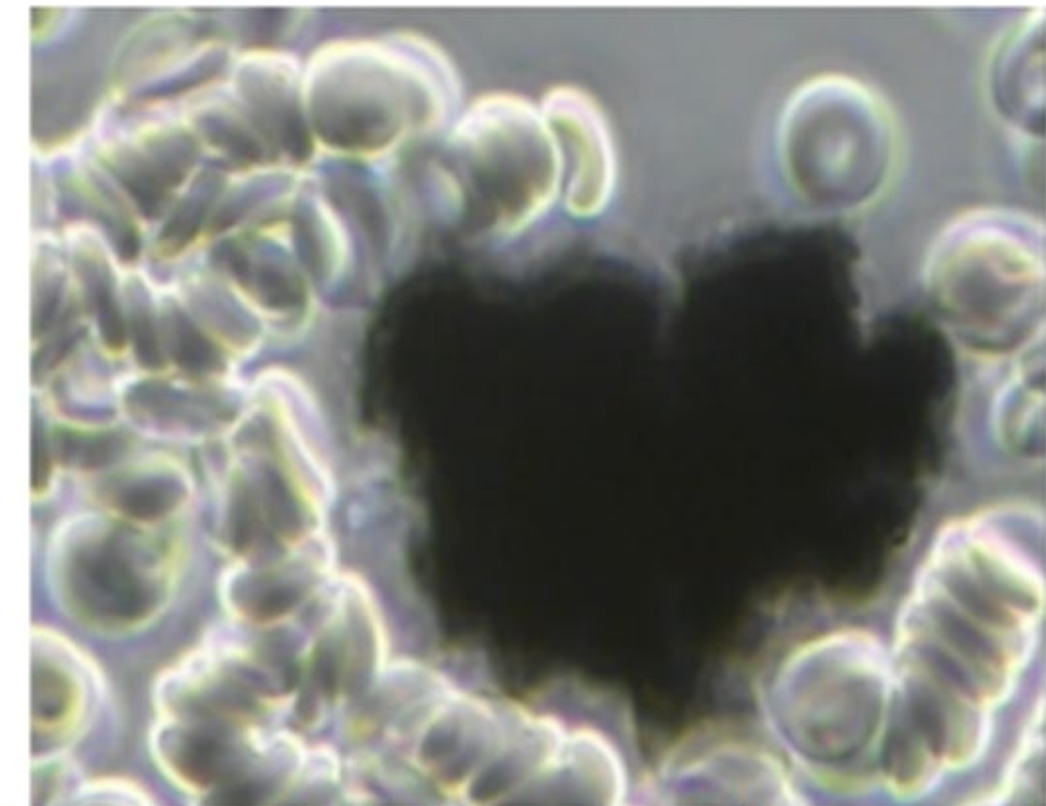
Living Organism, image credited to Dr. Franc Zalewski)



Parasite, Source, HikariOmniPublishing



Living Organism, image credited to Dr. Franc Zalewski)



[Figure 1 is a Micrograph of a Carbon Cluster of Reduced Graphene Oxide (rGO) Viewed in the Live Unstained Human Blood with pHase Contrast Microscopy at 1500x. Note that the Red Blood Cells are Clotting in and Around the rGO Crystal in a Condition Known as Rouleau! A French Word Which Means to Chain. Dr. Robert O. Young, Profiles in Medical Microscopy, Hikari OmniPublishing, 1987 - 2021]

Graphene Oxide

# Why is 13 year-old Madie de Garay still fighting for compensation from Pfizer's trial after being paralyzed within 24-hours of the 2nd vaxx?

- No feeling below her waist, can't hold her head up on her own, feeding through a tube
- Pfizer reported her case as "abdominal pain" rather than "permanent paralysis"
- This made approval easier for Pfizer
- FDA Commissioner promised an investigation but the parents have not been contacted by the FDA or CDC as promised



- **Received \$0 in compensation. ZERO!**
- **Banned from social media platforms so she can't share her story**

# The Real Anthony Fauci

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

**Robert F. Kennedy Jr.**

NEW YORK TIMES BESTSELLING AUTHOR



Are you aware of this bombshell book, just out?

***"The greatest fraud and corruption ever played out in modern history against humanity."***

***"Horrrifying"***

***"It is the most convincing book that I have ever read - by far. Kennedy is a fearless genius."***

***"Gates and Fauci have worked together; through the vaccines they have perpetrated some of the most horrific genocides ever committed."***

***"Everything you've been spoon-fed from CNN, FOX, MSNBC, PBS, NPR, NYT, WP, Google, Reuters, AP, Twitter, Facebook, YouTube, etc. can be discarded (after you read this book, with the real information)."***

**By nephew of Pres. Kennedy**  
**Released Nov-2021**  
**934 pages**

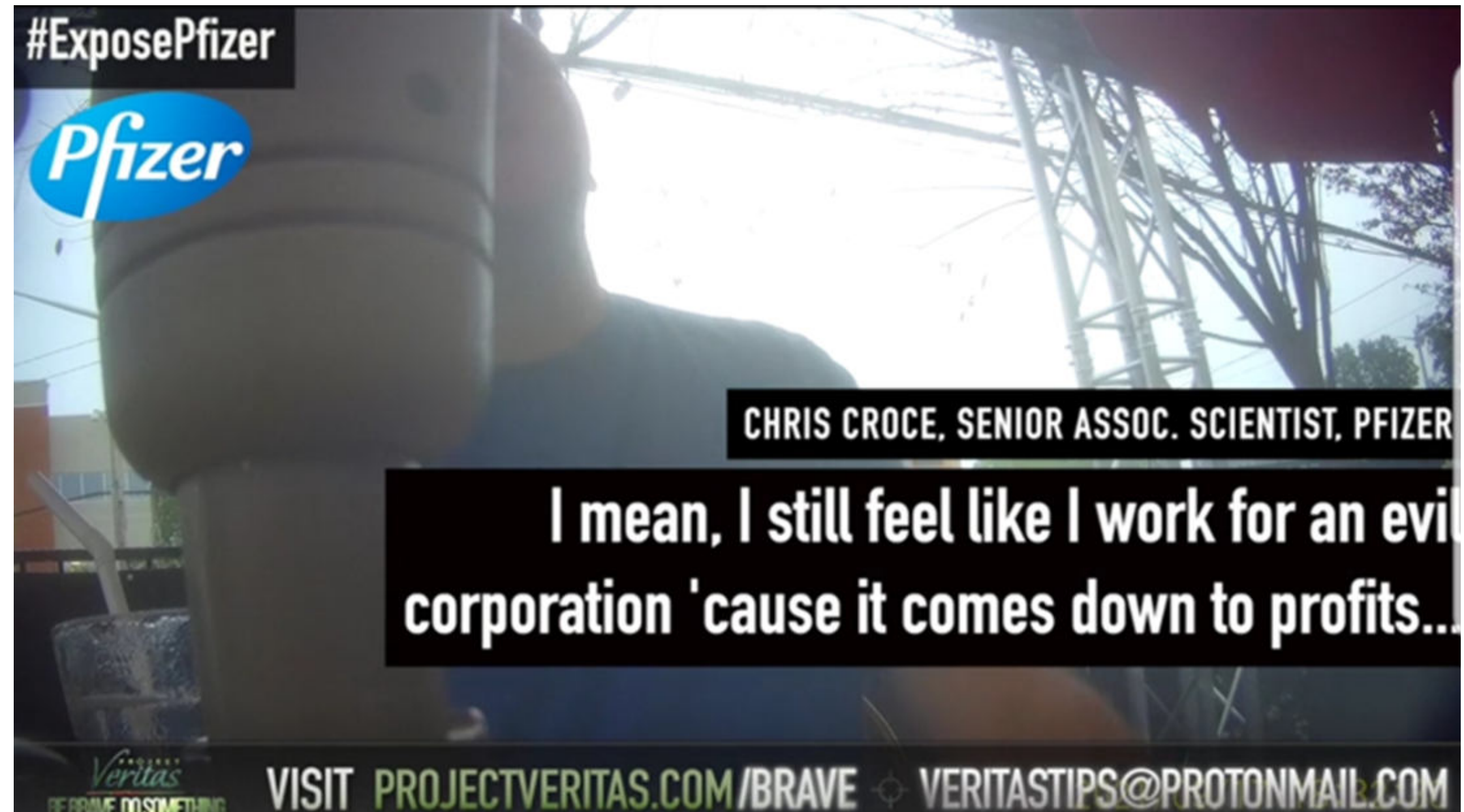
**Expert trial lawyer**  
**2,200 references**  
**# 1 best seller**



# Why did a Senior Scientist at Pfizer call Pfizer 'evil' ?

Undercover journalists  
Project Veritas capture  
Pfizer associate claiming  
Pfizer is ***"an evil corporation."***

***"People over profits"***



'I feel like I work for an evil corporation': Pfizer scientists unwittingly spill the beans in undercover video (bizpacreview.com)

# Do you think that \*Steve Kirsch is on the money with his prediction re Omicron virus, or is he just trying to be funny?

- 1- Health officials use **fear of Omicron to scare people into taking the booster now**
- 2- The booster temporarily suppresses your immune system, making you more susceptible to Omicron
- 3- You get Omicron
- 4- You die due to the vaccine
- 5- Omicron is perceived to have killed you
- 6- Go to step 1.

See? It's never ending. Nobody ever figures out that the "safe and effective" vaccine was doing the killing.

\*Steve Kirsch stopped his business after a friend of his had three people close to her die after being vaxxed, to help others with early Covid cures

[Why Omicron might soon become very deadly \(substack.com\)](https://substack.com)



**Robert F. Kennedy Jr** @Ro... · 20h ...  
Pfizer Chairman + CEO said people may need a fourth dose of the COVID vaccine sooner than expected after preliminary research showed the Omicron variant can undermine antibody protection in people with only two doses.

childrenshealthdefense.org  
4 Shots Likely Needed to Fight Omicron, Pfizer Says as Fauci, CD...

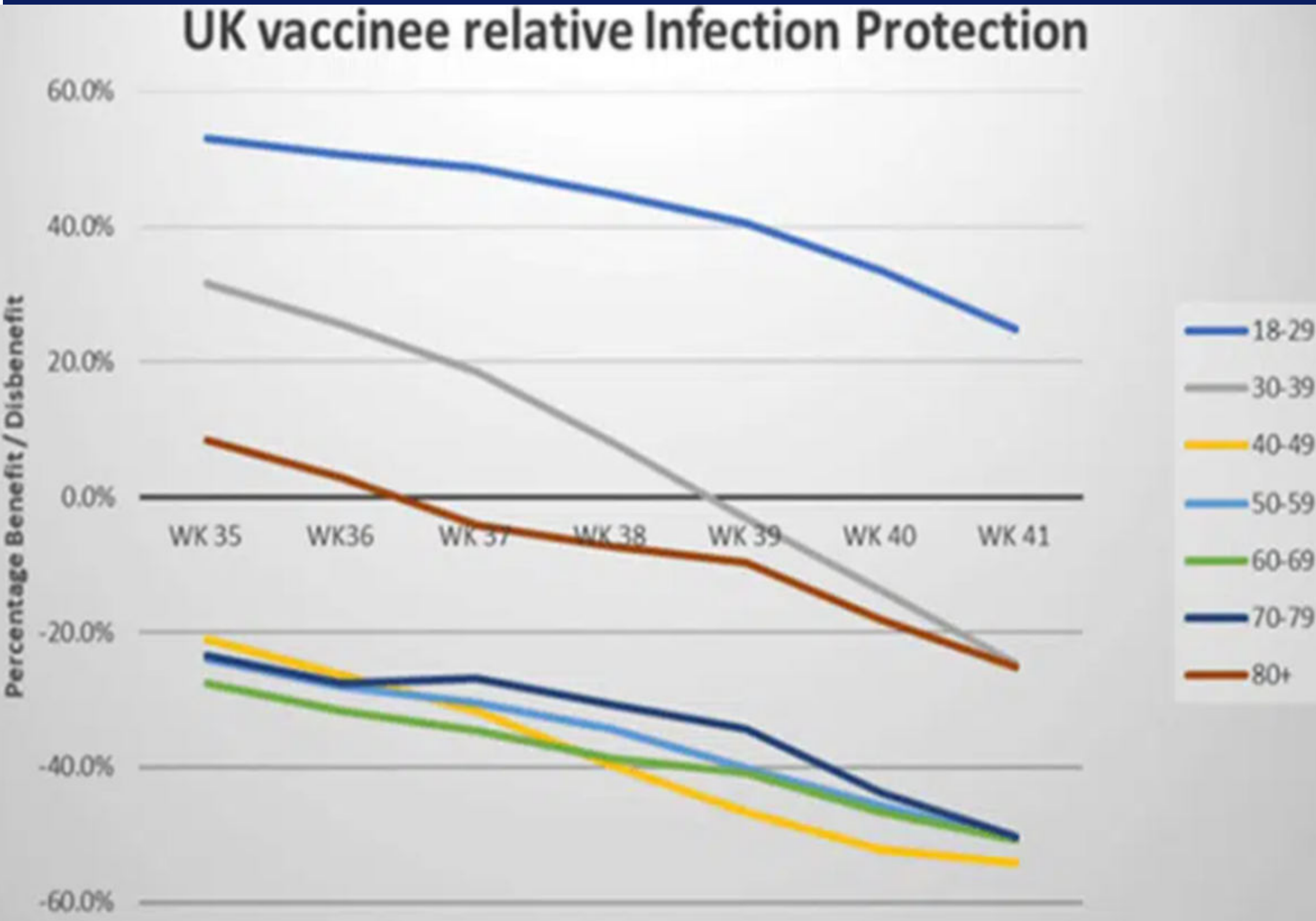
6.

**The vaxxes are  
EFFECTIVE?**



# Why has the Covid resistance from most UK vaxxed people dropped to **LESS THAN ZERO**?

- The protection against Covid from the vaxx reduces by approximately 5 % per week.
- ZERO protection after approx. 6 months
- Covid protection continues to decline with no sign of slowing



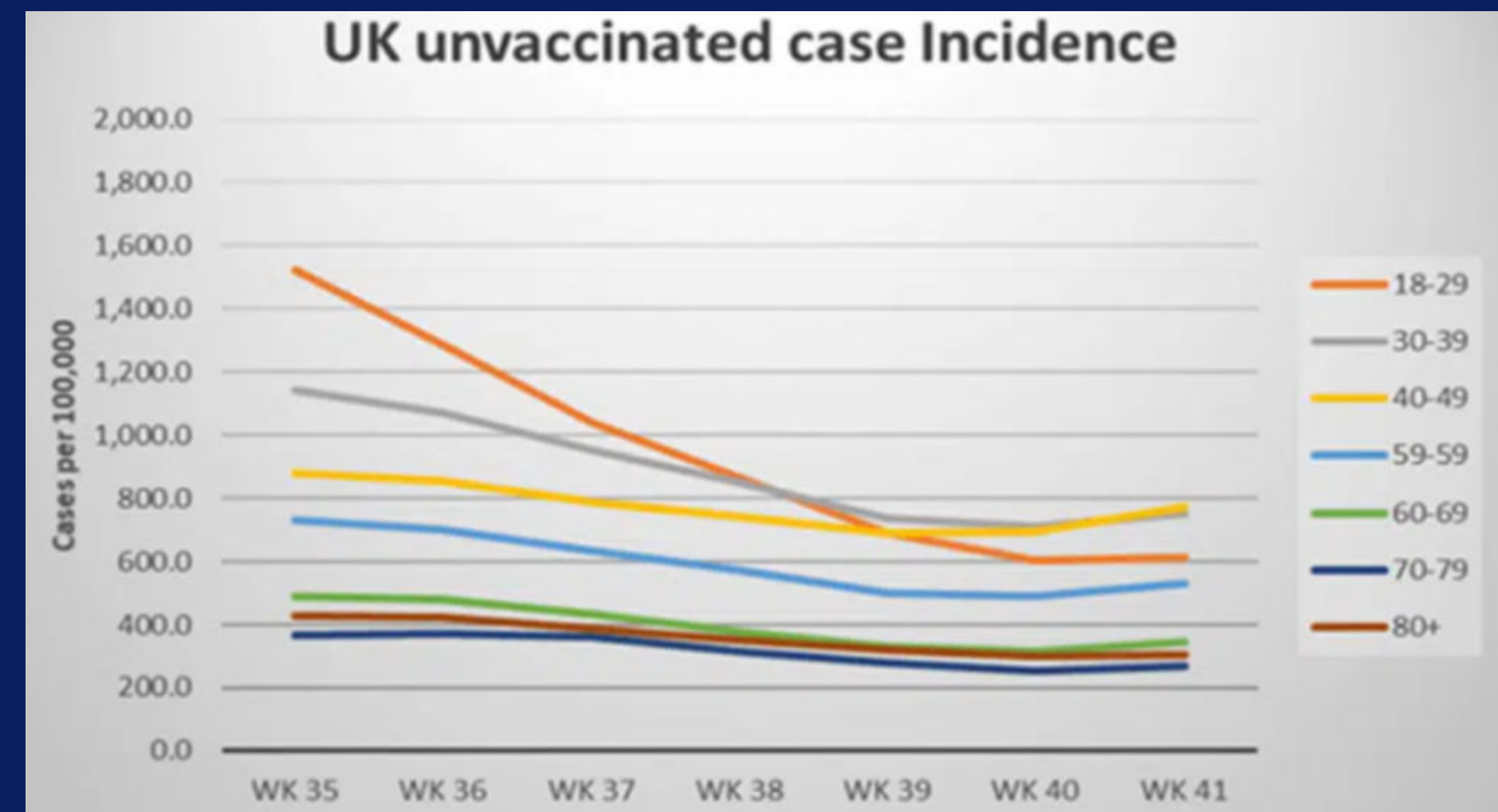
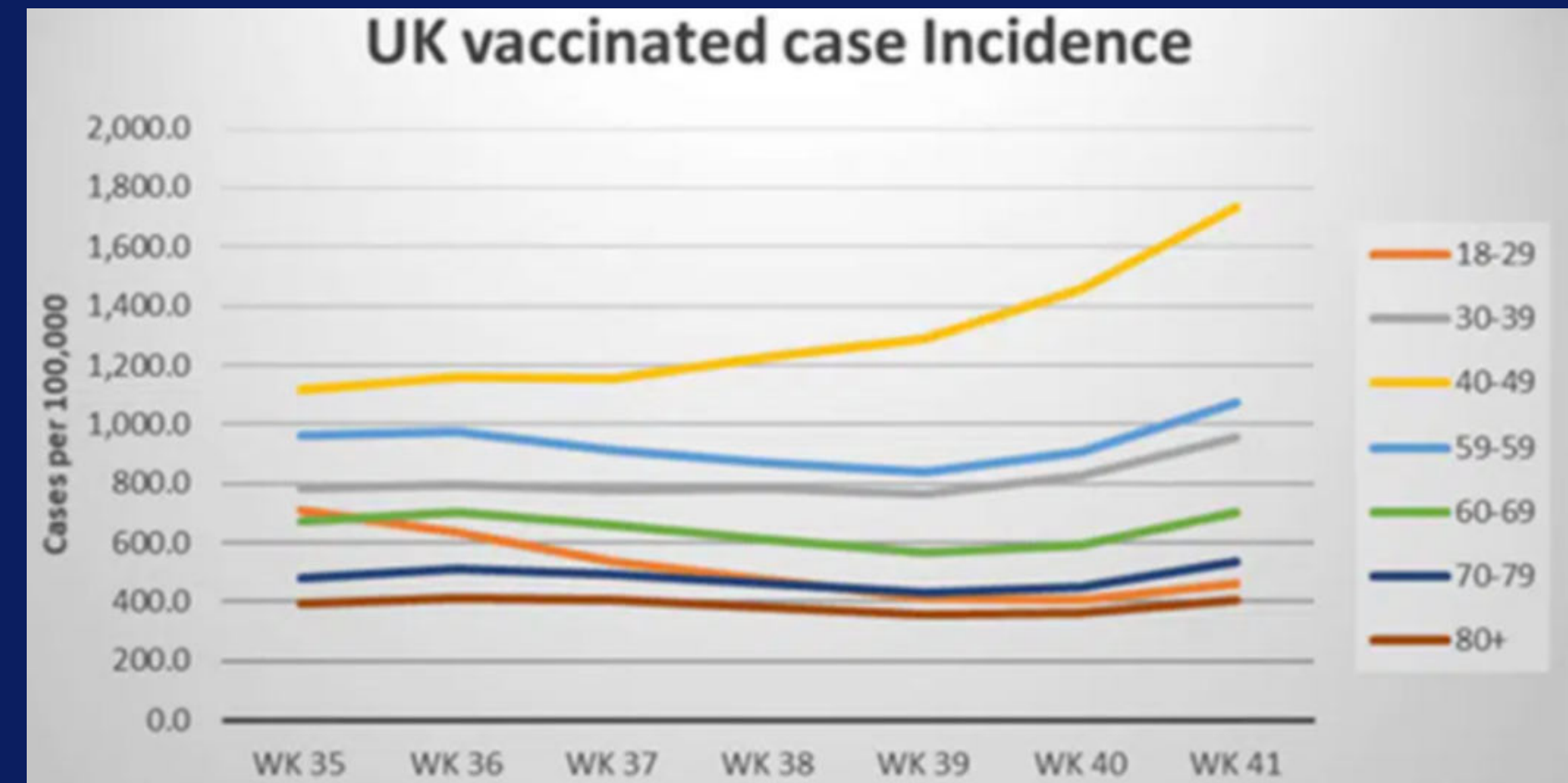
- **After 6-months the unvaccinated have more protection**

Covid-19: Fully vaccinated people in UK suffer much higher infection rates than unvaccinated, and it's getting worse every day - The Rio Times (riotimesonline.com)

# In the UK why are vaxxed people **MORE LIKELY** to have Covid compared to unvaxxed people?

- In 6 out of 7 age categories the Covid case rates are **GREATER** for vaxxed versus unvaxxed people
- Covid case rates for ALL the vaxxed are **INCREASING**, almost unchanging for the unvaxxed
- Some age ranges have **2 X COVID CASE RATES** for the vaxxed versus unvaxxed

Covid-19: Fully vaccinated people in UK suffer much higher infection rates than unvaccinated, and it's getting worse every day - The Rio Times ([riotimesonline.com](http://riotimesonline.com))



# Why, if the vaxxes are effective, have Covid cases & death rates skyrocketed in Singapore, where the vaxx rate is 93 %?

[Singapore COVID: 255,431 Cases and 672 Deaths - Worldometer \(worldometers.info\)](https://www.worldometers.info/coronavirus/country/singapore/)

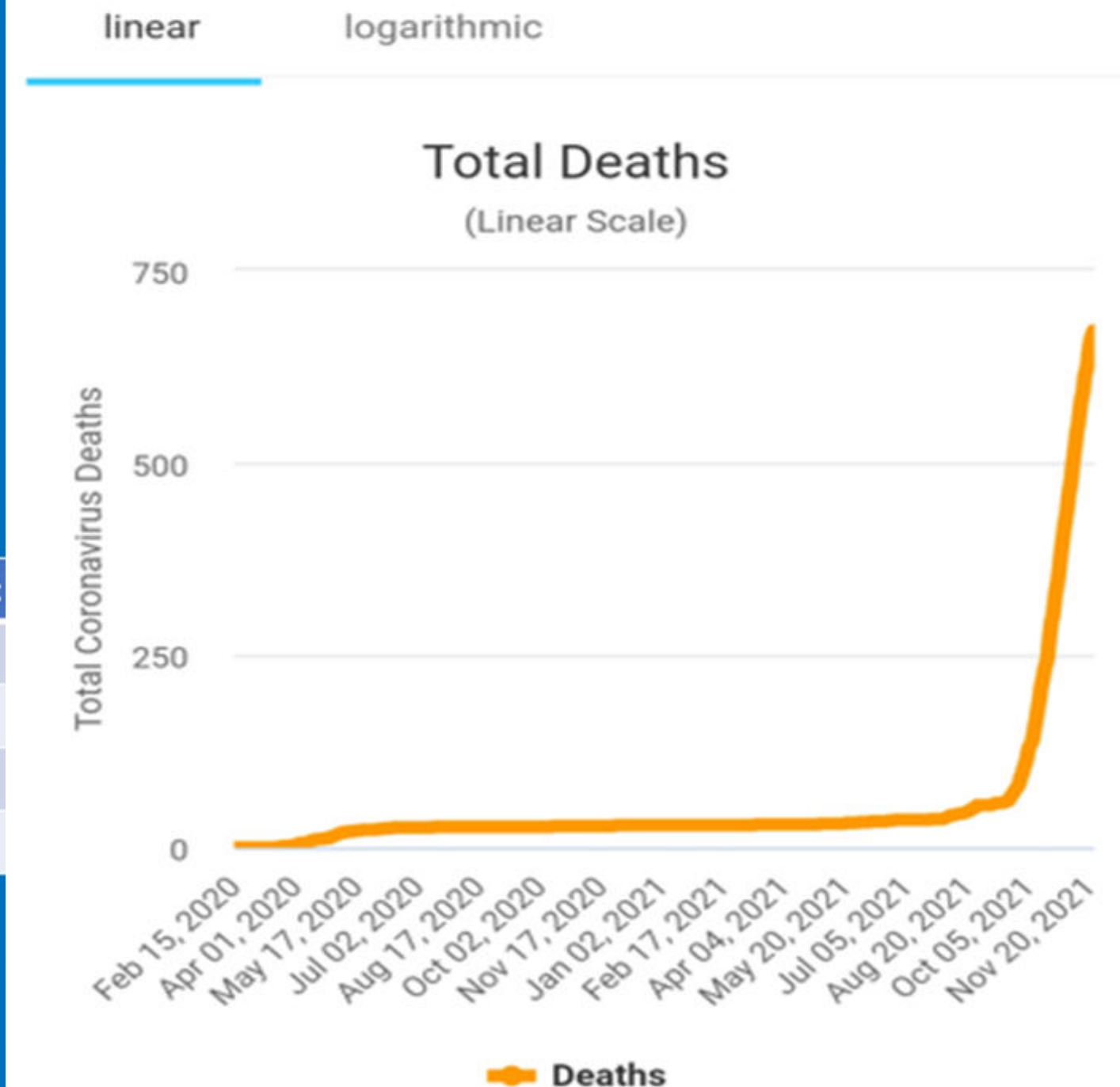
## Singapore

**A glitch in the Vaccine Roll Out Narrative  
or a Dooms Day Prediction for other Countries?**

**Total % of entire population fully vaccinated – 85%**  
**Total % of population fully vaccinated over 12 - 93%**

Covid-19 Pandemic	First 19 months	Last 2 months	Total Entire Pandemic
Covid-19 Cases	70,039	150,764	220,803
Average Cases Per Month	3,686	75,382	10,514
Covid-19 Deaths	57	454	511
Average Deaths Per Month	3	227	24

<https://www.worldometers.info/coronavirus/country/singapore/>  
<https://www.moh.gov.sg/covid-19/vaccination>  
Entire Pandemic Data from 15/2/2020 to 9/11/2021



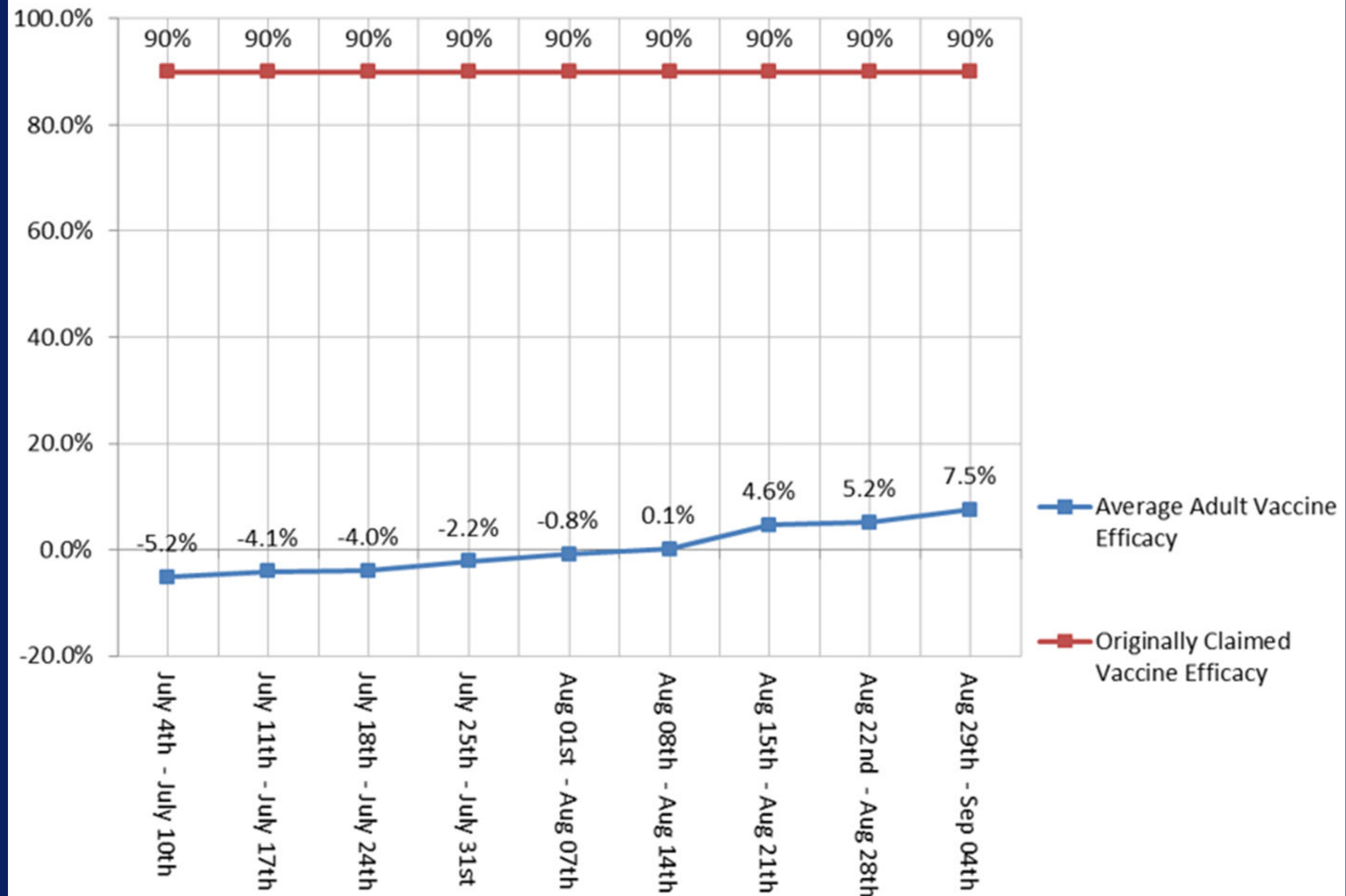
**Why does Israel, with high vaxx rates, have experts claiming that vaccine efficacy is less than 10 X the original claimed amount of 90 %?**

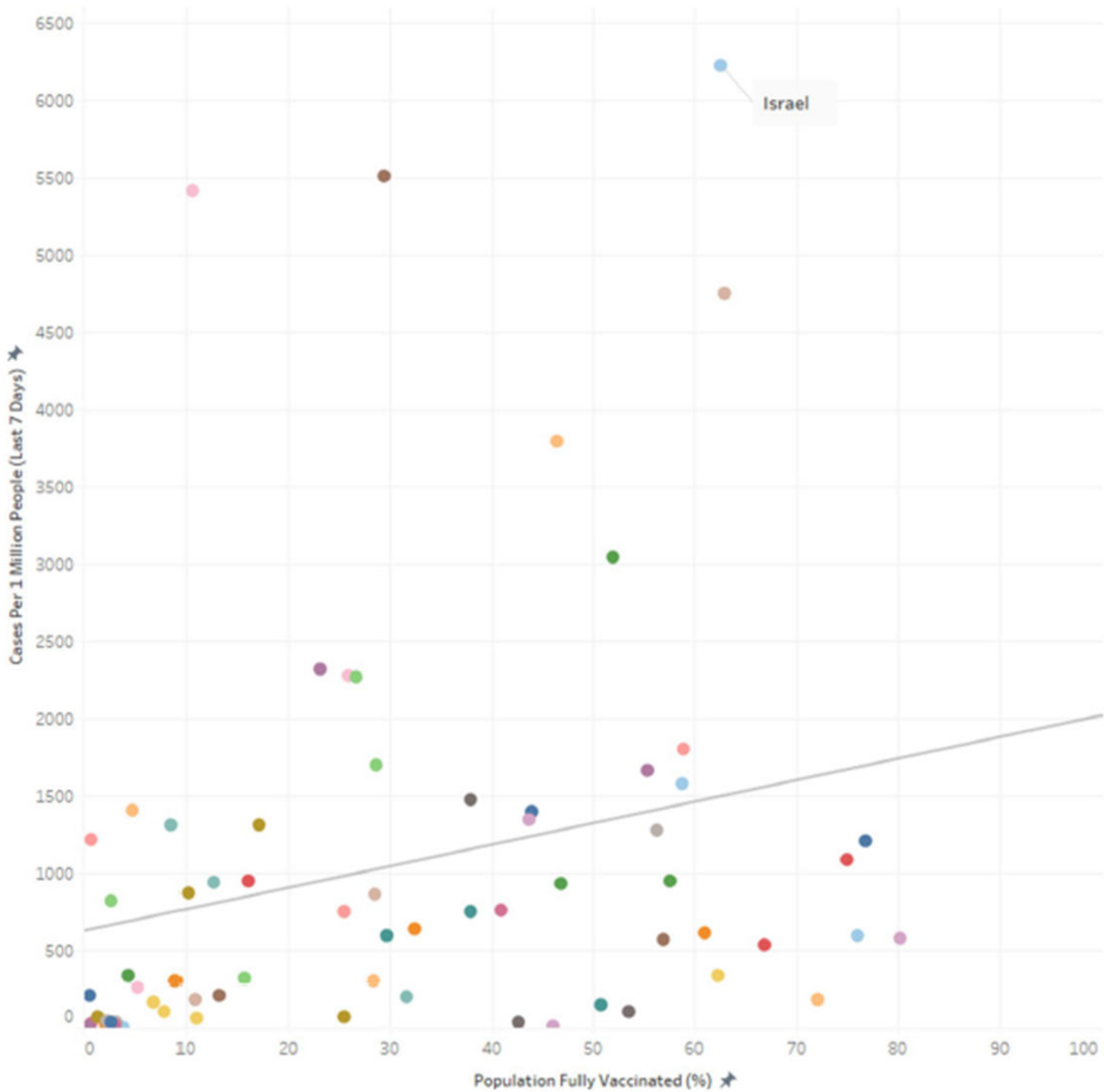
Significant effort is required to extract these figures.

Data taken from > 20 Israeli government data sites such as:

[אימותים לאחר - COVID-19 מאגר](#)  
[החיסון - Government Data](#)

**Average Israeli Adult Vaccine Infection Prevention Efficacy**





Why is it that the latest mega-data analysis from 68 countries shows an

# INCREASE of Covid rates with increasing vaxx rates?

Source: European Journal of Epidemiology. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States (springer.com).





Rebel News  
@RebelNewsOnline

Despite being one of the largest proponents of presently-available COVID-19 vaccines, Gates admits to the failure of the vaccine industry that he has worked so hard to prop up.

MORE: [rebelne.ws/3BYEdyz](https://rebelne.ws/3BYEdyz)



8:13 AM · Nov 10, 2021 · Twitter Web App

→ **Why, if the vaccines are effective, did Bill Gates say this on TV?**

*\* "The vaccines only slightly reduced the transmissions."*

\* To put this another way:

→ **"People will still catch Covid after being vaxxed (for some unknown period of time) but at a slightly less rate compared to unvaxxed persons."**

Rebel News on Twitter: "Despite being one of the largest proponents of presently-available COVID-19 vaccines, Gates admits to the failure of the vaccine industry that he has worked so hard to prop up. MORE: <https://t.co/aw7PJZ86jM> <https://t.co/lo9kKulmo9>" / Twitter

# How can we say the vax is effective if this British Government Report shows that the vaxx **REDUCES** the body's natural immunity?

*The UK Health Security Agency's Report from Week 43 (2021) states/implies the following:*

- Antibody levels appear to be lower in people post-infection following two doses of vaccination.
- This antibody drop against general diseases is basically permanent
- The vaccine interferes with the body's innate ability to produce antibodies
- However, the unvaccinated who have recovered from Covid will have a permanent immunity to old strains of the virus

## Source:

- The British government's 'COVID-19 vaccine surveillance report Week 42 - UK Health Security Agency' (page 23, 24)
- [COVID-19 vaccine surveillance report - week 42 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100444/covid-19-vaccine-surveillance-report-week-42.pdf).

## To summarise:

- 1 - The body's natural immunity is permanently reduced post-vaxx**
- 2 - People will more easily become ill from other diseases and from new Covid strains**
- 3 - Other research shows that natural immunity will be further reduced with additional vaxxes**

# Why is the 100 % vaxxed Gibraltar cancelling Christmas 2021?

[GIBRALTAR 100% Jabbed](#) [CANCELS CHRISTMAS / Hugo Talks #lockdown](#) - YouTube

New confirmed cases of Covid-19 in Gibraltar and European Union

Seven-day rolling average of new cases (per 100k)



'Most vaccinated' place on earth cancels Christmas

18 Nov, 2021 15:03



# 7.

**MONEY** donations do not unduly influence key decision-makers?



Why do we permit Bill Gates the King of Vaccine investors with his catastrophically failed vaccine safety record to have such widespread and influential funding within the pharmaceutical industry, the media, research institutions and government bodies, when for Gates it has been, and always will be, about making unfathomable amounts of money?

CNBC MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV WATCHLIST PRO #

# THE DAVOS AGENDA

DAVOS WEF

## Bill Gates: My 'best investment' turned \$10 billion into \$200 billion worth of economic benefit


PUBLISHED WED, JAN 23 2019 7:13 AM EST | UPDATED WED, JAN 23 2019 10:28 AM EST

Matthew J. Belvedere @MATT\_BELVEDERE

SHARE f t in e

### KEY POINTS

- Investing in global health organizations aimed at increasing access to vaccines creates a 20-to-1 return, the Microsoft co-founder and philanthropist says.
- Putting \$10 billion into the S&P 500 would have grown only to \$17 billion over 18 years, factoring in reinvested dividends, Gates tells CNBC in Davos.



# How many people realise that the FDA regulator in Australia is funded by the industry it monitors?

## TGA run by Big Pharma

FEB 27

Posted by [Editor, cairnsnews](#)

- The TGA is the government board that approves drugs and monitors their safety
- The pharmaceutical and manufacturing industry funds the TGA
- TGA is conflicted by being 96 % funded by the industry it monitors
- Sources of Australian TGA funding are not transparent to the public
  
- The US FDA regulator is 45 % funded by the industry it polices

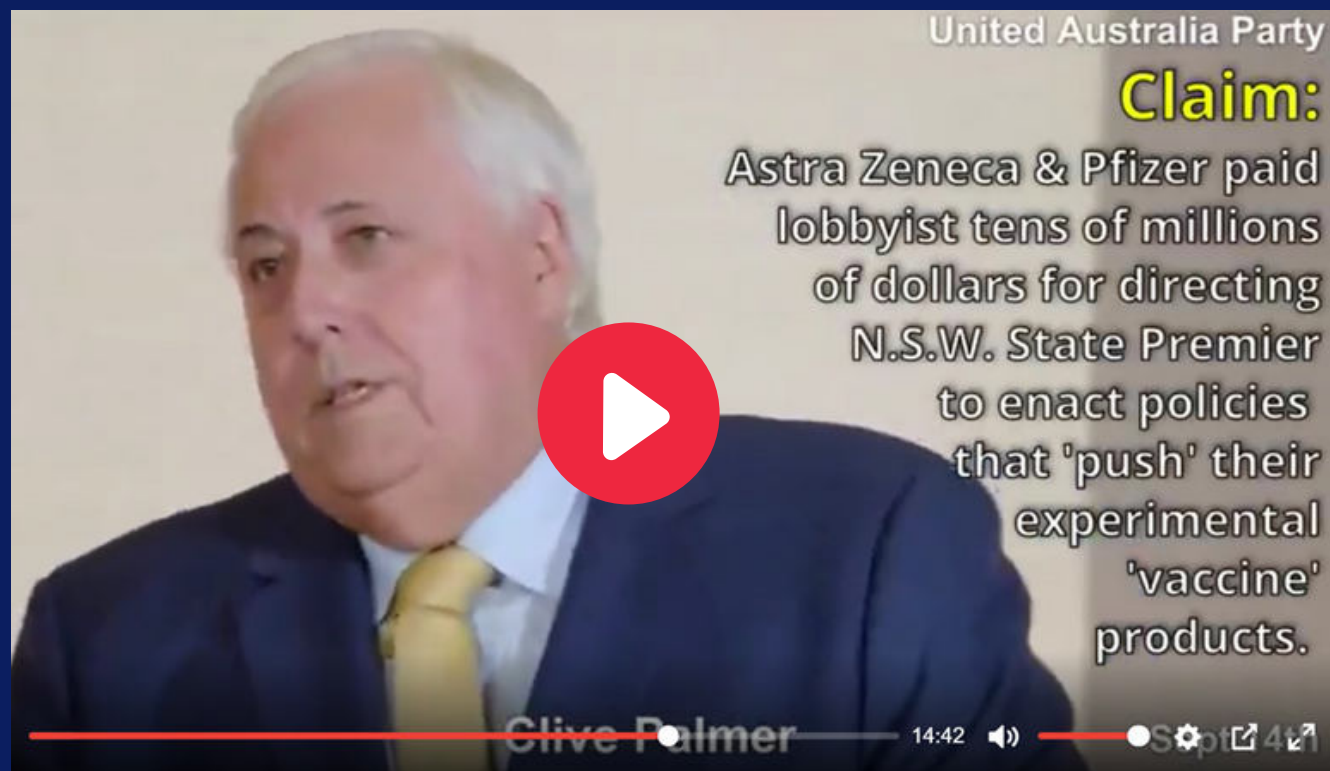
[TGA run by Big Pharma | Cairns News](#)

\* University of Wollongong, Judy Wilyman [2015] "A critical analysis of the Australian government's rationale for its vaccination policy"

<https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-glance>

# Should Big Pharma be allowed to donate to political parties?

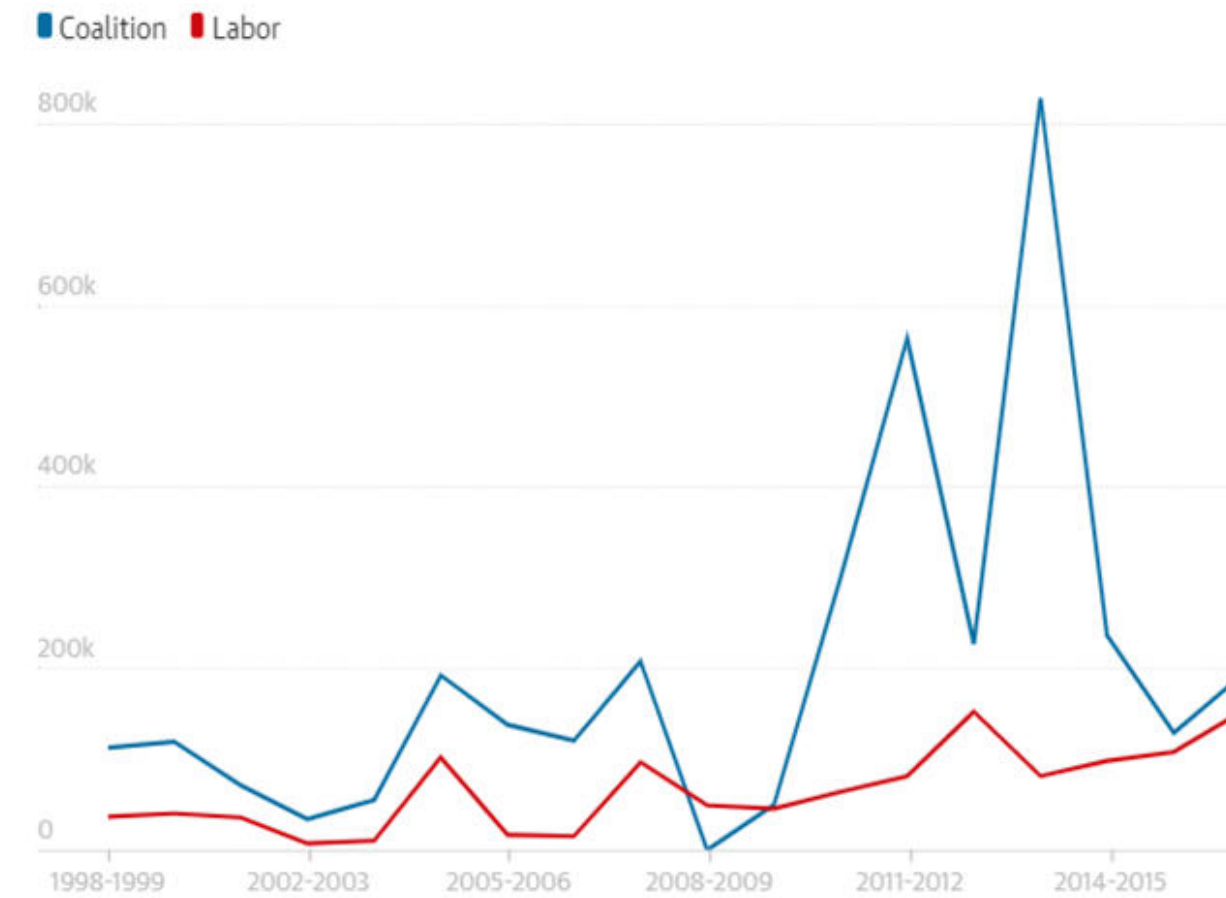
- Clive Palmer, UAP, states that Big Pharma lobbyists were directing the NSW state Premier
- Willing to make a statement to Police with the details
- Big Pharma donate \$ millions to political parties
- Do we believe this produces the best outcomes for everyone?



[Conflict Of Interest Covid in Australia \(bitchute.com\)](http://bitchute.com)

[Pharmaceutical industry donates millions to both Australian political parties | Pharmaceuticals industry | The Guardian](#)

Political donations by pharmaceutical or related companies



Guardian graphic

**Pharmaceutical industry donates millions to both Australian political parties**

**Companies employ vast numbers of lobbyists and their influence contributes to Australia's high drug prices, expert says**



A former federal health department secretary, Stephen Duckett, says the influence of the pharmaceutical industry contributes to high drug prices in Australia. Photograph: Alamy Stock

# Why was the President of Belarus offered a \$ 1-billion loan from the World Bank, only if the country went into extreme lockdown?



Belarus was one of the few European countries at the time to not implement strict lockdown measures.

Belarus' Covid death rate is one of the lowest in Europe.

Conditions of the \$ 940-million loan were quarantine measures, isolation, a curfew.

Belarus President Aleksandr Lukashenko:

*"This is nonsense. We will not dance to anyone's tune."*

*"We hear the demands, for example, to model our coronavirus response on that of Italy. I do not want to see the Italian situation repeat in Belarus."*

[EXPOSED: World Bank Coronavirus Aid Comes With Conditions For Imposing Extreme Lockdown, Reveals Belarus President - GreatGameIndia](#)



# Are people aware that Big Pharma's revenue is nudging that of Australia's entire GDP?

[Global pharmaceutical industry - statistics & facts | Statista](#)

United States	20,893.75	1
China	14,866.74	2
Japan	5,045.10	3
Germany	3,843.34	4
United Kingdom	2,709.68	5
India	2,660.24	6
France	2,624.42	7
Italy	1,884.94	8
Canada	1,644.04	9
Korea	1,638.26	10
Russia	1,478.57	11
Brazil	1,444.72	12
Australia	1,359.37	13

[World GDP Ranking 2021 - StatisticsTimes.com](#)

**REVENUE OF THE WORLDWIDE PHARMACEUTICAL MARKET IN 2020**

1.27 tr USD

8.

Our governments are  
**TRUTHFUL**, with our  
best interests at  
heart?



# Why did the head of East Germany's largest hospital, a vaccinator, say this, before tragically committing suicide?

*"It is the introduction of a worldwide dictatorship"*

*"I've spent 1500 hours looking at the situation, because I knew that it had nothing to do with anything medical"*

*"It's just so incomprehensible what's happening and they're all dancing to the same tune with each other"*

*"Of course, it is being disguised"*

*"This is nothing - absolutely nothing to do with the virus"*

[Head Of East Germany's Largest Hospital 'Throws Himself Off Building' After Admitting Covid Is A Scam - Gemma O'Doherty Investigative Journalist Ireland \(gemmaodoherty.com\)](https://www.gemmaodoherty.com)



Yvonne C | Fighting Back is the New Normal  
@CountryGardener

In Germany, the Head of the Chemnitz Clinic, Dr Thomas Jendges, committed suicide saying he no longer could to be part of the Genocide happening via the COVID-19 Vaccine.



stessnews.online

Germany | Dr Thomas Jendges Head of Clinic, Commits Suicide "COVID-19 Vac...  
In Germany, the Head of the Chemnitz Clinic, Dr Thomas Jendges, committed suicide saying he no longer wants to be part of the Genocide happening vis the ...

## Head Of East Germany's Largest Hospital 'Throws Himself Off Building' After Admitting Covid Is A Scam

🕒 November 22, 2021

# Why did the QLD Government delete their post that referred to the large number of adverse vaxx events?



Morgan C Jonas

5 November at 10:16 · 🌐

After being called out on MCJ Report, the QLD government has deleted a statement on their website in relation to NOT being able to keep up with adverse reaction reports.



**QLD GOV REMOVES STATEMENT ABOUT  
ADVERSE REACTIONS AFTER MCJ REPORT**



Due to the large number of adverse events being reported throughout Queensland we are unable to routinely contact every reporter individually. Someone from the Public Health Unit in your area may contact you or your health provider if they require more information for reporting and surveillance purposes. If you have any concerns about ongoing symptoms or future vaccinations, please speak to your GP or Healthcare provider.

**Why do governments mandate rules for others that they don't apply to themselves?**



Members of Congress and their staff are exempt from Biden's vaccine mandate



# Why is there not an international outcry over the **coerced vaxxing** of **Northern Territory residents**, and why no media coverage?

- NT Aborigines taken away and forcibly vaxxed (Aunty Judy Mills)
  - Cairns Base Hospital overflowing with vaccine injured patients (Cairns News)
  - ABC's vaxx pin-up Aboriginal dead six days after Covid shot (see photo)
- Multiple accounts of vaxx deaths. NOT REPORTED.**
- ZERO Covid deaths in NT

[Northern Territory Aborigines being held down and forcibly vaccinated | Cairns News](#)

[ABC's vaxx pin-up Aboriginal dead six days after Covid shot | Cairns News](#)

[Wadeye community members in NT forced onto bus under threat of police action, taken to health centre and inoculated like cattle | Cairns News](#)

Wadeye community members in NT forced onto bus under threat of police action, taken to health centre and inoculated like cattle

NOV 5 Posted by [Editor, cairnsnews](#)



Cherbourg elder Bevan Costello would wish he hadn't been coned by the ABC and Queensland Health if he lived long enough. Instead he was dead six days after getting the experimental Covid jab.


Why has Australia maintained severe lockdown policies, at a **cost of more than \$100-million for each Covid death** to date + immeasurable additional costs regarding social, mental & physical aspects that will be experienced for many years to come, when Covid deaths **rank at only no. 38?**

Statistics

Census

Complete your survey

Causes of Death, Australia > 2020

 Latest release

# Causes of Death, Australia

Statistics on the number of deaths, by sex, selected and classified to the International Classification of Diseases

Reference period 2020

Released 29/09/2021

Next release Unknown

## Key statistics

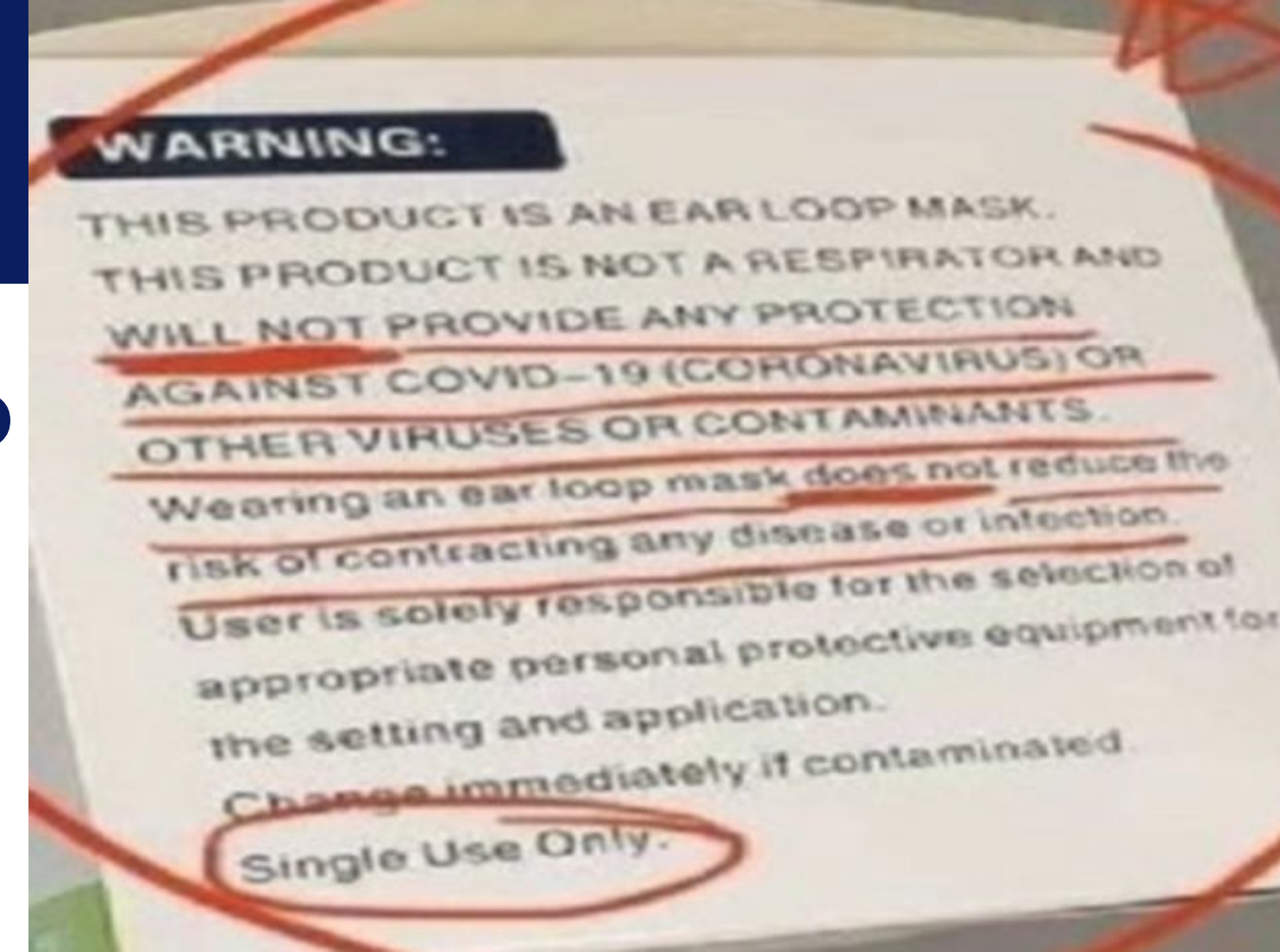
- COVID-19 was the 38th leading cause of death (898 deaths).

# Why are governments mandating masks when they provide **NO protection** against Covid?

1. Increase in dead space volume
2. Increase in breathing resistance
3. Increase in blood carbon dioxide
4. Decrease in blood oxygen saturation
5. Increase in heart rate
6. Decrease in cardiopulmonary capacity
7. Feeling of exhaustion
8. Increase in respiratory rate
9. Difficulty breathing and shortness of breath
10. Headache
11. Dizziness
12. Feeling of dampness and heat
13. Drowsiness (qualitative neurological deficits)
14. Decrease in empathy perception
15. Impaired skin function, acne, itching, skin lesions?

[65 Studies Reveals Face Masks DO Cause Physical Harm | Principia Scientific Intl. \(principia-scientific.com\)](#)

**And why do we wear masks whenever 44 studies specify masks as harmful?**



## N95

### Healthcare Particulate Respirator

#### WARNINGS

- ❶ The mask does not eliminate the risk of contracting any disease or infection.
- ❷ Improper use may lead to illness and even death.
- ❸ Use this product immediately after the package is opened.
- ❹ DO NOT sleep while wearing the mask.
- ❺ Avoid hand contact within the interior part of the mask.
- ❻ DO NOT use masks if they expired.
- ❼ For one-time use only. Dispose the mask according to regulations.
- ❽ DO NOT use if the package is damaged.



Why is it that people from ex-Communist countries easily see the eerie parallels between today's government's policies and Hitler's Germany that locked Jews out of society – forbidding them to buy, sell, work, socialise, and wear a yellow star?



## **Holocaust Survivor Warns COVID-19 Measures Similar To Nazi Germany's Subjugation Policies**

*Added by Douglas Batistic on August 23, 2021.*

*Saved under Columns, COVID Pandemic, International, National, Prosocialism, State*

***“God help Australia. I cannot even believe what is happening to your country today. I can only pray that what you are experiencing does not fully manifest itself in the US. (in relation to the loss of our freedoms).”***

US Senator Ron Johnson, speaking about Covid and the Australian situation (Nov 2021)

[20211125 Peter McCullough, Senator Ron Johnson, Brian Tyson, Tess Lawrie and Australian Politicians \(ourfreedomtube.com\)](#)

**Why are a growing number of nations protesting Australia's brutal response to Covid?**



Why are the politicians, NZ in particular, exercising a level of **CONTROL** over their people that are leaving other nations perplexed and horrified?

NEW ZEALAND / COVID-19

# South Islanders react to extended lockdown: 'There are a lot of people doing it tough'

7:08 pm on 27 August 2021

Share this     



Rachel Graham, Reporter

 @Rachelg44Graham  rachel.graham@rnz.co.nz

Despite no cases of Covid-19 in the entire South Island, it will stay in level 4 lockdown until Tuesday, partly in response to continued traces of Covid-19 in wastewater in Christchurch.

Why are the governments of many countries, Australia and NZ in particular, mandating severe, draconian lockdowns, that have been condemned for many months now by the WHO, as a result of them leading to **significant deprivations to both their people's and nation's health & wellbeing?**

## Coronavirus: WHO backflips on virus stance by condemning lockdowns

Lockdowns have been used to control the coronavirus around the world. Now a WHO official has questioned the success of them.

Alex Turner-Cohen



@AlexTurnerCohen



2 min read October 12, 2020 - 8:16AM



Could it be that our governments might just be using Covid as an **excuse to control us?**

# Why are governments' responses to Covid measures always changing, progressively becoming more onerous?

- “There’s no cure for Covid-19”
- “Vaccines are safe”
- “No coercion to take the vaccine”
- “Just a 2-week lockdown to ‘flatten the curve’”
- You’ll need just ~~one jab. No, two.~~ No, 6-month boosters.”
- We’ll open to all at ~~70% double-vaxx. No 80%. No 90%.~~ No 95%”



# Might the governments have got some things wrong during the Covid crisis?

*"So much of our response to Covid makes no sense, in fact all of our response to Covid makes no sense."*

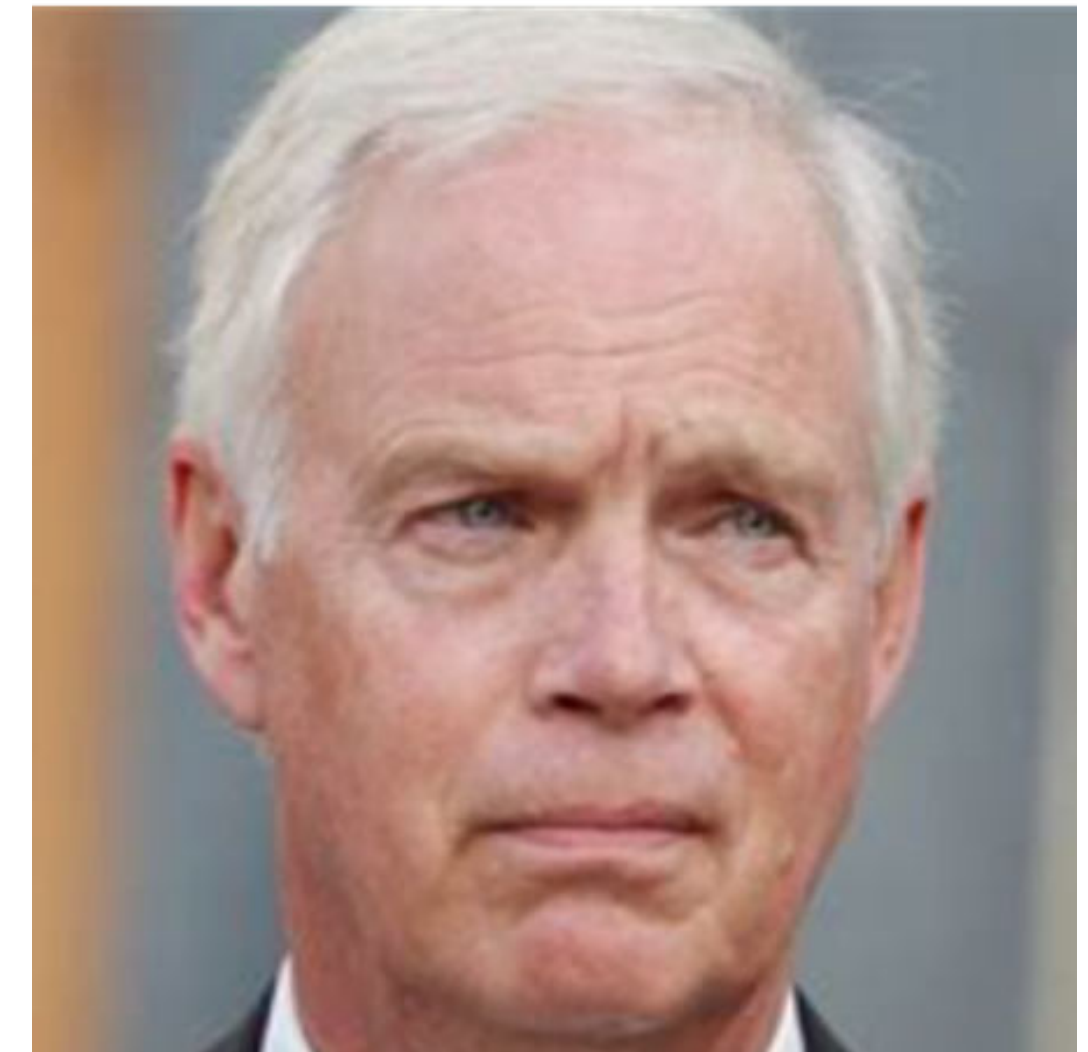
*"We're primarily up against the basic human tendency to never admit you are wrong."*

*They have been so wrong for 18-months and because they are wrong – hundreds, possibly millions of people died who didn't have to die.*

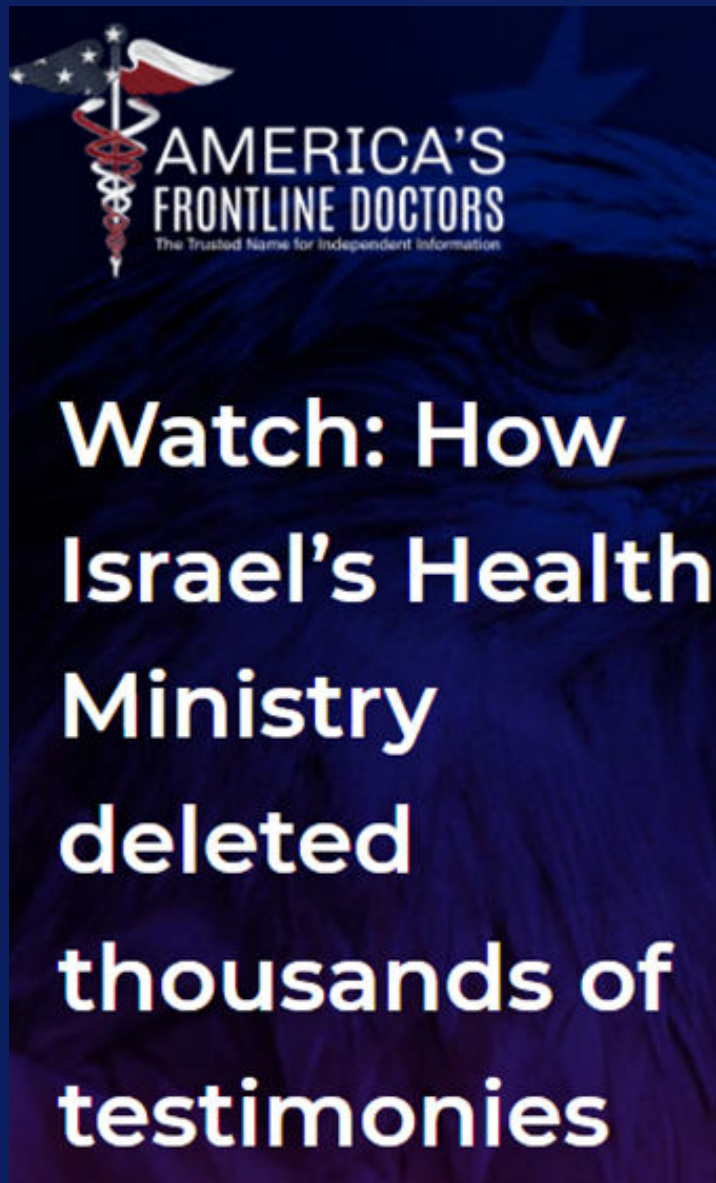
*None of these people, the Covid guys – the Fauci's of the world, our health agencies, the media, social media, will ever admit they are wrong because if they admitted it they would have to admit that they are responsible for hundreds of thousands of deaths."*

US Senator Ron Johnson, speaking to Australian politicians and experts about successful treatment methods for Covid

20211125 Peter McCullough, Senator Ron Johnson, Brian Tyson, Tess Lawrie and Australian Politicians (ourfreedomtube.com).



# Why are governments around the world, like Israel, constantly downgrading/deleting their numbers of vaxx injuries?



Watch: How Israel's Health Ministry deleted thousands of testimonies

[Watch: How Israel's Health Ministry deleted thousands of testimonies – America's Frontline Doctors \(americasfrontlinedoctors.org\)](#)



- Israeli Ministry of Health published a Facebook post claiming that the vaccines were very safe to use.
- Claimed only 19 severe side effects out of three million doses.
- Within 24 hours there were 25,000 comments reporting negative side effects from the vaccines
- The Israeli Ministry of Health started deleting the comments en masse
- Other nations like Australia and the US have been altering their recorded vaxx injury numbers downwards

**Why do we believe that the government cares for hardworking frontline workers who have scarified blood, sweat and selfless tears by forcing those who do not take the job out of work?**





# Why would any government sign a contract with Pfizer like the ones that numerous governments have supposedly signed with them?

Information security expert on revealed Pfizer agreements: 'There's good reason Pfizer fought to hide the details of these contracts'  
– America's Frontline Doctors (americasfrontlinedoctors.org)

Information security expert Ehden Biber obtained three separate Pfizer contracts; he claims they state:

- Purchaser acknowledges that Pfizer's efforts to develop and manufacture the Product are aspirational and **SUBJECT TO SIGNIFICANT RISKS AND UNCERTAINTIES.**
- **ZERO liability** if Pfizer fails to deliver doses in accordance with any estimated delivery dates.
- **ZERO opportunity** for Purchaser to cancel vaxx orders.
- **ZERO rights and remedies** of the Purchaser against Pfizer – **FOR ANY REASON.**
- Purchaser acknowledges that “**the long-term effects and efficacy of the vaccine are not currently known**” and there may be adverse effects of the vaccine.
- **Purchaser shall indemnify Pfizer AND shall also defend Pfizer** at its own cost against any claims brought against Pfizer.
- The New York court that Pfizer has nominated in the case of a dispute has the **capacity to hold international assets belonging to the Purchaser.**

**Why do some governments not seem to appreciate the utterly devastating effects of the lockdowns on their people?**

**TRAGEDY: WOMAN IN VICTORIA DIES AFTER SETTING HERSELF ON FIRE IN PROTEST OF GOVERNMENT TYRANNY THAT DROVE HER TO BREAKING POINT**



**Why was there a complete media blackout on this?**

Women who set herself on fire to have her voice heard  
- DIES :-(| Reignite Democracy Australia

**Why are people increasingly believing that the governments' tactics are designed to create **FEAR** so that they can exploit their **POWER** to have **INCREASED CONTROL**?**

Image, Getty

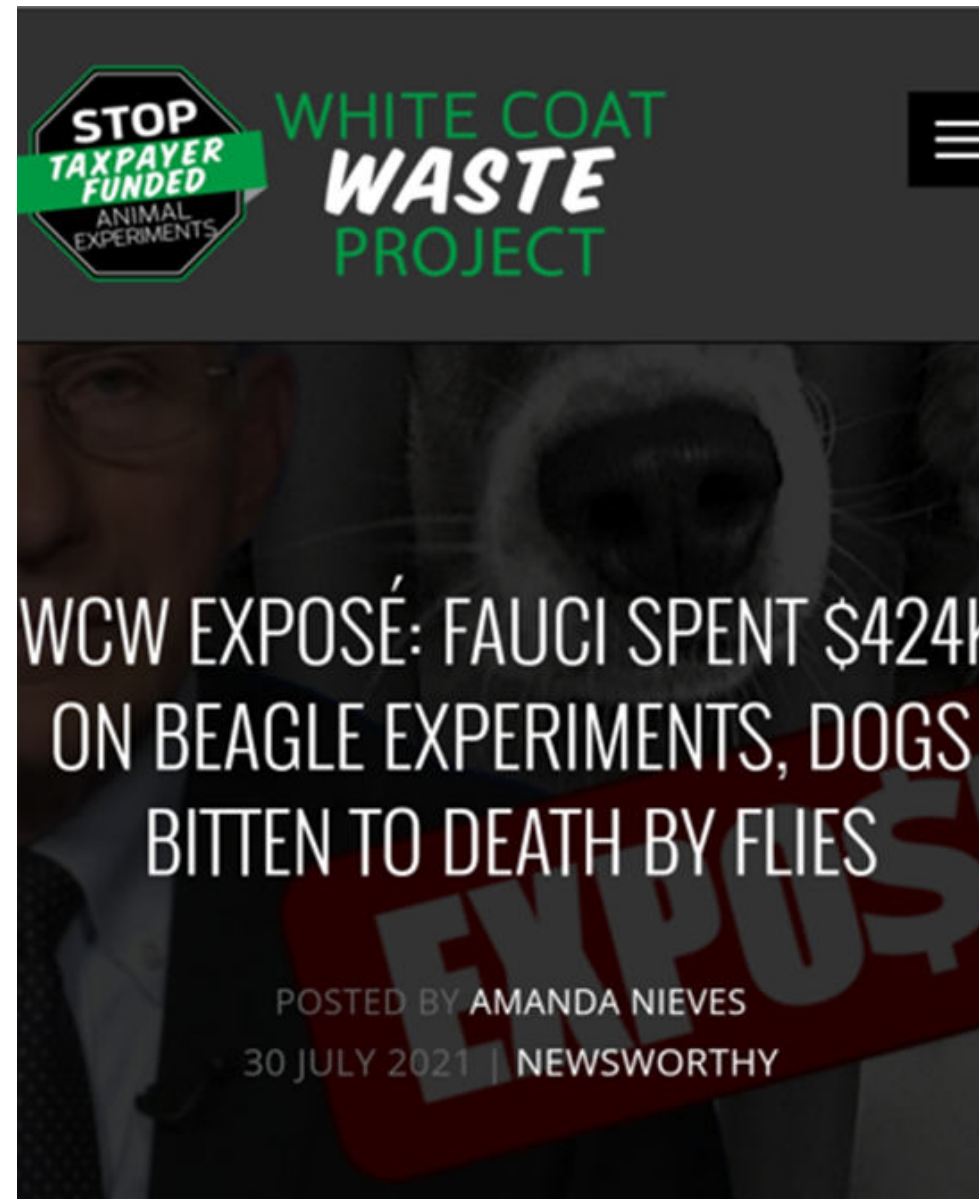


# 9.

Regulators are  
**TRUSTWORTHY**, providing  
**SAFE & INDEPENDENT**  
oversight?



**Would you trust Dr. Fauci, Chief Medical Advisor to the President of the United States, whose NIAID department authorised this barbaric cruelty?**



Source: White Coat Waste Project

28 beagle puppies abused in painful experiments in an NIH lab

Records under Freedom Of Information show that the dogs endured months of pain before being euthanised

Numerous other similar studies

[WCW Exposé: Fauci Spent \\$424K on Beagle Experiments, Dogs Bitten to Death by Flies – White Coat Waste Project](#)

This week, horrified Democrats and Republicans demanded that Dr Fauci explain reports that his National Institute of Allergy and Infectious Diseases (NIAID) funded experiments on beagle puppies in which they were eaten alive by sandflies and had their vocal cords cut so that their howls of agony wouldn't disturb their tormentors.

# Why did award winning nurse, Carolyn Ganske, QLD, report these disturbing cover-ups?

- AHPRA forbid health care workers to speak about vaxx injuries
- Doctors lying to family members – denying vaxx injuries
- Doctors pressured not to record vaxx injuries, but cover up
- TGA deliberately not reporting injuries and deaths
- Many young people with heart conditions post jab
- The government & media – not honest about the numbers
- Nurses bullied, harassed, demeaned, coerced into the jab
- No job exemptions given for nurses, even after severe reactions to 1st vaxx

[AJ Roberts – Queensland Nurse speaks out about the communism that's now in full swing. With Carolyn Gaschk | Facebook](#)



**Why do government regulators in most countries engage in **ferocious shut-down and coercion** of anyone who questions the official narrative around the vaxxes and their safety?**

***“They did everything in their power to hide everything that happened to her.”***

Mother of Maddie de Garay – who was paralysed in the Pfizer trial

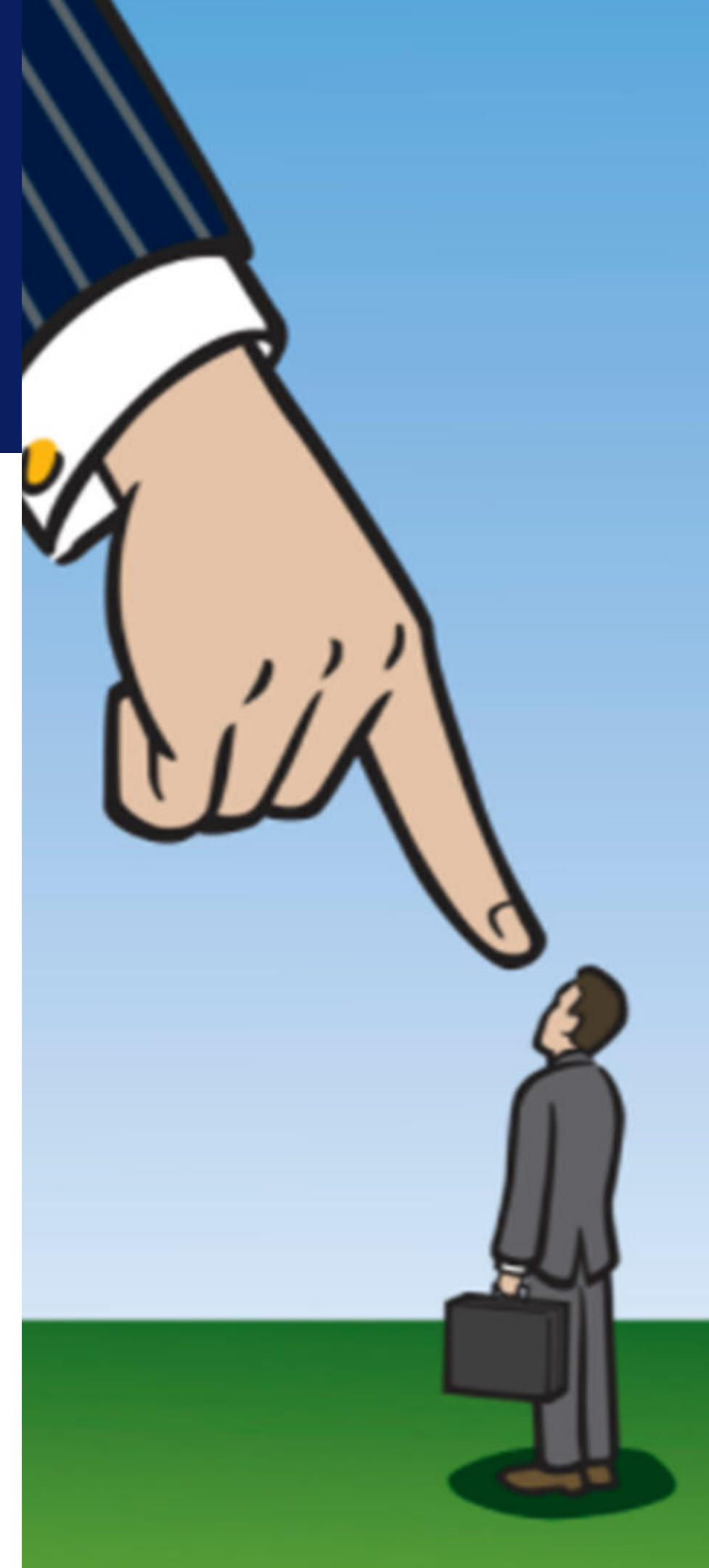
***“Many physicians contact our firm who themselves have suffered vaccine injuries. I ask them if they will make public the failings of our health agencies; the reaction is one of immense fear of retaliation.”***

Aaron Siri, Litigation lawyer & Managing Partner, Siri & Glimstad

***“Any effort to deviate from the main narrative is faced with a wall of hostility, rejection and elimination from the government including funding agencies, from public media and worst of all from the scientific community.”***

Dr. Retsef Levi, MIT Sloan Facility, Co-Director for Global Operations

**“WHO WILL HELP US?” – The HighWire**



# Why has it taken Robert F Kennedy Jr. to expose the diabolical failings of the Regulators?

- 'Fauci, America's Doctor', partnered with pharmaceutical companies to sabotage safe and effective (AIS) therapeutics.
- Fauci orchestrated fraudulent studies
- Fauci pressured US FDA regulators into approving a worthless and deadly chemotherapy treatment against AIDS.
- Fauci repeatedly violated federal laws
- Fauci used impoverished & dark-skinned children as 'lab rats' in deadly experiments with toxic AIDS & cancer chemotherapies
- Fauci, Gates & their cohorts use their control of media outlets, scientific journals, key government, quasi-governmental agencies, global intelligence agencies, influential scientists and physicians to flood the public with fearful propaganda about COVID-19 virulence and pathogenesis, and to muzzle debate and ruthlessly censor dissent.

# The Real Anthony Fauci

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

**Robert F. Kennedy Jr.**

NEW YORK TIMES BESTSELLING AUTHOR

Children's  
Health Defense 



# Why are there deep and wide conflicts of interest regarding government positions and vaxx companies?



**Scott Gottlieb**  
On the left is the former FDA commissioner in charge of regulating Pfizer. On the right is a current member of the Board of Directors of Pfizer.



**Stephen Hahn**  
On the left is the former FDA commissioner in charge of regulating Moderna. On the right is the current Chief Medical Officer of Flagship Pioneering - the venture capital firm behind Moderna.



**James C. Smith**  
On the left is the CEO of Reuters in charge of informing people about the COVID-19 vaccines. On the right is a current member of the Board of Directors of Pfizer.



**Anthony Fauci**  
On the left is the NIAID Director under the National Institutes of Health. On the right is the funder of bioweapons research on gain of function bat coronaviruses at the Wuhan Institute of Virology.

## JANE HALTON IS AUSTRALIA'S GLOBALIST, INSTALLED TO ENSURE THE UN'S AGENDA

I am currently a national COVID19 commissioner and running the hotel quarantine investigation, while sitting on the board at Crown Resorts.

I am Chair at CEPI, a Gates backed foundation that invests in vaccines, while I push vaccines through the COVID commission. I was also on the WHO's Executive Board and sat at Event 201- The UN/GATES Pandemic Exercise For A Global Coronavirus Outbreak OCT 2019



# Why are there countless deaths in many countries recorded as Covid deaths whenever they have nothing at all to do with Covid, aside from the fact that people died **WITH** Covid?

## Auckland shooting: New Lynn victim Robert Hart tests positive for Covid-19

10 Nov, 2021 12:04 AM

4 minutes to read



Family grieving an Auckland father shot and killed in a New Lynn driveway face further devastation - he has since tested positive for Covid-19.



NEWS

## Man who died after falling from a 10-foot ladder was actually killed by COVID-19: doctors

By [Natalie O'Neill](#)

November 18, 2020 | 3:46pm | Updated



1 of 2

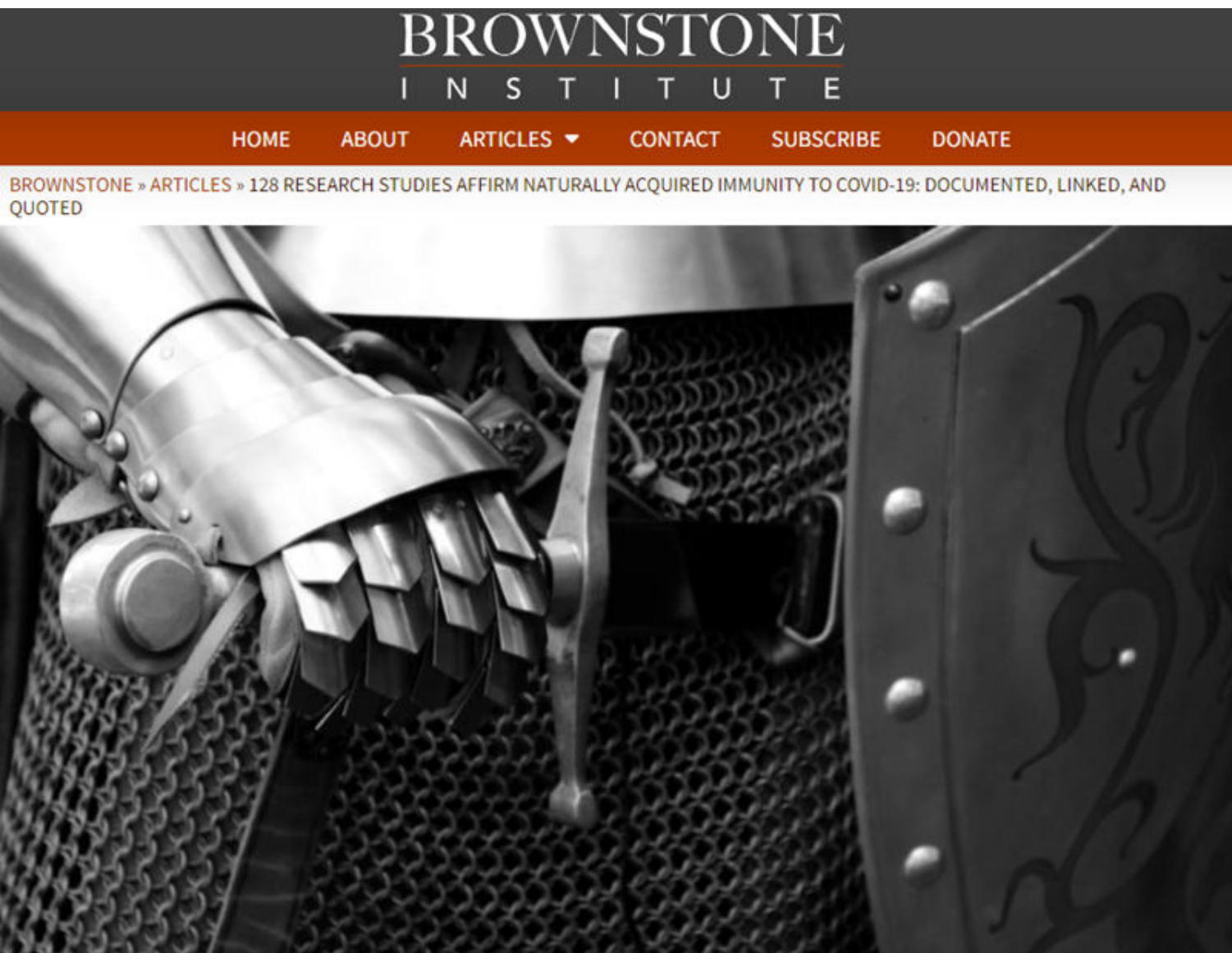


**New York Post, Nov-18, 2020**

**Man Shot to Death Counted as COVID-19 Fatality - YouTube**

# Regarding natural immunity (resistance to Covid reinfection) how does the CDC manage to get away with putting out such blatant, dangerous lies?

[128 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted](#) ★ [Brownstone Institute](#)  
[CDC: No Record of Naturally Immune Transmitting COVID-19 \(theepochtimes.com\)](#)



128 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 PUBLIC HEALTH 52 MINUTE READ

**CDC Director Rochelle Walensky, in her October 2020 published LANCET statement said**  
***"There is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection" and that "the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future."***

**LIES. DANGEROUS LIES.**

## Over 60 studies: natural immunity is superior to vaccine immunity

- The CDC ignored all these studies involving millions of people
- The CDC decided to mandate the vaxx anyhow
- Australia and most other nations have followed their lead
  
- Immunity from Covid-recovered people:
  - is lifelong and durable
  - is very strong, Covid reinfections are very rare
  - is present in around half of the population in many nations
  - **REDUCES IF PEOPLE TAKE THE VAXX**

### Summary:

For people who have recovered from Covid, taking the vaxx **INCREASES** the chance of Covid reinfection compared to not taking the vaxx

	Natural Immunity	Vaccine Immunity
Duration	Durable	Wanes
Subsequent infection	Extremely rare	Common
Prevents infection and transmission	Yes	No

Oct 23, 2021, 15:29ET

ICAN

LEGAL  
UPDATE



**HUGE UPDATE!**  
**ICAN EVISCERATES CDC IN FORMAL EXCHANGE  
REGARDING NATURAL IMMUNITY**

[ICAN EVISCERATES CDC IN FORMAL EXCHANGE  
REGARDING NATURAL IMMUNITY - ICAN - Informed  
Consent Action Network \(icandecide.org\)](#)

[Reply-to-CDC-Re-Natural-Immunity-v-Vaccine-  
Immunity.pdf \(icandecide.org\)](#)

Why on earth are regulators mandating the vaxx for Covid recovered (naturally immune) people when this **INCREASES** their chance of Covid reinfection, hospitalisation and death?

Why did the US CDC (Centers for Disease Control and Prevention) change its definition of Covid-19 reporting guidelines just prior to the pandemic, resulting in a 16.7 x higher number of deaths than there would have been under the previous reporting guidelines?

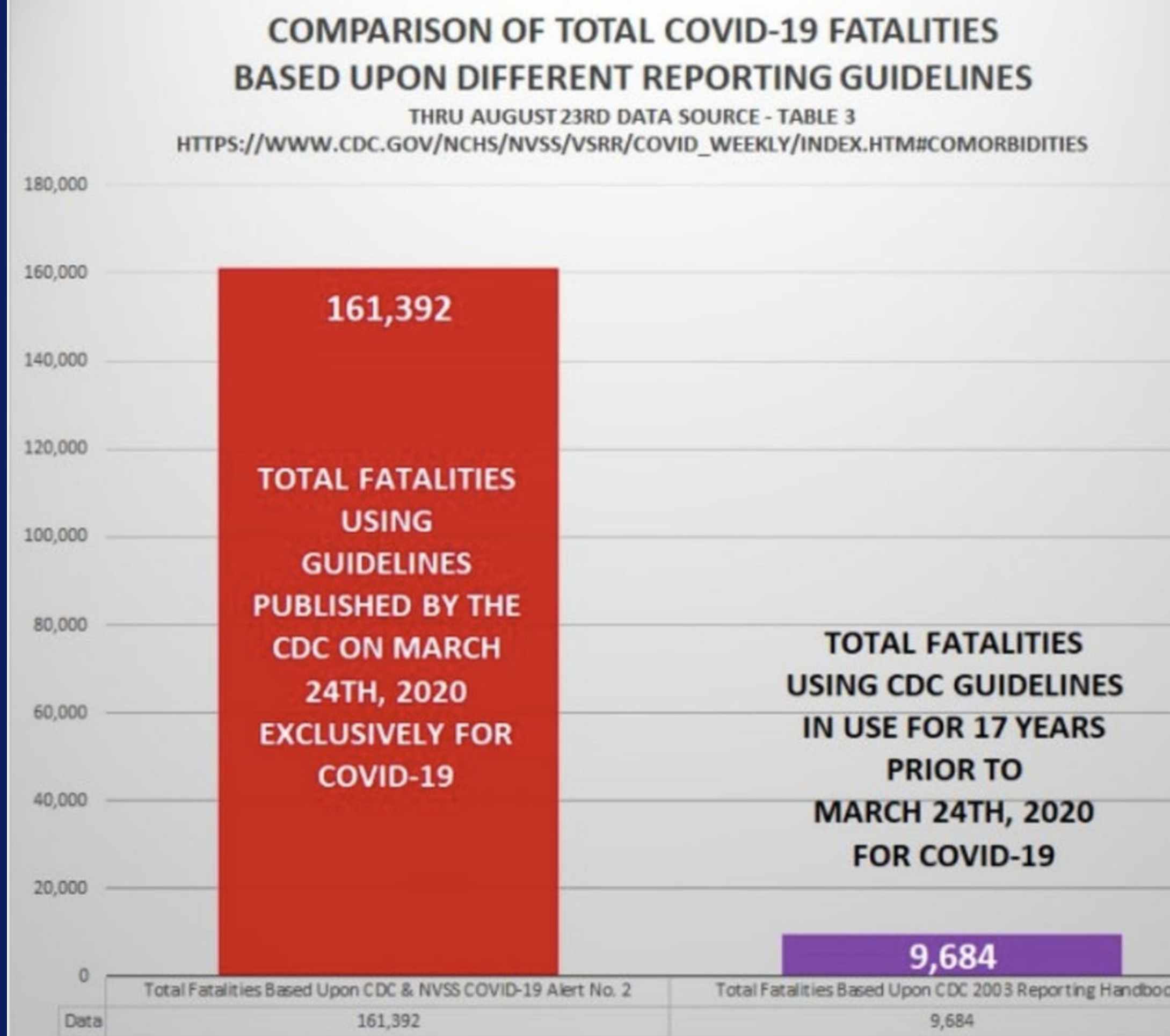


Figure 9. COVID-19 Using the March 24 Exclusive Guidelines vs Using the 2003 Guidelines. If the CDC used the 2003 guidelines, the total COVID-19 be approximately 16.7 times lower than currently being reported. [1][30][State & Territory Health Departments]

*"I am disheartened and disgusted by the lack of ethics re. COVID-19*

*The government mandates appear to breach medical ethics and human rights*

*I cannot work in a system that supports medical apartheid, division and discrimination*

*The discriminatory treatment of colleagues and patients disgusts me to my very core.*

*A skin specialist refused to see a little girl, and a young boy was turned away from a private hospital to have his open head wound repaired because their parents were unvaccinated (both single mothers).*

*This is abhorrent, unethical and inexcusable.*

*Appears to breach the Nuremberg Code, the Geneva Convention, The United Nations Convention, The United Nations Declaration on the Rights of Indigenous Peoples, The United Nations' Universal Declaration on Human Rights, The Magna Carta and The Constitution of Australia."*

**Why did a defence veteran doctor who cancelled his doctor's registration 20-years early, write this in disgust to AHPRA the regulating body (Nov-2021)?**





**Why are doctors who  
are seeing spikes of  
vaccine injured  
patients in  
Melbourne hospitals  
told NOT TO REPORT  
VACCINE INJURIES on  
penalty of losing  
their job?**



**Sonya Young – Commissioner of Declarations, certified the identities and employment documents of the 11 whistle-blowers in this video**

**Australian Medical Professional Society:**  
[Whistleblowers Speak on COVID-19 Vaccine Injuries \(Long\) \(rumble.com\)](#)

**This video really is worth a watch**

## **Why are thousands of QLD hospital workers forbidden to report vaxx injuries, and why are they in fear, with whistle-blowers saying this?**

- *"I went to my 13th cardiac and subsequent death, all post-vaccine.*
- *4 children presented to the clinic in wheelchairs after Pfizer, couldn't walk, all under 14*
- *I **WISHED** we were allowed to speak about this. We're threatened with deregistration*
- *It bothers me most that we're lying to the patients, telling them this will keep them safe*
- *Lots of young people having strokes who shouldn't be*
- *I've never before had 6 back-to-back cardiac events in one shift – all vaxxed people*
- *I've noticed a big increase in strokes & chest pains from healthy people*
- *Vaccination status not being recorded*
- *Lots of healthy mums in their 30s presenting with injuries*
- *The studies regarding the vaccines have been done by the vaccine companies."*



# Why do regulators not seem to see an issue with the vaxx companies making even more money from additional drugs after they injure people?

Photo:

- The drugs and supplements taken daily by a vaccine injured nurse
- Before her vaxx injury she took nothing
- By the way, Vaxx companies have **COMPLETE IMMUNITY** against prosecution for any injuries that the vaxx may cause.





**World Health Organization**

VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products.

Vaccine or Drug Name	Total ADRs	Years
Mumps vaccine	711	1972-2021
Rubella vaccine	2,621	1971-2021
Ivermectin	5,705	1992-2021
Measles vaccine	5,827	1968-2021
Penicillin nos	6,684	1968-2021
smallpox vaccine	6,891	1968-2021
chloroquine	7,139	1968-2021
tetanus vaccine	15,085	1968-2021
Hydroxychloroquine	32,641	1968-2021
Hepatitis A vaccine	46,773	1989-2021
Benzympenicillin	51,327	1968-2021
Rotavirus vaccine	68,327	2000-2021
Accutane	70,719	1983-2021
Vancomycin	71,159	1974-2021
Hepatitis B vaccine	104,619	1984-2021
Polio vaccine	121,988	1968-2021
Meningococcal vaccine	126,412	1976-2021
Ibuprofen	166,209	1969-2021
tylenol	169,359	1968-2021
Aspirin	184,481	1968-2021
Pneumococcal vaccine	234,783	1980-2021
Influenza vaccine	272,202	1968-2021
Covid-19 vaccine	2,457,386	2020-2021

[www.vigiaccess.org](http://www.vigiaccess.org)

Updated Nov. 12th 2021

**Why are the governing bodies all telling us that the vaxx is safe when in less than 2 years it has had more Adverse Drug Reactions (ADRs), many of them permanently debilitating, compared to ALL other drugs combined in the past 50-years?**

[Slide 18, Steve Kirsch, VaccineEssentials - Google Slides](#)

WHO Collaborating Centre for International Drug Monitoring  
<http://www.vigiaccess.org/>

# 10.

Our media are  
truthful, telling us  
what we  
**NEED TO KNOW?**



**Would you expect the media to speak out against *any* of the government's policies – when there's 96 million reasons for them not to do so?**



The Australian Government has provided Media outlets across Australia with \$96M in grants and tax cuts since Feb 2020

[Click this link to view the government site](#)

96 Million Reasons for Mainstream Media to align to the government narrative (wixsite.com)

Recipient Name	Value (AUD)
Australian Associated Press Ltd	\$20,000,000.00
Rural Press Pty Limited	\$10,416,593.90
Southern Cross Austereo Pty Ltd	\$10,268,058.06
Prime Media Group Limited	\$4,702,939.58
Win Corporation Pty Ltd	\$4,464,609.21
Nine Entertainment Co. Pty Ltd	\$4,034,188.60
CRISP Wireless Pty Ltd	\$3,773,000.00
Queensland Capacity Network Fibre Pty Ltd	\$3,754,000.00
Grant Broadcasters Pty Ltd	\$3,317,300.06
Channel Seven Queensland Pty. Limited	\$1,869,701.76
Australian Private Networks Pty Ltd	\$1,270,790.35
Ace Radio Broadcasters Pty Limited	\$1,098,147.21
Broadcast Operations Pty. Limited	\$1,028,817.37
West Australian Newspapers Limited	\$906,830.92
Wi-Sky (NSW) Pty Ltd	\$807,245.50
Mcpherson Newspapers Proprietary Limited	\$700,926.00
Canberra FM Radio Pty Ltd	\$600,397.76
Connected Farms Pty Ltd	\$541,000.00
The Trustee for IAN THOMAS FAMILY TRUST	\$451,302.68
Pivotel Mobile Pty Ltd	\$412,709.00

# Do you really think these media entities would speak out against Bill Gates' vaxxes?

Conflict of Interest? Bill Gates Gave \$319 Million to Major Media Outlets, Documents Reveal • Children's Health Defense ([childrenshealthdefense.org](http://childrenshealthdefense.org))

11/17/21 • BIG TECH • VIEWS

## Conflict of Interest? Bill Gates Gave \$319 Million to Major Media Outlets, Documents Reveal

According to MintPress News, the Bill & Melinda Gates Foundation donated at least \$319 million to fund media projects at hundreds of organizations including CNN, NBC, NPR, PBS and The Atlantic, raising questions about those news outlets' ability to report objectively on Gates and his work.

By Alan Macleod



- Education Writers Association — \$5,938,475.
- National Newspaper Publishers Association — \$3,249,176.
- National Press Foundation — \$1,916,172.
- Washington News Council — \$698,200.
- American Society of News Editors Foundation — \$250,000.

- The Daily Telegraph — \$3,446,801.
- Chalkbeat — \$2,672,491.
- The Education Post — \$2,639,193.
- Rockhopper Productions (U.K.) — \$2,480,392.
- Corporation for Public Broadcasting — \$2,430,949.
- UpWorthy — \$2,339,023.
- Financial Times — \$2,309,845.

### Media projects supported by the Gates Foundation:

- European Journalism Centre — \$20,060,048.
- World University Service of Canada — \$12,127,622.
- Well Told Story Limited — \$9,870,333.
- Solutions Journalism Inc. — \$7,254,755.
- Entertainment Industry Foundation — \$6,688,208.
- Population Foundation of India — \$5,749,826.
- Participant Media — \$3,914,207.
- Réseau Africain de l'Education pour la santé- — \$3,561,683.
- New America — \$3,405,859.
- AllAfrica Foundation — \$2,311,529.
- Steps International — \$2,208,265.
- Center for Advocacy and Research — \$2,200,630.
- The Sesame Workshop — \$2,030,307.
- Panos Institute West Africa — \$1,809,850.
- Open Cities Lab — \$1,601,452.
- Harvard University — \$1,190,527.

### Gates Foundation grants pertaining to the instruction of journalists

- Johns Hopkins University — \$1,866,408.
- Teachers College, Columbia University — \$1,462,500.
- University of California Berkeley — \$767,800.
- Tsinghua University (China) — \$450,000.

### These centers include:

- International Center for Journalists — \$20,436,938.
- Premium Times Centre for Investigative Journalism (Nigeria) — \$3,800,357.
- The Pulitzer Center for Crisis Reporting — \$2,432,552.
- Fondation EurActiv Politech — \$2,368,300.
- International Women's Media Foundation — \$1,500,000.
- Center for Investigative Reporting — \$1,446,639.
- InterMedia Survey institute — \$1,297,545.
- The Bureau of Investigative Journalism — \$1,068,169.
- Internews Network — \$985,126.
- Communications Consortium Media Center — \$858,000.
- Institute for Nonprofit News — \$650,021.

### Awards Directly to Media Outlets:

- National Public Radio — \$24,663,066.
- The Guardian (including [TheGuardian.org](http://TheGuardian.org)) — \$12,951,391.
- Cascade Public Media — \$10,895,016.
- Public Radio International (PRI.org/TheWorld.org) — \$7,719,113.
- The Conversation — \$6,664,271.
- Univision — \$5,924,043.
- Der Spiegel (Germany) — \$5,437,294.
- Project Syndicate — \$5,280,186.
- Education Week — \$4,898,240.
- WETA — \$4,529,400.
- NBCUniversal Media — \$4,373,500.
- Nation Media Group (Kenya) — \$4,073,194.
- Le Monde (France) — \$4,014,512.
- Bhekisisa (South Africa) — \$3,990,182.
- El País — \$3,968,184.
- BBC — \$3,668,657.
- CNN — \$3,600,000.
- KCET — \$3,520,703.
- Population Communications International (population.org) — \$3,500,000.

**Why are the MSM not jumping up and down over the contents of the 2,300 private emails from Dr. Anthony Fauci (NIH) to various US agencies and Big Tech (including Mark Zuckerberg) which allegedly show that:**



HOME BREAKING NEWS

Home > Uncategorized > BREAKING: Fauci's Emails Get LEAKED... This is Devastating

Uncategorized

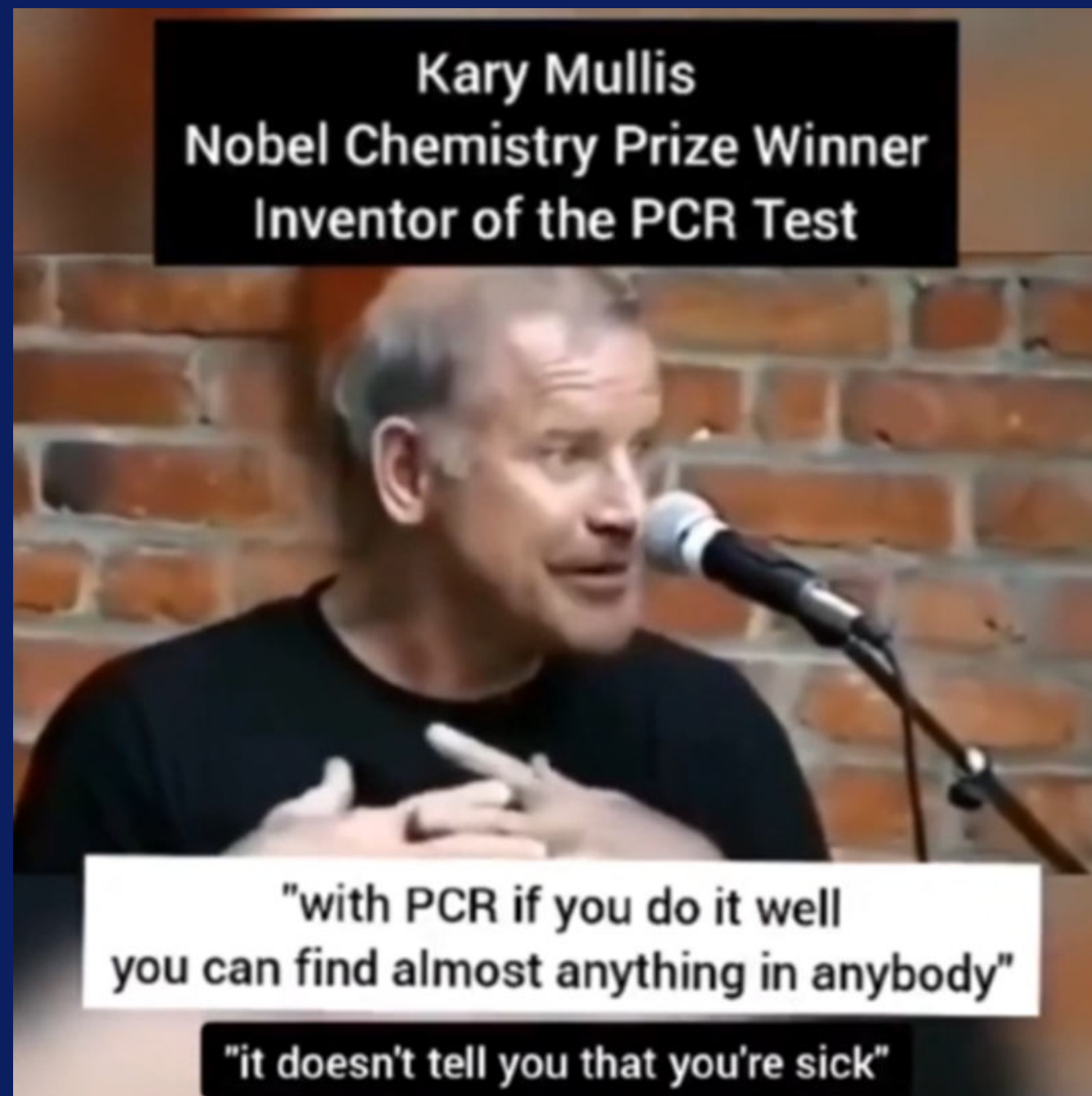
## BREAKING: Fauci's Emails Get LEAKED... This is Devastating

June 2, 2021

- 1) Hydroxychloroquine works against Covid-19
- 2) Masks are useless against Covid
- 3) Fauci was talking to Big Tech about censoring cures for Covid
- 4) Fauci makes a small fortune from the funding, vaccine research and patent ownership from the vaccines.
- 5) Covid was man-made in a lab
- 6) Fauci's 'gain of function' research funded it; this is a practice that is illegal in the US because of the significant risks that it poses.

[Tucker Carlson's devastating analysis of Fauci emails leads to call for 'criminal investigation' - American Thinker](#)

Why are the media not reporting that the PCR test is not meant to be used for mass testing in the way that it is (according to the inventor of the PCR test), AND at highly elevated numbers of cycles (like it is in many nations) since it will then produce **significantly inflated numbers** of false positives?



[WHO finally admits that PCR tests are unreliable \(freewestmedia.com\)](https://freewestmedia.com)

# Why are no MSM outlets covering the global proliferation of vaxx-injured and dead people, as vaxx injuries in Europe alone exceed the 2.5-million mark?

27,247 Deaths 2,563,768 Injuries Following COVID Shots in European Database – Taiwan Records More Deaths from Vaccine than Virus



[EudraVigilance](https://www.eudra.org/) | [European Medicines Agency \(europa.eu\)](https://www.ema.europa.eu/)



# Why are most people unaware of the **Trusted News Initiative (TNI)**, and how it controls **ALL** messaging, especially regarding the vaxx?

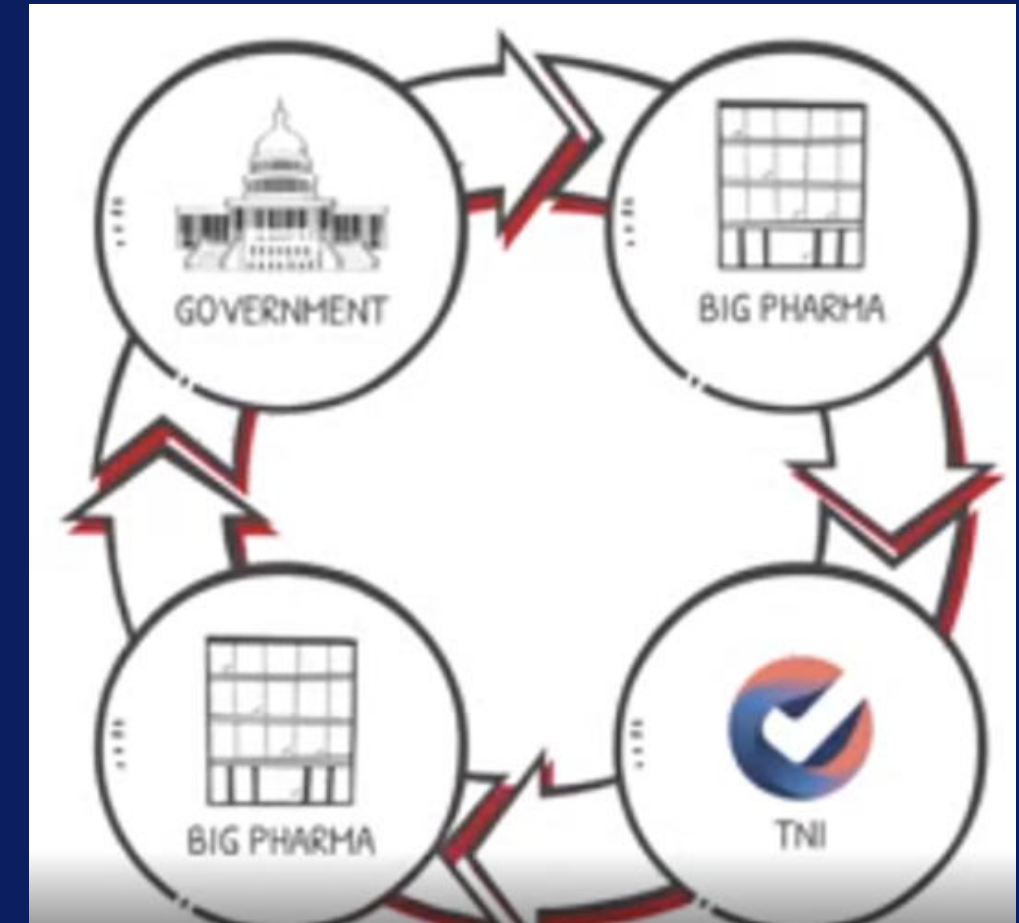
## The main players together with the media



## The main message Get vaccinated!



## The flow of money our Money to Government



This 4-minute video is **EXCEPTIONALLY INSIGHTFUL**  
[What is the Trusted News Initiative \(odysee.com\)](http://odysee.com).

Then Gov to Big Pharma  
Then Big Pharma to TNI  
Then TNI to Big Pharma  
Then Big Pharma to Gov

# Why have there been countless social media account suspensions by Big Tech companies against top experts (who happen to go against the government's narrative)?



**Steve Kirsch**  
@stkirsch  
94 Following 70K Followers

**Account suspended**

Twitter suspends accounts that violate the [Twitter Rules](#).





**Steve Kirsch** @stkirsch · 5h

YouTube temporarily suspends Ron Johnson's channel over COVID-19 misinformation as YouTube has determined that nobody has died from the COVID vaccines.



thehill.com  
YouTube temporarily suspends Ron Johnson's channel over COVID-19



**Matthew Service** · 2nd  
Senior Advisor - Design, Project, & Asset management  
12h · Edited ·  [+ Follow](#)

**Microsoft & LinkedIn** just censored the man arguably most knowledgeable on coronavirus - on the planet.

Nikolai Petrovsky, professor at university Flinders, Director of Biotech firm Vaxine and developer of Covax19 - has just had his account deleted by LinkedIn.

This after the man has been critical of current mRNA vaccines safety record and after his own synthetic protein adjuvants vaccine has passed phase three trials of over 17 000 participants with flying colours and no serious adverse events. Showing REAL effectiveness, and against Delta (!), as well as preventing TRANSMISSION. Partnering with **CinnaGen** to run the trial - it's Arguably the best vaccine on the planet

They also didn't vaccinate the placebo group - like some big pharma companies did - immediately after the trial so as to prevent any future tracking comparisons.

And LinkedIn (Microsoft ... and you know Who) just deleted his account

Still think this is about (protecting) your health?

# Why are most people not aware that a major agenda of the MSM and Big Tech is programming and propaganda?

Zach Vorhies from Google – from 950 internal Google document pages claims:

- Google has at least nine blacklists with **thousands of websites that they hide**
- Google sent police, a SWAT team and an explosives team to intimidate him

German Journalist **Udo Ulfkotte** – editor for large European newspaper, the **FAZ**:

- Authored 'Bought Journalists'
- Confesses how he and his colleagues were bribed for decades by American billionaires, the CIA, the German secret service and various shadow governments to write nothing but lies – before dying.

[THE PLAN TO CONTROL THE WORLD ✘ Warning By Scientists](http://stopworldcontrol.com)  
[.\(stopworldcontrol.com\)](http://stopworldcontrol.com)



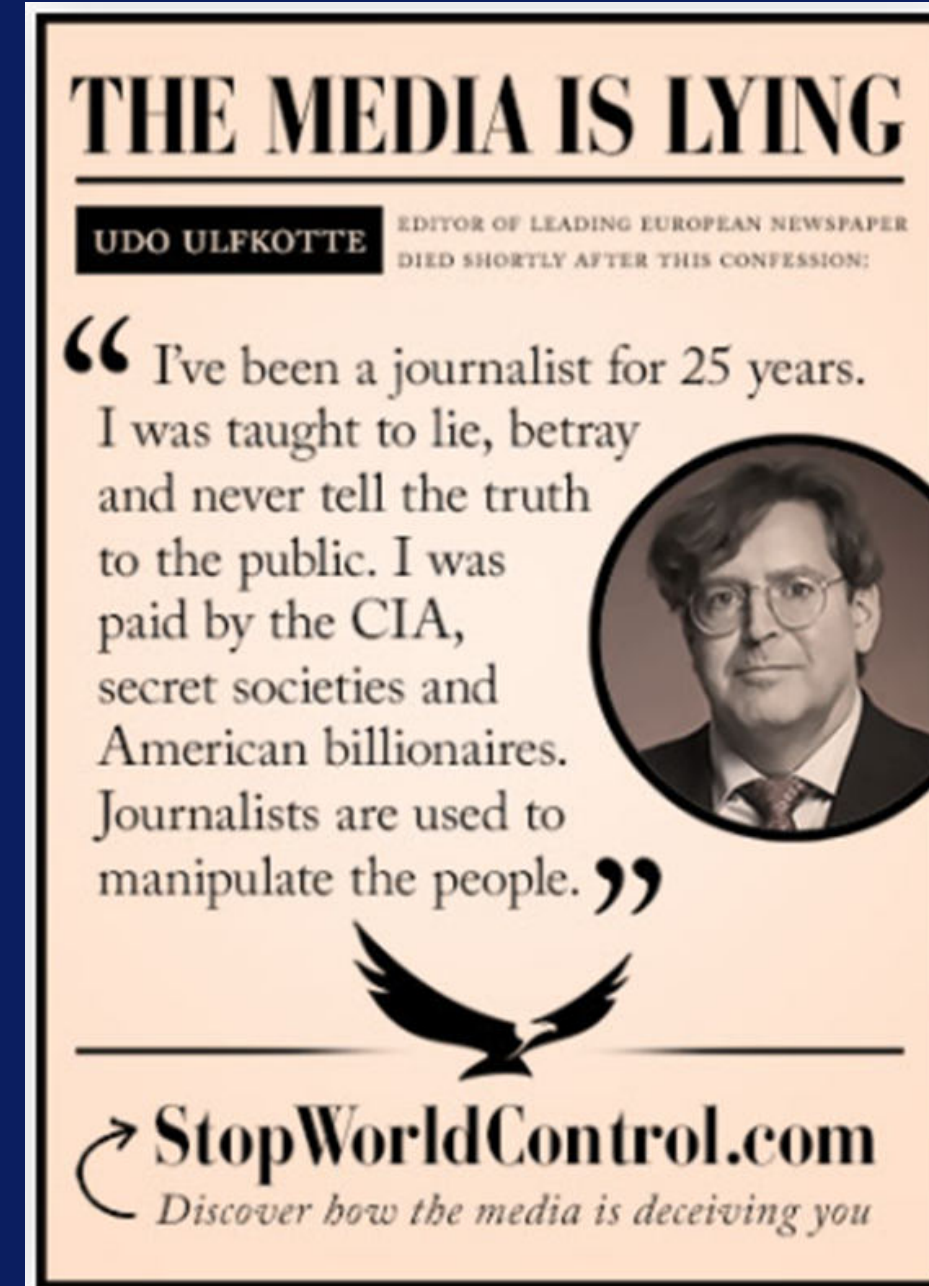
**Google**

For 8 years Zach Vorhies was a Senior Software Engineer at Google. He could no longer live with his conscience and revealed 950 pages that expose the agenda of Google. He says:

"Google manipulates mankind by hiding certain information and imposing other information. They blacklist thousands of websites."

**"Their mission is to program humanity."**

**StopWorldControl.com**  
Find out how Google is lying to you



**THE MEDIA IS LYING**

**UDO ULFKOTTE** EDITOR OF LEADING EUROPEAN NEWSPAPER  
DIED SHORTLY AFTER THIS CONFESSION:

“ I’ve been a journalist for 25 years. I was taught to lie, betray and never tell the truth to the public. I was paid by the CIA, secret societies and American billionaires. Journalists are used to manipulate the people. ”

**StopWorldControl.com**  
Discover how the media is deceiving you

# Who checks the fact-checkers? Are they factual and neutral?

## Facts on the 'fact-checkers':

- 15 of the 103 fact-checkers, in [The Poynter Institute \(TPI\)](#) are listed here, covers 6 continents
- TPI funded by Bill & Melinda Gates Foundation, that has over \$ 1.5-billion in vaxx investments
- And by Soros, who has \$ 230-m in Covid investments
- FactCheck.org is funded by RJW Foundation, has [\\$2.1 billion](#) of stock in vaxx supplier Johnson & Johnson

[How Reliable Are the Fact-Checkers?](#) by [Salwa Bachar \(traditioninaction.org\)](#)

[IFCN Code of Principles \(poynter.org\)](#)

**NO** A/s "Delfi" ✓  
from Latvia  
Assessed by [Martins Kaprans](#)  
PROFILE WEBSITE  
APPLICATION & ASSESSMENT  
Verified on 08-Dec-2021

**AFP** AFP fact checking ✓  
from France  
Assessed by [Laurent Bigot](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 21-Apr-2021

**AP** AP Fact Check ✓  
from United States  
Assessed by [Margot Susca](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 20-Sep-2021

**APA** APA - Austria Presse Agentur ✓  
from Austria  
Assessed by [Laurens Lauer](#)  
PROFILE WEBSITE  
APPLICATION & ASSESSMENT  
Verified on 08-Mar-2021

**AF** Africa Check ✓  
from South Africa  
Assessed by [Laurent Bigot](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 25-Oct-2021

**Lupa** Agência Lupa ✓  
from Brazil  
Assessed by [Sergio Lüdtké](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 09-Jun-2021

**AF** Aos Fatos ✓  
from Brazil  
Assessed by [Sergio Lüdtké](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 20-Sep-2021

**aap** Australian Associated Press ✓  
from Australia  
Assessed by [Raymond Joseph](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 02-Dec-2021

**BOOM** BOOM ✓  
from India  
Assessed by [Surekha Deepak](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 19-Jul-2021

**LIPUTAN** Cek Fakta - Liputan 6 ✓  
from Indonesia  
Assessed by [Yenni Kwok](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 08-Mar-2021

**Chequeado** ✓  
from Argentina  
Assessed by [Ramón Salaverría](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 25-Oct-2021

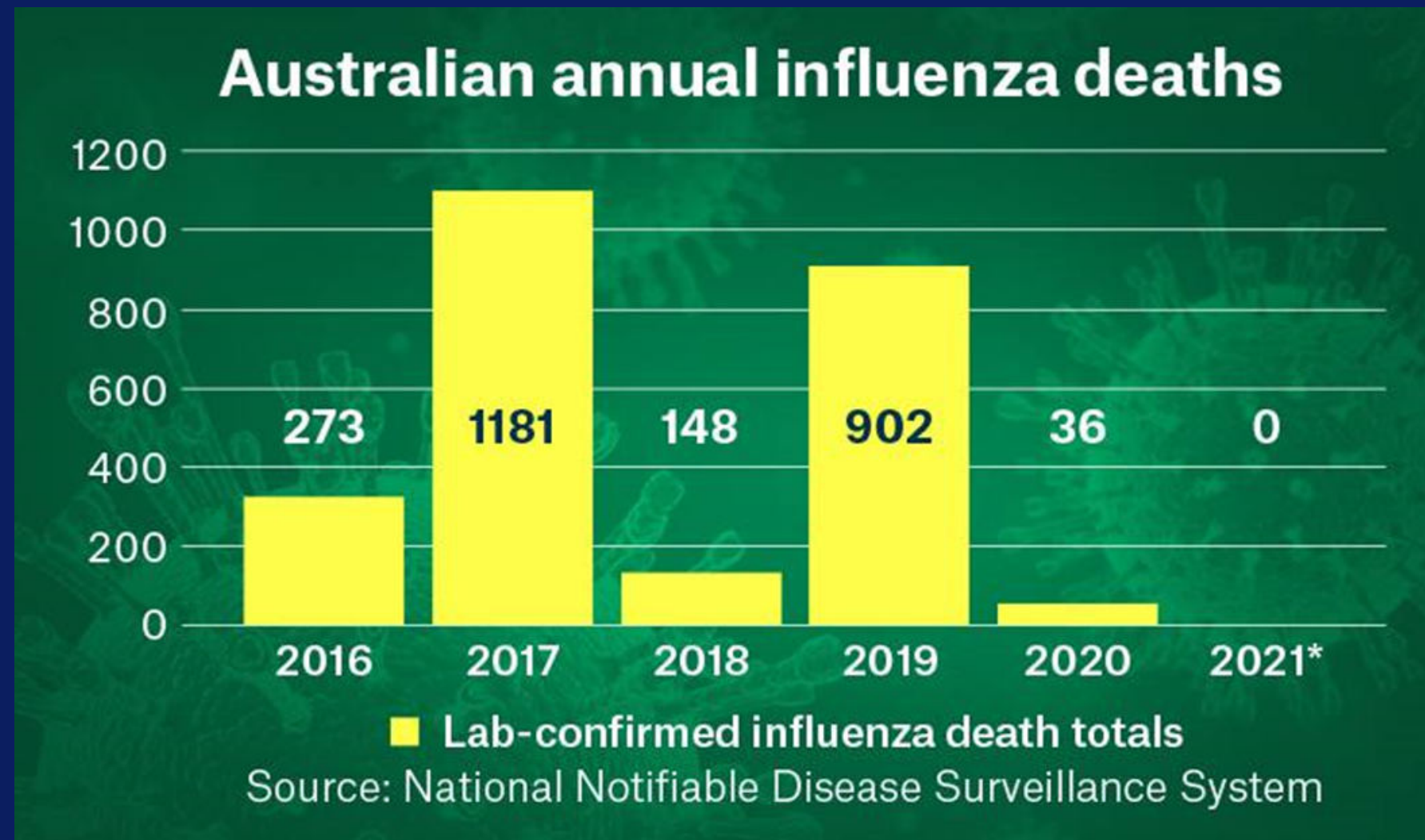
**Colombiacheck** ✓  
from Colombia  
Assessed by [Ramón Salaverría](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 08-Nov-2021

**Congo Check** ✓  
from Congo, the Democratic Republic of the  
Assessed by [Laurent Bigot](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 19-Jul-2021

**COTEJO** Cotejo.Info ✓  
from Venezuela, Bolivarian Republic of  
Assessed by [Ramón Salaverría](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS  
Verified on 08-Dec-2021

**Demagog.cz** ✓  
from Czech Republic  
Assessed by [Jan Indra](#)  
PROFILE WEBSITE  
APPLICATIONS & ASSESSMENTS

## Why has the media been almost silent on the mysteriously disappearing flu within Australia & the US?



### FLU CASES PLUMMET DURING PANDEMIC



Source: Fox News

- Influenza deaths in Australia: **ZERO** from April 2020
- Number of flu cases in the US: **declined by 99.5 %**
- Covid death rate in Australia & US: **similar to or less than the flu**
- Number of Australian Covid deaths: (coincidentally) similar to typical numbers of flu deaths
- (Symptoms from flu and Covid have many similarities)



**\*Why does the media barely mention that up to 1-million people took to the streets around Australia to protest against vaxx mandates?**

- \*Organisers claim circa 1-million people, 27th Nov 2021
- \*Media and Police claim a fraction of those numbers
- Protests in all capital cities + Newcastle, Gold Coast, Cairns, Sunshine Coast, Ballina etc.
- Unprecedented numbers
- Joining millions globally in marches for Freedom

[A Million Aussies March For Freedom - XYZ](#)



# 11.

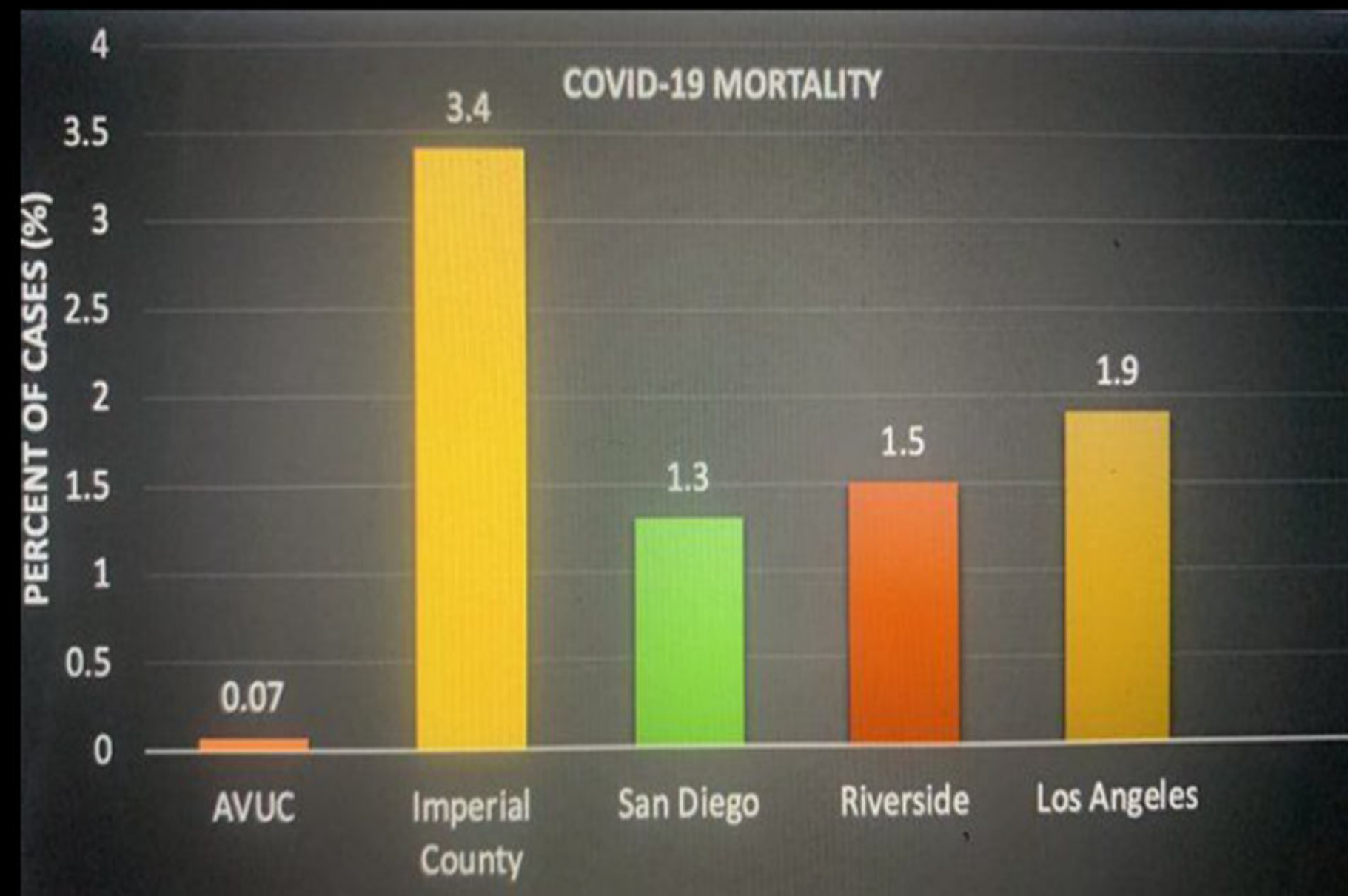
There are **NO TREATMENTS** for, and the prevention of, Covid?



Why do the government bodies claim that early treatments don't work when the data shows otherwise?

# The medical community claims early treatments don't work

Can you see a difference? [AVUC](#) used early treatment to get a [99.76% risk reduction](#); the rest of Imperial County didn't. The CDC isn't interested in exploring.

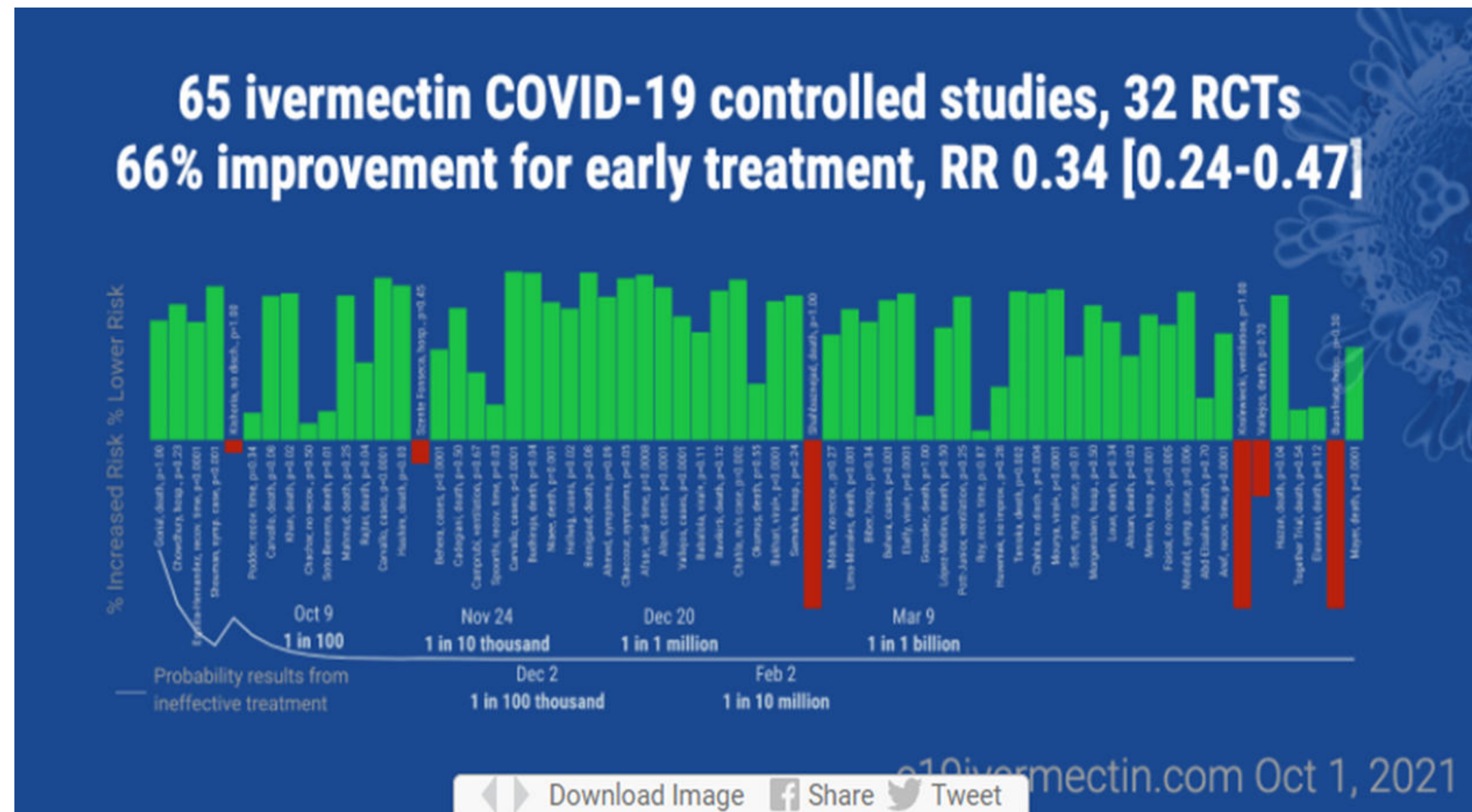


[All you need to know - Google Slides Slide 157 from Steve Kirsch](#)



# Why is there widespread negative publicity **CLAIMING** that Ivermectin – now banned by the TGA, is ineffective against Covid-19, unsafe, unproven, without peer reviewed studies (with doctors being deregistered who prescribe it) when **THE FACTS** are that Ivermectin is/has:

- 42 peer reviewed studies
- Safer than paracetamol
- Awarded Nobel prize
- Inexpensive
- 3.7-billion doses globally
- Used very successfully against Covid in more than 30 countries
- Reduces Covid mortality by at least 65 %



[Ivermectin for COVID-19: real-time analysis of all 135 studies \(c19ivermectin.com\)](https://c19ivermectin.com)

[It is Dangerous to Suggest that Early Treatment for Covid-19 is Unsafe \(canberradeclaration.org.au\)](https://canberradeclaration.org.au)

Why are the latest Covid case rates from the Uttar Pradesh (Indian state with 241-million people) that is using Ivermectin in the fight against Covid **1,000 X lower** than the Kerala state in India that is not using Ivermectin?

HUGE: Uttar Pradesh, India Announces State Is COVID-19 Free Proving the Effectiveness of "Deworming Drug" IVERMECTIN (thegatewaypundit.com)



Ivermectin or No Ivermectin

# Why have we not been told that the Indian Bar Association sued the WHO chief scientist over misleading them on the proven benefits of Ivermectin?

WHO accused of ***"being complicit in a vast disinformation campaign."***

- Indian Bar Association (IBA) sued WHO Chief Scientist Dr. Soumya Swaminathan (25/5/21) for malfeasance
- Tamil Nadu province stopped using Ivermectin after just one day based upon WHO advice
- COVID death and sickness surged

## Indian Bar Association sues WHO scientist over Ivermectin

by Justus R. Hope, MD Jun 7, 2021 Updated Sep 8, 2021

8



[Indian Bar Association sues WHO scientist over Ivermectin | Columnists | thedesertreview.com](#)

- Other provinces saw Covid cases plummet using Iver'n
- Dr. S.S. accused of ***misleading India about Ivermectin, running a disinformation campaign against it, despite abundant evidence of its efficacy***
- ***"Being sued for the murder of each person who died from Covid"***
- Calls WHO's approach ***"absurd, arbitrary and fallacious"***

# **\*Are there any personal treatments for Covid? firstly – the background to this question**

- Currently, for people who test as Covid-positive, they are basically told to self-isolate and present to a doctor or hospital if symptoms worsen within most Western countries.
- The tragedy with this approach is that the abundance of independent, credible research shows us that there are numerous, proven, treatment options available that are highly successful in the fight against Covid, **ESPECIALLY IF APPLIED EARLY**, although tragically these have pretty much all been banned by the regulators.
- Doctors who prescribe Covid treatments (which basically means prescribing anything) will be investigated by AHPRA, sanctioned and deregistered, as has happened to many doctors in Australia.
- Hundreds of doctors have decided to leave the profession early rather than risk deregistration.

**“The challenge is not that there is no cure for Covid, it’s that doctors will be deregistered for prescribing it.”**

\*This information is not designed to taken as medical advice. All persons are strongly encouraged to do their own research.

# Covid – how to increase your chances of beating it

## Getting on the front foot

- The best way of reducing the severity of Covid symptoms and the chance of hospitalization and death is by maintaining a healthy lifestyle
- This means, amongst other things, eating well, exercising, sleeping well, maintaining good hydration, reducing unnecessary stress etc.
- Maintain good levels of Vitamin C (naturally or/and supplements), Vitamin D (from sunlight or/and other) and \*Zinc

\*Approximately 80 % of Covid deaths are with people who have low levels of Zinc.

- Meltzer, D. O., Best, T. J., Zhang, H., Vokes, T., Arora, V. and Solway, J. (2020) Association of Vitamin D Status and Other Clinical Characteristics With COVID-19 Test Results. JAMA Network Open3, e2019722
- Carr, A. C. and Rowe, S. (2020) The Emerging Role of Vitamin C in the Prevention and Treatment of COVID-19. Nutrients12.
- Rahman, M. T. and Idid, S. Z. (2020) Can Zn Be a Critical Element in COVID-19 Treatment? Biological Trace Element Research, 1-9.
- [Vitamin D for COVID-19: real-time meta analysis of 142 studies \(vdm-meta.com\)](https://vdm-meta.com/)

**Disclaimer: This info is for educational purposes only. Seek medical advice before taking any drugs.**

# Treatments for Covid

## Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19) (imrpress.com)

- The paper, referenced above, has been written by 57 top level experts / institutions
- **Contains immense detail**, citations, knowledge, independence, and usefulness
- Documents numerous simple, inexpensive, home treatment kits that many countries have distributed en masse to Covid positive people, with great success – successfully reducing Covid symptoms, transmission, and prevention
- Treatment kits are unfortunately unavailable in high vaxx nations like Australia, NZ, UK, USA, Canada
- There are many other insights in this paper into dealing with Covid that make this a must-read



Reviews in  
Cardiovascular Medicine

Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)

# Alleviation for Vaxx Side Effects and Covid

## [How to treat COVID, long-haul, and COVID vaccine side-effects \(skirsch.io\)](https://skirsch.io)

- Click on the hyperlink above to access numerous proven Covid treatments
- **And to alleviate side affects from the vaxx**
- And what to take prior to the vaxx in order to minimise potential vaxx damage
- Steve Kirsch - a (double vaxxed) businessman (founded two \$ billion companies) put his career on hold when a close friend of his had three family members die after taking the vaxx
- Steve sowed \$ 5-million into an organisation to advance the cause of successful, early treatments for Covid, that are much maligned and supressed. [See Steve Kirsch Home page \(skirsch.io\)](https://skirsch.io)
- Note that many of the treatments may not be available from doctors or pharmacies in Australia given that AHPRA have **forbidden doctors to prescribe any treatments**, except perhaps aspirin.
- Disclaimer: This info is for educational purposes only. Please seek medical advice before taking any drugs.

# 12.

**INFORMATION  
SOURCES and  
WRAP-UP**





## Highly Informative and recommended Videos

- 3-minutes, **Origins of Big Pharma** [origin of big.pharma rockeller at DuckDuckGo](#)
- 4-minutes, Explains how the mainstream media are **ALL** controlled and co-ordinated with ONE single message, very insightful [What is the Trusted News Initiative \(odysee.com\)](#)
- 5-minutes, **Video of sports stars collapsing** [here](#)
- 10-minutes, **Astroturf and manipulation of media messages | Sharyl Attkisson | TEDxUniversity of Nevada.** Explains how the mainstream media controls a singular narrative such as within Big Pharma [here](#)
- 8-minutes, **Presentation to the FDA, outlining the hidden information by three top doctors/scientists** [BOMBHELL: FDA Allows Whistleblower Testimony that COVID-19 Vaccines Are Killing and Harming People! \(bitchute.com\)](#)
- 12-minutes, **Video of US vaxx-injured and their uphill fight for justice that is falling on deaf ears** ["WHO WILL HELP US?" - The HighWire](#)
- 20-minutes, **CONFLICT OF INTEREST COVID IN AUSTRALIA** [Conflict Of Interest Covid in Australia \(bitchute.com\)](#)
- 50-minutes, **QLD medical whistle-blowers speak out about the widespread suppression, cover-ups and unreported vaxx injuries and deaths** [Whistleblowers Speak on COVID-19 Vaccine Injuries \(Long\) \(rumble.com\)](#)
- 1 hour 10 min, **Steve Kirsch interview**, very insightful re Steve's story, and how Covid cures are ignored and covered up by authorities [The Steve Kirsch Interview - Rumble](#)
- 1 hour 20 mins, **Dr. Geert Vanden Bossche interview (passionate, and beyond genius level) Warns of Covid-19 Vaccination Catastrophe, unparalleled insight into how vaccines and Covid function, and not if but why a catastrophe is looming** [Geert Vanden Bossche Warns of Covid-19 Vaccination Catastrophe | Voice for Science and Solidarity](#)
- 2-hours, **2030 unmasked documentary: EXCEPTIONALLY INSIGHTFUL**, pulls back the curtains on the whole plan (perhaps save time by skipping the first 20-minutes & the last 5 minutes) [2030 UnMasked \(Documentary\) \(bitchute.com\)](#)
- Various durations, **Plandemic Series.** Multiple videos, very detailed expose of how the whole vaxx, Big Pharma, media and government infrastructure operates. Plandemic 1 has been viewed more than 1-billion times. Plandemic 2's launch was livestreamed to over 2-million viewers. There are also series of short, expose videos that cover Bill Gates, CDC, Fauci, Big Pharma, Media, Fact Checkers. Available in 15 different languages. Explains everything. Home - [Plandemic \(plandemicseries.com\)](#)
- **\*\* STOP WORLD CONTROL WEBSITE: THE PLAN TO CONTROL THE WORLD ✘ Warning By Scientists (stopworldcontrol.com)**

# Highly Informative and Recommended Covid Information Sources

**CMN (Covid Medical Network):** Daily Covid-19 info from around the globe

[YOUR DAILY COVID NEWS \(cmnnews.org\)](https://cmnnews.org)

**Children's Health Defence:** exceptionally informative, multiple daily scientific articles

[Children's Health Defense](https://childrenshealthdefense.com)

**Steve Kirsch:** numerous real-world data-driven article and insights on all things Covid

[Steve Kirsch Home page](https://stevekirsch.com)

**FLCCC ALLIANCE:** formed by critical care professionals, multiple articles and scientific insights on all things Covid

[Home - FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](https://covid19criticalcare.com)

**Health Impact News Website:** reports the proliferation of injuries and deaths post-vaxx that are not being reported by the mainstream media

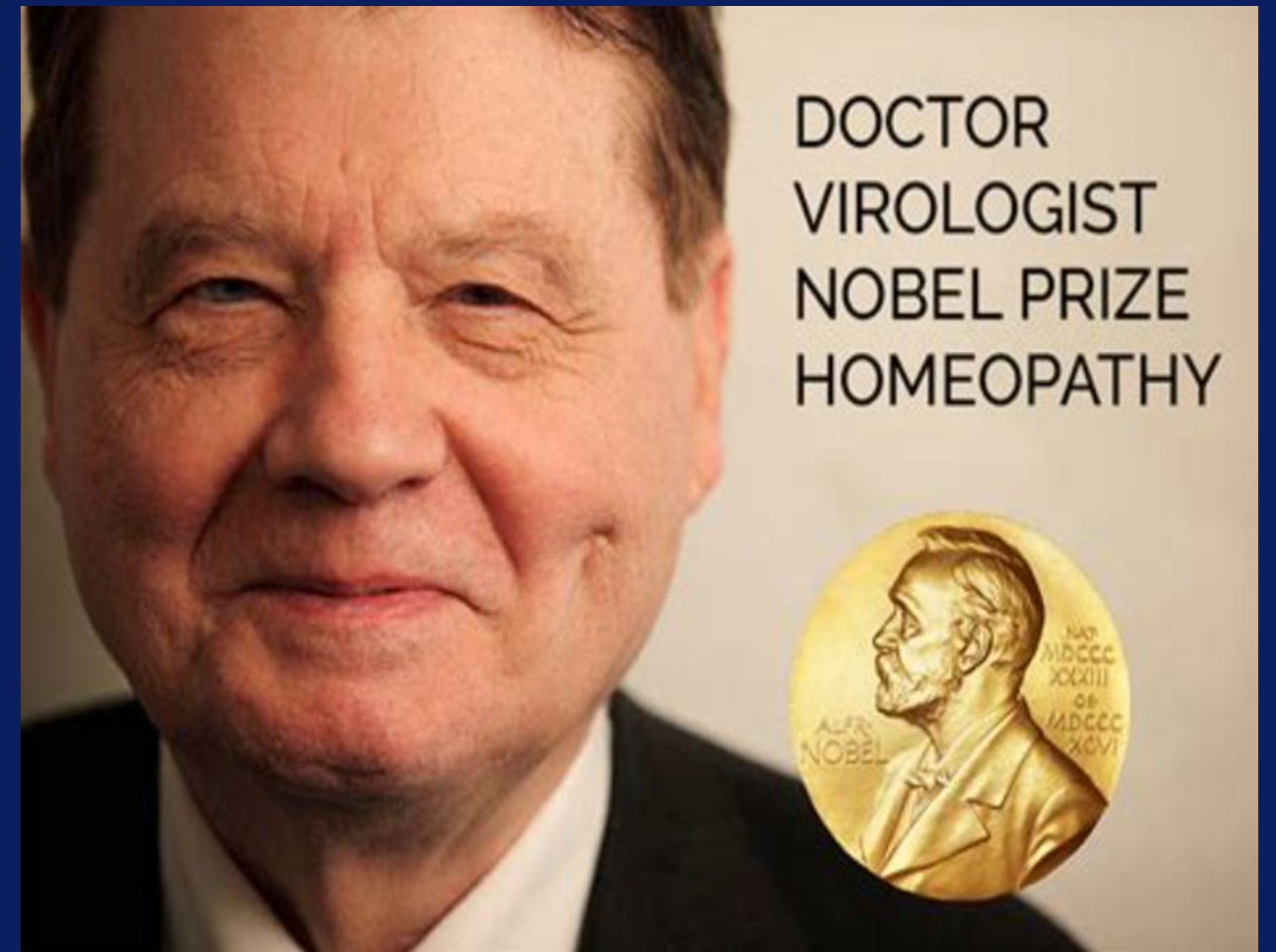
[COVID-19 Injection Casualties List \(healthimpactnews.com\)](https://healthimpactnews.com)

**Do you agree with either of these two quotes from Dr. Luc Montagnier, below?**

**And do you think that any of these might apply to the current Covid situation?**

1. “Doctor Joseph Goebbels wrote that *‘A lie told once remains a lie, but a lie told a thousand times becomes the truth.’*”
2. Tragically for humanity there are many, many untruths emanating from Fauci and his minions.

**Luc Montagnier, Nobel laureate**



# Who will you believe – Dr. Bossche or the CDC?



**Geert Vanden Bossche, PhD, DVM · 3rd+**  
Independent Researcher  
9mo · 🌐

In this open letter I am appealing to the WHO and all stakeholders involved, no matter their conviction, to immediately declare such action as **THE SINGLE MOST IMPORTANT PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN.**

**Geert vanden Bossche, world-leading vaxx expert**

***"There can be no doubt that large scale immune interventions (Covid vaxxes) are recipes for massive disasters."***

**His pandemic predictions to date have been correct**

**No conflict of interest**

**Unparalleled understanding of the complexities of the four areas of immunology, virology, vaccinology and biology in relation to vaccines**

**Constantly educating the masses on how the vaccine has short term benefits but catastrophic long term effects**

**Severely maligned by the mainstream narrative, loss of reputation AND a gain of reputation as a world leader in this area**



**Centers for Disease Control and Prevention**  
CDC 24/7: Saving Lives. Protecting People™

- Currently, the United States has the safest, most effective vaccine supply in its history.**

**CDC (Centers for Disease Control and Prevention)**

***"The United States currently has the safest vaccine supply in its history."***

**CDC owns 57 vaccine patents, is a vaccine pushing machine**

**Funded significantly by vaxx companies**

**Spends \$ 4.9 billion of its \$ 12 billion Budget (2019) buying and distributing vaccines**

**Pandemic predictions constantly changing, becoming more onerous with increasing government control**

**Too many conflicts, cover-ups, misinformation pieces to list. See 'The Real Anthony Fauci', Robert F Kennedy (2021)**

**Why does so much of the government's approach to Covid-19, with a death rate ranking at # 38 in Australia, make little sense?**

**The Plan To Control The Whole World**



**... until you digest this report**

**THE PLAN TO  
CONTROL THE WHOLE WORLD**

**([stopworldcontrol.com](http://stopworldcontrol.com))**

- then pieces fall into place**
- then things make sense**

**And what will you do as a result of who and what you believe?**



# Quiz

How many **Yes** answers will **you** score?

1. Our media are **TRUTHFUL**, telling us what we **NEED TO KNOW**?
2. We can **TRUST** the vaxx companies and their data?
3. The vaxxes are **EFFECTIVE**?
4. **MONEY** donations to not unduly influence key decision-makers?
5. Our governments are **TRUTHFUL** with our best interests at heart?
6. Authorities are **TRUSTWORTHY**, providing **SAFE & INDEPENDENT** oversight?
7. **TOP EXPERTS AGREE** with the approach of the Governments and Regulators?
8. The vaxxes are **SAFE** - injuries & deaths are rare?
9. Our **CHILDREN** should be vaxxed?
10. The vaxx is **SAFE** for **PREGNANT** women?
11. There are **NO TREATMENTS** for, and the prevention of, Covid?



**Thank you for  
taking the time to  
consider this.**

**Godspeed in your  
quest for the TRUTH.**

Children's  
Health Defense  
AUSTRALIA CHAPTER







# RULE-MAKING ORDER EMERGENCY RULE ONLY

## CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: June 09, 2023

TIME: 9:24 AM

WSR 23-13-018

**Agency:** State Board of Health

**Effective date of rule:**

**Emergency Rules**

- Immediately upon filing.  
 Later (specify)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes  No If Yes, explain:

**Purpose:** The State Board of Health (board) adopted an emergency rule regarding substitute components of registered products as part of the certification and registration of proprietary treatment products used in on-site sewage systems. The original emergency rule was filed on June 15, 2022 (WSR 22-13-101). Emergency rules have been filed continuously thereafter with the most recent filing on February 10, 2023 (WSR 23-05-055). Only one change has been made to the amendments since the filing of the original emergency rule. This emergency rule is being adopted without change of the previous emergency rule.

This fourth emergency rules amends WAC 246-272A-0110 to allow manufacturers to make a written request to the Department of Health (department) to substitute components of a registered product's construction in cases of a demonstrated supply chain shortage or similar manufacturing disruptions that may impact installations, operation, or maintenance. The request must include information that demonstrates the substituted component will not negatively impact performance or diminish the effect of the treatment, operation, and maintenance of the original registered product. The emergency rule will also allow manufacturers of registered proprietary treatment products to replace components of their products that are not available due to supply chain shortages or similar manufacturing disruptions with like components, as long as the components will not negatively impact performance, treatment, operation, or maintenance of the original registered product.

The current rule require manufacturers of proprietary treatment products used in on-site sewage systems to test their products with the National Science Foundation (NSF) and register their products with the department based on the NSF test results before the product is allowed to be permitted or installed in Washington. Without the emergency rule, the current rule would impede home sales when maintenance of proprietary products has not been completed as noted on home inspections for property transfers because replacement parts with NSF registration are unavailable. New construction is likewise impacted as many active or pending permits include on-site sewage systems using Salcor products. Salcor manufactures a disinfecting ultraviolet (UV) light system incorporated into several proprietary treatment products used in Washington State. There are other manufacturers of disinfecting UV light systems that can be substituted into proprietary treatment products in place of Salcor products. Salcor was sold and the new owner is working with NSF to get their products approved but this process will take several months. In order to continue to protect the public's health, safety, and welfare, it is necessary to adopt a fourth emergency rule to allow the department to consider written requests from manufacturers of proprietary treatment products for substitutes to proprietary treatment product components so their systems will be able to function properly without negatively impacting treatment, operation or maintenance during supply chain shortages. To

date, three manufacturers have received department approval to substitute the Salcor 3G UV lamp with an alternate UV lamp.

In 2018, the board filed a CR-101, Preproposal Statement of Inquiry (WSR 18-06-082), to initiate permanent rulemaking and update the on-site sewage system rules. That rulemaking is still underway and is expected to conclude in 2023. As directed by the board at the June 8, 2022 meeting, the emergency rule amendment will be considered for incorporation into the permanent rulemaking that is currently underway.

**Citation of rules affected by this order:**

New: None  
Repealed: None  
Amended: WAC 246-272A-0110  
Suspended: None

**Statutory authority for adoption:** RCW 43.20.050 (3)

**Other authority:**

**EMERGENCY RULE**

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

**Reasons for this finding:** : The board finds that in order to protect the public’s health, safety, and welfare it is necessary to adopt the emergency rule to amend WAC 246-272A-0110 to allow the department to consider written request from manufacturers of proprietary treatment products to substitute a proprietary treatment product component so their systems may continue to function properly without negatively impacting performance or diminish the effect of the treatment, operation, or maintenance during supply chain shortages.

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

**The number of sections adopted at the request of a nongovernmental entity:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted on the agency’s own initiative:**

New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted using:**

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>

**Date Adopted:** June 9, 2023

**Name:** Michelle Davis, MPA

**Title:** Executive Director Washington State Board of Health

**Signature:**



**WAC 246-272A-0110 Proprietary treatment products—Certification and registration.**

(1) Manufacturers shall register their proprietary treatment products with the department before the local health officer may permit their use.

(2) To qualify for product registration, manufacturers desiring to sell or distribute proprietary treatment products in Washington state shall:

(a) Verify product performance through testing using the testing protocol established in Table I and register their product with the department using the process described in WAC 246-272-0120;

(b) Report test results of influent and effluent sampling obtained throughout the testing period (including normal and stress loading phases) for evaluation of constituent reduction according to Table II;

(c) Demonstrate product performance according to Table III. All (~~thirty-day~~) 30-day averages and geometric means obtained throughout the test period must meet the identified threshold values to qualify for registration at that threshold level; and

(d) For registration at levels A, B, and C verify bacteriological reduction according to WAC 246-272A-0130.

(3) Manufacturers verifying product performance through testing according to the following standards or protocols shall have product testing conducted by a testing facility accredited by ANSI:

(a) ANSI/NSF Standard 40—Residential Wastewater Treatment Systems;

(b) NSF Standard 41: Non-Liquid Saturated Treatment Systems;

(c) NSF Protocol P157 Electrical Incinerating Toilets - Health and Sanitation; or

(d) Protocol for bacteriological reduction described in WAC 246-272A-0130.

(4) Manufacturers verifying product performance through testing according to the following standards or protocols shall have product testing conducted by a testing facility meeting the requirements established by the Testing Organization and Verification Organization, consistent with the test protocol and plan:

(a) EPA/NSF—Protocol for the Verification of Wastewater Treatment Technologies; or

(b) EPA Environmental Technology Verification Program protocol for the Verification of Residential Wastewater Treatment Technologies for Nutrient Reduction.

(5) Treatment levels used in these rules are not intended to be applied as field compliance standards. Their intended use is for establishing treatment product performance in a product testing setting under established protocols by qualified testing entities.

(6) Manufacturers may submit a written application to the department requesting to substitute components of a registered product's construction in cases of supply chain shortage or similar manufacturing disruptions that may impact installations, operation, or maintenance. The application must include a report stamped, signed, and dated by a professional engineer that demonstrates the substituted component will not negatively impact performance or diminish the effect of the treatment, operation, and maintenance of the original registered

product. The department's approval of the substituted component is in effect until it is rescinded by the department.

**TABLE I**

<b>Testing Requirements for Proprietary Treatment Products</b>	
<b>Treatment Component/Sequence Category</b>	<b>Required Testing Protocol</b>
<b>Category 1</b> Designed to treat sewage with strength typical of a residential source when septic tank effluent is anticipated to be equal to or less than treatment level E.	ANSI/NSF 40— Residential Wastewater Treatment Systems (protocols dated between July 1996 and the effective date of these rules)
<b>Category 2</b> Designed to treat high-strength sewage when septic tank effluent is anticipated to be greater than treatment level E.  (Such as at restaurants, grocery stores, mini-marts, group homes, medical clinics, residences, etc.)	EPA/NSF Protocol for the Verification of Wastewater Treatment Technologies/ EPA Environmental Technology Verification (April 2001)
<b>Category 3</b> Black water component of residential sewage (such as composting and incinerating toilets).	NSF/ANSI Standard 41: Non-Liquid Saturated Treatment Systems (September 1999)  NSF Protocol P157 Electrical Incinerating Toilets - Health and Sanitation (April 2000)
<b>Total Nitrogen Reduction in Categories 1 &amp; 2 (Above)</b>	Protocol for the Verification of Residential Wastewater Treatment Technologies for Nutrient Reduction/EPA Environmental Technology Verification Program (November, 2000)

**TABLE II**

<b>Test Results Reporting Requirements for Proprietary Treatment Products</b>	
<b>Treatment Component/Sequence Category</b>	<b>Testing Results Reported</b>
<b>Category 1</b> Designed to treat sewage with strength typical of a residential source when septic tank effluent is anticipated to be equal to or less than treatment level E.	Report test results of influent and effluent sampling obtained throughout the testing period for evaluation of constituent reduction for the parameters: CBOD <sub>5</sub> , and TSS:

Test Results Reporting Requirements for Proprietary Treatment Products	
	<input type="checkbox"/> Average <span style="float: right;"><input type="checkbox"/> Standard Deviation</span> <input type="checkbox"/> Minimum <span style="float: right;"><input type="checkbox"/> Maximum</span> <input type="checkbox"/> Median <span style="float: right;"><input type="checkbox"/> Interquartile Range</span> <input type="checkbox"/> 30-day Average (for each month) For bacteriological reduction performance, report fecal coliform test results of influent and effluent sampling by geometric mean from samples drawn within <del>((thirty-day))</del> 30-day or monthly calendar periods, obtained from a minimum of three samples per week throughout the testing period. See WAC 246-272A-0130. Test report must also include the individual results of all samples drawn throughout the test period.
<b>Category 2</b> Designed to treat high-strength sewage when septic tank effluent is anticipated to be greater than treatment level E.  (Such as at restaurants, grocery stores, mini-marts, group homes, medical clinics, residences, etc.)	Report all individual test results and full test average values of influent and effluent sampling obtained throughout the testing period for: CBOD <sub>5</sub> , TSS and O&G. Establish the treatment capacity of the product tested in pounds per day for CBOD <sub>5</sub> .
<b>Category 3</b> Black water component of residential sewage (such as composting and incinerating toilets).	Report test results on all required performance criteria according to the format prescribed in the NSF test protocol described in Table I.
<b>Total Nitrogen Reduction in Categories 1 &amp; 2 (Above)</b>	Report test results on all required performance criteria according to the format prescribed in the test protocol described in Table I.

**TABLE III**

Product Performance Requirements for Proprietary Treatment Products						
Treatment Component/Sequence Category	Product Performance Requirements					
<b>Category 1</b> Designed to treat sewage with strength typical of a residential source when septic tank effluent is anticipated to be equal to or less than treatment level E.	<b>Treatment System Performance Testing Levels</b>					
	<b>Level</b>	<b>Parameters</b>				
		<b>CBOD<sub>5</sub></b>	<b>TSS</b>	<b>O&amp;G</b>	<b>FC</b>	<b>TN</b>
	<b>A</b>	10 mg/L	10 mg/L	—	200/100 ml	—
	<b>B</b>	15 mg/L	15 mg/L	—	1,000/100 ml	—
	<b>C</b>	25 mg/L	30 mg/L	—	50,000/100 ml	—
	<b>D</b>	25 mg/L	30 mg/L	—	—	—
	<b>E</b>	125 mg/L	80 mg/L	20 mg/L	—	—
<b>N</b>	—	—	—	—	20 mg/L	
	Values for Levels A - D are 30-day values (averages for CBOD <sub>5</sub> , TSS, and geometric mean for FC.) All 30-day averages throughout the test period must meet these values in order to be registered at these levels. Values for Levels E and N are derived from full test averages.					
<b>Category 2</b> Designed to treat high-strength sewage when septic tank effluent is anticipated to be greater than treatment level E.	All of the following requirements must be met:					

<b>Product Performance Requirements for Proprietary Treatment Products</b>	
<b>Treatment Component/Sequence Category</b>	<b>Product Performance Requirements</b>
(Such as at restaurants, grocery stores, mini-marts, group homes, medical clinics, residences, etc.)	(1) All full test averages must meet Level E; and (2) Establish the treatment capacity of the product tested in pounds per day for CBOD <sub>5</sub> .
<b>Category 3</b> Black water component of residential sewage (such as composting and incinerating toilets).	Test results must meet the performance requirements established in the NSF test protocol.
<b>Total Nitrogen Reduction in Categories 1 &amp; 2 (Above)</b>	Test results must establish product performance effluent quality meeting Level N, when presented as the full test average.

# RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: July 19, 2023

TIME: 2:20 PM

WSR 23-16-005

**Agency:** State Board of Health

**Effective date of rule:**

**Permanent Rules**

31 days after filing.

Other (specify) 08/01/2024 \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

Yes  No If Yes, explain: Restrictions imposed by the 2009 legislature on the implementation of new or amended school facility rules are retained in the 2023-2025 supplemental state operating budget, prohibiting implementation of the rules through June 2024.

**Purpose:** This filing delays the effective date of new sections of chapter 246-366 WAC, Primary and Secondary Schools, and new chapter 246-366A WAC, Environmental Health and Safety Standards for Primary and Secondary Schools, one year due to legislative direction in the supplemental state operating budget (Engrossed Substitute Senate Bill 5187) prohibiting implementation until the legislature acts to formally fund implementation. The rules provide minimum environmental health and safety standards for schools.

New sections of chapter 246-366 WAC, Primary and Secondary Schools, and new chapter 246-366A WAC, Environmental Health and Safety Standards for Primary and Secondary Schools, were adopted by the State Board of Health (Board) on August 12, 2009, filed as WSR 09-14-136. The Board filed a Rule-Making Order (CR-103), WSR 10-01-174, on December 22, 2009 setting the effective date of the rules as July 1, 2010. However, in advance of the Board's actions, the 2009 Legislature adopted a proviso in the state operating budget (Engrossed Substitute House Bill 1244) suspending implementation of the rules until the Legislature acts to formally fund implementation. The proviso has been included in all subsequent state operating budgets, including the 2023-2025 supplemental state operating budget (ESSB 5187). In response, the Board has taken the following series of actions to delay implementation of the rules:

- Voted on March 10, 2010 to file an amended Rule-Making Order, filed as WSR 10-12-018 on May 21, 2010, to delay the effective date to July 1, 2011;
- Voted on April 13, 2011 to file an amended Rule-Making Order, filed as WSR 11-10-080 on May 3, 2011, to delay the effective date to July 1, 2013;
- Voted on March 13, 2013 to file an amended Rule-Making Order, filed as WSR 13-09-040 on April 11, 2013, to delay the effective date to July 1, 2015;
- Voted on March 11, 2015 to file an amended Rule-Making Order, filed as WSR 15-09-070 on April 15, 2015, to delay the effective date to July 1, 2017;
- Voted on June 14, 2017 to file an amended Rule-Making Order, filed as WSR 17-14-055 on June 28, 2017, to delay the effective date to August 1, 2019;
- Voted on June 12, 2019 to file an amended Rule-Making Order, filed as WSR 19-14-107 on July 2, 2019, to delay the effective date to August 1, 2021;
- Voted on June 9, 2021 to file an amended Rule-Making Order, filed as WSR 21-14-056 on July 1, 2021, to delay the effective date to August 1, 2022; and
- Voted on June 8, 2022 to file an amended Rule-Making Order, filed as WSR 22-14-021 on June 24, 2021, to delay the effective date to August 1, 2023.



Action by the Board in June 2023 extends the effective date of the new rules to August 1, 2024. The Board will continue to monitor the state budget and budget proviso suspending implementation of the new rules in the coming legislative sessions for possible implementation in 2024.

**Citation of rules affected by this order:**

New:  
Repealed:  
Amended:  
Suspended:

**Statutory authority for adoption:** RCW 43.20.050

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 09-14-136 on 07/01/2009 (date).

Describe any changes other than editing from proposed to adopted version: See WSR 10-01-174

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: Andrew Kamali  
Address: P.O. Box 47990, Olympia WA 98504-7990  
Phone: 360-584-6737  
Fax: N/A  
TTY: 711  
Email: andrew.kamali@sboh.wa.gov  
Web site: www.sboh.wa.gov  
Other: N/A

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

**The number of sections adopted at the request of a nongovernmental entity:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted on the agency's own initiative:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted using:**

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

**Date Adopted:** 7/19/23

**Name:** Michelle A. Davis

**Title:** Executive Director, Washington State Board of Health

**Signature:**





STATE OF WASHINGTON

## OFFICE OF FINANCIAL MANAGEMENT

Insurance Building, PO Box 43113 □ Olympia, Washington 98504-3113 □ (360) 902-0555

**\*\* CORRECTED \*\***

July 14, 2023

**TO:** Derek Sandison, Director, Department of Agriculture  
Michael Fong, Director, Department of Commerce  
**Laura Watson, Director, Department of Ecology (was inadvertently left off this list)**  
Dr. Umair Shah, Secretary, Department of Health  
Honorable Hilary Franz, Commissioner, Department of Natural Resources  
Roger Millar, Secretary, Department of Transportation  
Honorable Bob Ferguson, Attorney General, Office of the Attorney General  
Laura Blackmore, Director, Puget Sound Partnership  
Keith Grellner, Chair, State Board of Health  
Megan Duffy, Director, Recreation and Conservation Office  
Russell Olsen, Director, Pollution Liability Insurance Agency  
Reema Griffith, Director, Washington State Transportation Commission  
Jane Wall, Director, County Road Administration Board  
Kelly Susewind, Director, Department of Fish and Wildlife

**FROM:** David Schumacher  
Director

A handwritten signature in black ink, appearing to read "D. Schumacher", written over a horizontal line.

**SUBJECT: HEALTHY ENVIRONMENT ACT FOR ALL ACT REQUIREMENTS**

Beginning July 1, 2023, the [Healthy Environment for All Act \(HEAL Act\)](#) requires covered agencies and [opt in](#) agencies to conduct an environmental justice assessment for “significant agency actions” when the significant action is taken. The following are significant agency actions:

- Development and adoption of significant legislative rules as defined in RCW 34.05.328
- Development and adoption of any new grant or loan program authorized or required by statute
- A capital project, grant, or loan award costing at least \$12,000,000
- A transportation project, grant, or loan costing at least \$15,000,000
- Submission of agency request legislation to the Office of the Governor or OFM for approval

Under RCW 70A.02.090, each covered agency must file a notice with the Office of Financial Management (OFM) of significant agency actions for which the agency is initiating an environmental justice assessment. OFM is required to post weekly on its website all filings received from covered agencies.

Covered and opt in agencies that are currently required to submit information to OFM include the departments of Agriculture, Commerce, Ecology, Health, Natural Resources, Transportation; Office of the Attorney General; and Puget Sound Partnership.

Other agencies have self-selected to be in the *Listen and Learn* status and are determining if they will “opt in” to the HEAL Act requirements. These *Listen and Learn* agencies are not required to complete an environmental justice assessment but, if they choose to do so, they must submit a notice to OFM.

The current *Listen and Learn* agencies include the State Board of Health, Recreation and Conservation Office, Pollution Liability Insurance Agency, Washington State Transportation Commission, County Road Administration Board, and Department of Fish and Wildlife.

To collect the required information about state agency significant agency actions, OFM has created a web-based application. Agencies must use this application to submit a notice regarding an environmental justice assessment. Please do not share this link with anyone outside of your agency to reduce the potential for fraudulent submissions. Although we request an email address as part of the submission, this address will not be published and it will be used only if OFM has questions. If you have any questions or concerns using the template, please contact [Hayden Mackley](#).

Agency [environmental justice assessment notices](#) will be available on OFM's website.

If you have any questions regarding these HEAL Act requirements, please contact your [OFM operating, capital, or transportation Budget Advisor](#).

cc:     Select Agency Budget Officers  
          Select Agency HEAL Act Leads  
          Select OFM Budget Advisors



## Washington State Board of Health (SBOH) Community Compensation Processing Form

The Board believes that government agencies have a duty to center equity and community voice in their daily work and actively identify and dismantle systems of oppression across Washington communities.

The Board is committed to identifying and eliminating health inequities, undoing systemic racism, and advancing equity within public health and the governmental system more broadly. A critical component of this work includes engaging the people we serve in policy development. This means including community members directly impacted by policies in discussions about those policies, as they have the wisdom, perspective, and expertise to inform equitable decision-making and strategies to protect and improve the health of all people in Washington.

Historically, community members have not been systematically compensated for their time and effort spent to inform agencies about policy impacts. Over time, agencies have increasingly relied on communities most impacted by health inequities and those historically marginalized communities for their representation and lived experience. Not compensating community members for their time only reinforces the systemic inequities we are working to dismantle.

Compensating community partners for their time is a critical priority for the Washington State Board of Health. [Under a new Washington state law](#), state agencies may compensate those with lived experience or who are low income for participating in certain workgroups or Technical Advisory Committees (TACs), as resources allow. The purpose of this law is to include community members directly impacted by policies in relevant policy discussions and to remove financial barriers so they can participate. The Board has resources set aside to provide stipends to a small number of eligible community members participating in **[add TAC or workgroup name here]** and may also be able to reimburse for certain costs associated with participation.

We'd like to compensate eligible community members for participating in the **[add TAC or workgroup name here]**. Please fill out the compensation form to start the compensation process. Note that we are unable to compensate you under the following circumstances:

- If you are otherwise already being compensated to participate in this role
- If you are representing an organization that has a contracted relationship with the Washington State Department of Health or Washington State Board of Health to participate and/or engage in this work in a contractual agreement
- If you are a government employee.

Washington State law gives the public the right to access most information held by the state government. Information created, received, used, or maintained by a public agency becomes a public record. **[TAC name or workgroup name]** members should be aware that in the course of their work with **[the TAC or workgroup]**, written documents, including digital files, emails, payments, text messages, reimbursement requests, etc., are subject to the Public Records Act under [Chapter 42.56 RCW](#). Note that the Public Records Act contains exemptions for certain personal information that may be applicable.

If you have any questions or concerns about this information, you may refer to the Washington State Office of Equity's Community Compensation [legal considerations FAQ page](#) or contact the Washington State Board of Health's public records officer for more information at [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov).

## Information of Requestor

**Requestor Name:**

**Preferred Contact Method:**

- Phone
- Email

**Requestor Phone or Email:**

**Are you representing yourself or an organization?**

- Myself
- Organization (please fill in which organization)
- Other

**If you are representing an organization, are you being paid for your time?**

- Yes
- No
- Other

**(Survey Branching Logic – if the participant answers “Yes”, this is the end of the survey)**

**Unfortunately, if you are already being paid by your organization to participate in this committee, you are not eligible for compensation. This is the end of the survey. Thank you for your responses.**

## **Preferred Form of Payment**

- Physical store gift card (requires mailing address)
- Electronic store gift card (requires an email address)
- Direct Deposit/Electronic bank transfer\*
- Paper check\*\*

*\*Requires statewide vendor number and bank account*

*\*\*Requires statewide vendor number and mailing address*

**Statewide vendor number (if choosing direct deposit or paper check), social security number, or Individual Taxpayer Identification Number (ITIN):**

Federal tax requirements require a statewide vendor number, social security number, or Individual Taxpayer Identification Number (ITIN) if receiving \$600 or more in compensation per calendar year from state agencies.

**What is a statewide vendor number?:** A statewide vendor number is required whenever payments are made through the Washington State [Agency Financial Reporting System \(AFRS\)](#). AFRS is the state’s central hub for accounting information and allows individuals to receive direct payments, such as direct deposit, from participating state agencies. Any community member can set up a statewide vendor number. Individuals must provide their Social Security Number (SSN) and complete paperwork to receive a statewide vendor number. The process to receive a statewide vendor number is managed by the Office of Financial Management (OFM) [and can be viewed here](#).

**Preferred vendor (if choosing store gift card):**

- Amazon
- Target
- Kroger: (redeemable at Kroger, Fred Meyer, Ralphs, QFC, Metro Market, Food 4 Less, Foods Co., Pay Less Supermarkets, Pick 'n Save and more)
- Darden: (redeemable at Olive Garden, Yard House, Bahama Breeze, Eddie V's, and more)
- Starbucks
- Chipotle
- DoorDash
- Uber Eats
- Best Buy
- Apple
- Fandango
- AMC
- Other:

**Tax Requirement:** If you receive under \$600 in total per calendar year from the Washington State Board of Health (or any other Washington state agencies), you do not need to report it when you do your taxes. However, regardless of preferred form of payment, if you receive \$600 or more in total compensation per calendar year from the Washington State Board of Health or other state agencies, you will need to report this on your taxes and provide the Board of Health with additional information (e.g., statewide vendor number or social security number). The Board of Health will assist you and send the information you need at that time.

**Questions?** If you have any questions or would like more information about statewide vendor numbers or tax requirements, you may contact Board staff or Matt Hanson in the Washington State Department of Health's Office of Financial Services at [matt.hanson@doh.wa.gov](mailto:matt.hanson@doh.wa.gov). You may also find more information about community member compensation on the Washington State Office of Equity's webpage [here](#).

**Participation Information**

**Meeting, Technical Advisory Committee, or Workgroup Name:**

**Meeting Date(s):**

**Hours of attendance:**

**Hours spent planning and preparing for meeting:**

*For example: If you spent any prior time prepping on your own or with the Board of Health staff outside the meeting, please include this time.*

**Are you seeking any reimbursements for costs associated with your participation? (e.g., mileage reimbursement, lodging, childcare)**

- Yes – I would like someone to reach out to me for more information about availability.
- No





# Health Impact Reviews: FY 2023 Update

Cait Lang-Perez (she/her), Lindsay Herendeen (she/her), Miranda Calmjoy (she/they)  
State Board of Health and Governor's Interagency Council on Health Disparities

August 9, 2023

# Health Impact Reviews

HIRs can be requested for any bill topic.

- **Objective, nonpartisan, evidence-based analysis**
- Prospective tool
- Determine how a legislative or budgetary change will likely impact **health** and **equity**
- Requested by any state lawmaker or the Governor
- Must be completed in 10 days during legislative session

(RCW 43.20.285)



# HIR Process

## Review Bill

Determine how provisions in the bill would change status quo:

- Review the bill
- Interview agencies responsible for implementation



## Explore Pathways

Explore potential connections to health:

- Conduct initial literature reviews
- Review public testimony and relevant documents
- Draft a logic model
- Consult subject matter experts and key informants



## Literature Review

Conduct specific reviews of literature to determine:

- How provisions may impact health
- Who is most likely to be impacted
- How the change may impact equity

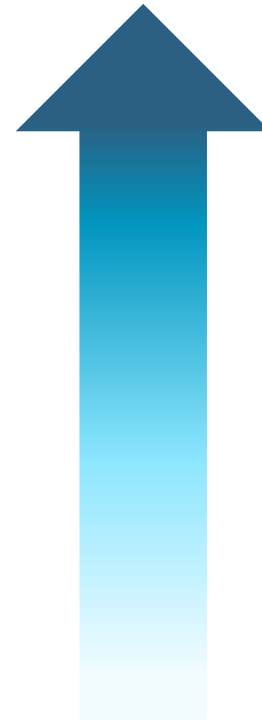
# Types of Key Informant Engagement



# Strength-of-Evidence Criteria

Ratings are based on criteria which consider:

- the amount of research
- appropriateness of study design
- study execution
- generalizability



**VERY STRONG EVIDENCE**

**STRONG EVIDENCE**

**A FAIR AMOUNT OF EVIDENCE**

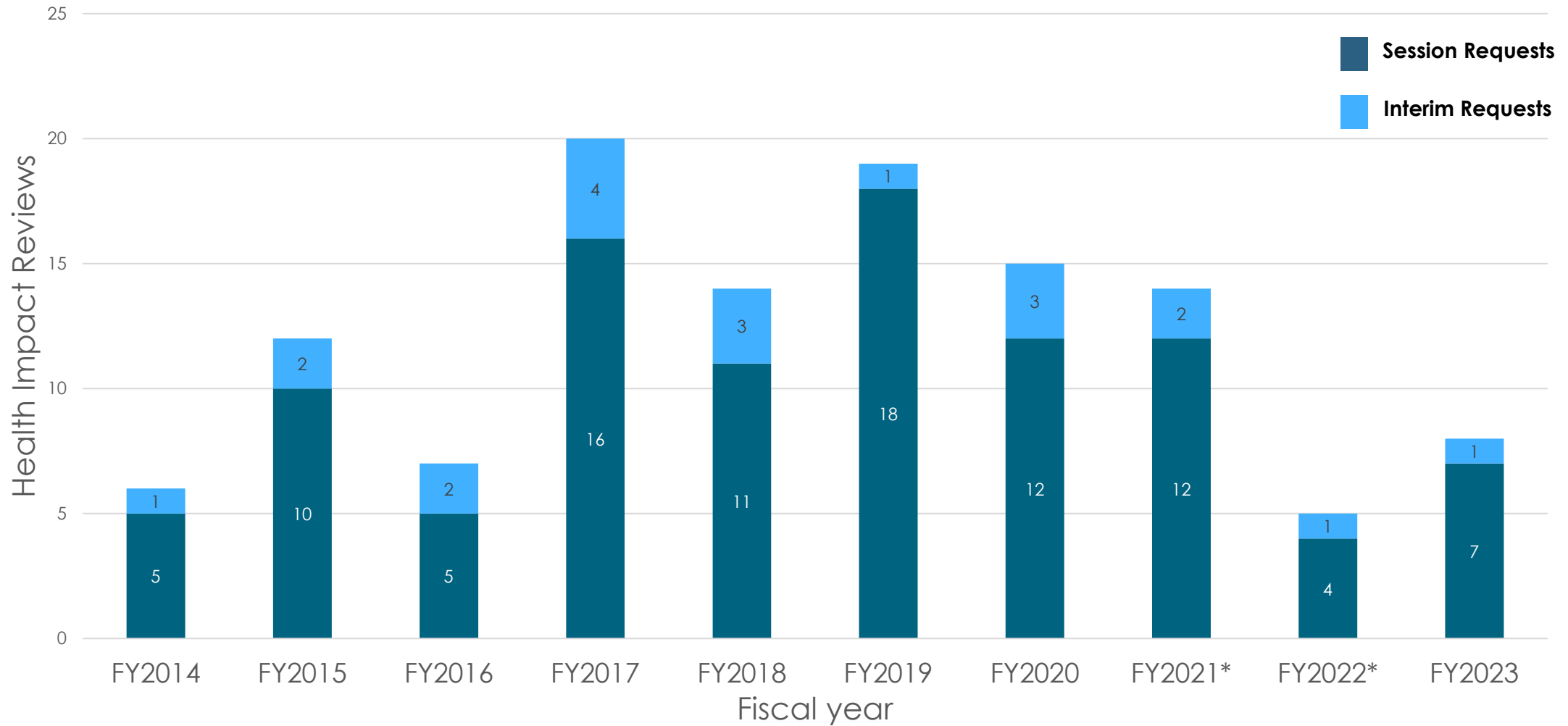
**EXPERT OPINION**

**INFORMED ASSUMPTION**

**NOT WELL RESEARCHED**

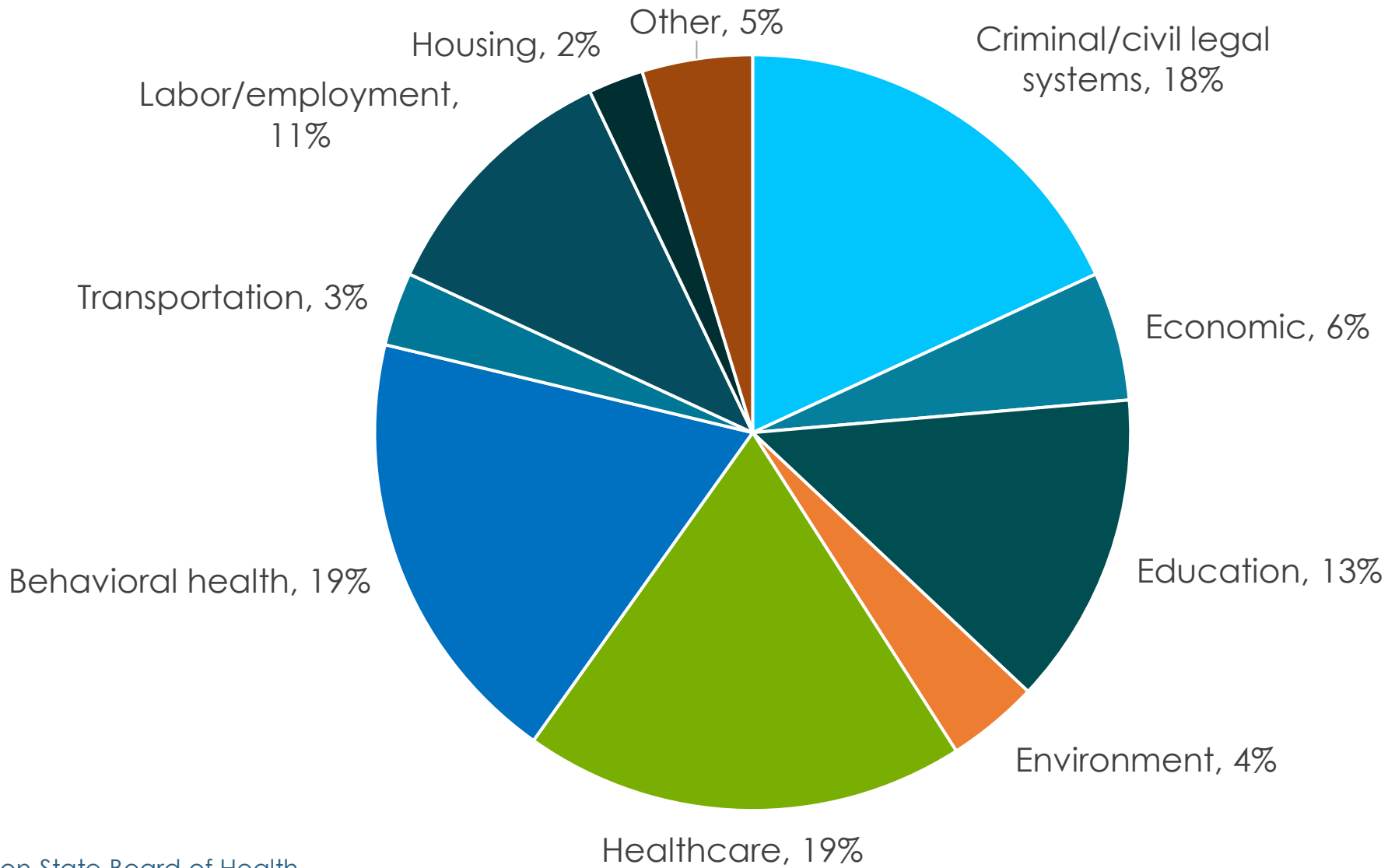
**UNCLEAR**

# 120 Completed HIRs



\*COVID-19 pandemic, virtual session

# HIR Requests by Topic Area



# 2023 Legislative Session, By the Numbers

<p><b>8</b></p> <p>The <b>number of Health Impact Reviews</b> completed during the 2023 Legislative Session.</p>	<p><b>0</b></p> <p>The <b>number of HIR requests on healthcare-related topics</b> during the 2023 Legislative Session.</p>
<p><b>75%</b></p> <p>The <b>percentage of HIR requests on criminal and/or civil legal system-related topics</b> during the 2023 Legislative Session.</p>	<p><b>6</b></p> <p>The <b>number of times staff testified</b> on HIR findings during the 2023 Legislative Session, the most since 2020.</p>
<p><b>19%</b></p> <p>The <b>percentage of HIR requests received since 2014 that have been related to criminal/civil legal system-related topics</b>, making it one of the most requested policy topic areas.</p>	<p><b>4</b></p> <p>The <b>total number of HIR-related bills that passed</b> the Legislature and were signed into law by the Governor.</p>



# How HIRs Inform Policy

## Requesters have used HIRs to understand:

- The **evidence base** for a proposal
- If a bill will have the **intended impact**
- Potential **unintended consequences**
- **Equity implications**

## Requesters have used HIR findings to:

- Talk with colleagues about a bill
- **Refine a policy**
- Discuss the bill on the floor
- Develop points for **budget negotiations**
- Inform how to vote



# 2021 Key Informant Interviewee Feedback

Survey Participants	
Role	Total
WA State Agency	17
Community-based organization	11
Agency outside of WA	4
Researcher	3
Individual, community member	3
Professional Association	2
<b>Total</b>	<b>40 (42%)</b>

## Of key informants who responded...

- **96%** said participation with the HIR team was productive and meaningful
- **58%** said they used HIR findings

## Ways HIR findings were used:

- Advocacy for legislation
- Research on a particular topic
- Direct language for agency use
- Educational and communications use
- Next steps for agency program

## Most Useful about HIR Findings:

- Clarity, format, detail, and thoroughness of report
- Specific components: Logic model, summary of HIR findings, annotated bibliography

# 2023 Key Informant Interviewee Feedback

Survey Participants	
Role	Total
WA State Agency	16
Community-based organization	3
Researcher	2
Professional association	1
Individual, community member	0
Agency outside of WA	0
<b>Total</b>	<b>22 (30%)</b>

## Of key informants who responded...

- **86%** said participation with the HIR team was productive and meaningful
- **55%** said they used HIR findings

## Ways HIR findings were used:

- Shared with community partners
- Talking points in request for funding
- Legislative and advocacy relations
- Educational purposes (self and legislator)
- Provide recommendations for health equity work in state government

## Most Useful about HIR Findings:

- Consolidation of relevant, thorough data
- Specific components: Strength of Evidence ratings, logic model, literature review, summary of findings
- Range of issues included

# Work this Interim

- Completing Health Impact Reviews on SB 5435 (Residential rent increases), SSB 5171 (Consumer products/gender), and anticipating additional interim requests
- Holding outreach meetings with legislators and the Governor's policy advisors
- Continuing to refine equity approach
- Exploring opportunities to provide compensation for key informants
- Developing an outreach toolkit for Board and Council members to use to discuss Health Impact Reviews

# Refining the HIR Equity Approach

- Exploring further incorporation of equity-focused frameworks such as:
  - Public Health Critical Race Praxis
  - Community-partnered participatory research
  - National Academies of Sciences Engineering and Medicine recommendations for considering equity
  
- Chandra L. Ford, Collins O. Airhihenbuwa, “Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis”, *American Journal of Public Health* 100, no. S1 (April 1, 2010): pp. S30-S35.
- Chandra L Ford, Collins O. Airhihenbuwa, “The public health critical race methodology: praxis for antiracism research”, *Social Science Medicine* 71, no. 8 (October, 2010): pp. 1390-8.
- Jones L, Wells K. “Strategies for academic and clinician engagement in community-participatory partnered research”, *JAMA*. 294, no. 4 ( January 24, 2007): pp.407-10.
- National Academies of Sciences, Engineering, and Medicine. 2023. *Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26834>.

# Exploring compensation for key informants

- Health Impact Reviews began including key informant interviews in 2018
  - Since then, HIR requests have increased in number and complexity
  - Key Informants have suggested compensation for their time
- State Board of Health staff are exploring compensation for eligible Technical Advisory Committee (TAC) members and HIR Key Informant Interviewees

# Developing a HIR Outreach Toolkit

## Outreach toolkit for Board and Council members

- Discuss HIRs as an available tool with Legislators and the Governor
- Emphasize non-partisan, objective, evidence-based approach
- Clarify role when in conversations about HIRs

## Questions for Board Members

- What would be helpful to include in the outreach toolkit?
- What excites you about communicating about HIRs?
- What challenges do you anticipate in communicating about HIRs?
- What toolkit format would be most useful?

# Support Health Impact Reviews

- When you receive a notification that a new HIR has been requested, connect the HIR team with key informants
- Share HIRs with colleagues and partners
- Use HIR research and findings to inform your work and Board work
- Share information about HIRs with decision-makers







# Contact the HIR Team

Miranda Calmjoy (she/they)  
Lindsay Herendeen (she/her)  
Cait Lang-Perez (she/her)

[hir@sboh.wa.gov](mailto:hir@sboh.wa.gov)

360-819-0750

Completed Health Impact Reviews can be found on the  
Washington State Board of Health website:

<https://sboh.wa.gov/health-impact-reviews>

# | THANK YOU

# Thurston County Public Health and Social Services Update

Presented By:

David Bayne, MPH (Director)

Dimyana Abdelmalek, MD, MPH (Health Officer)

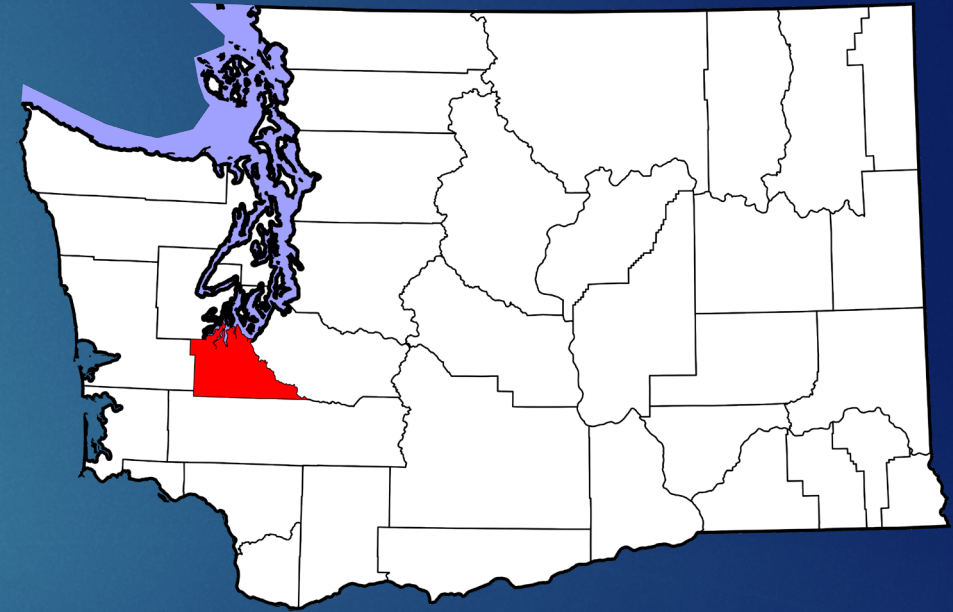
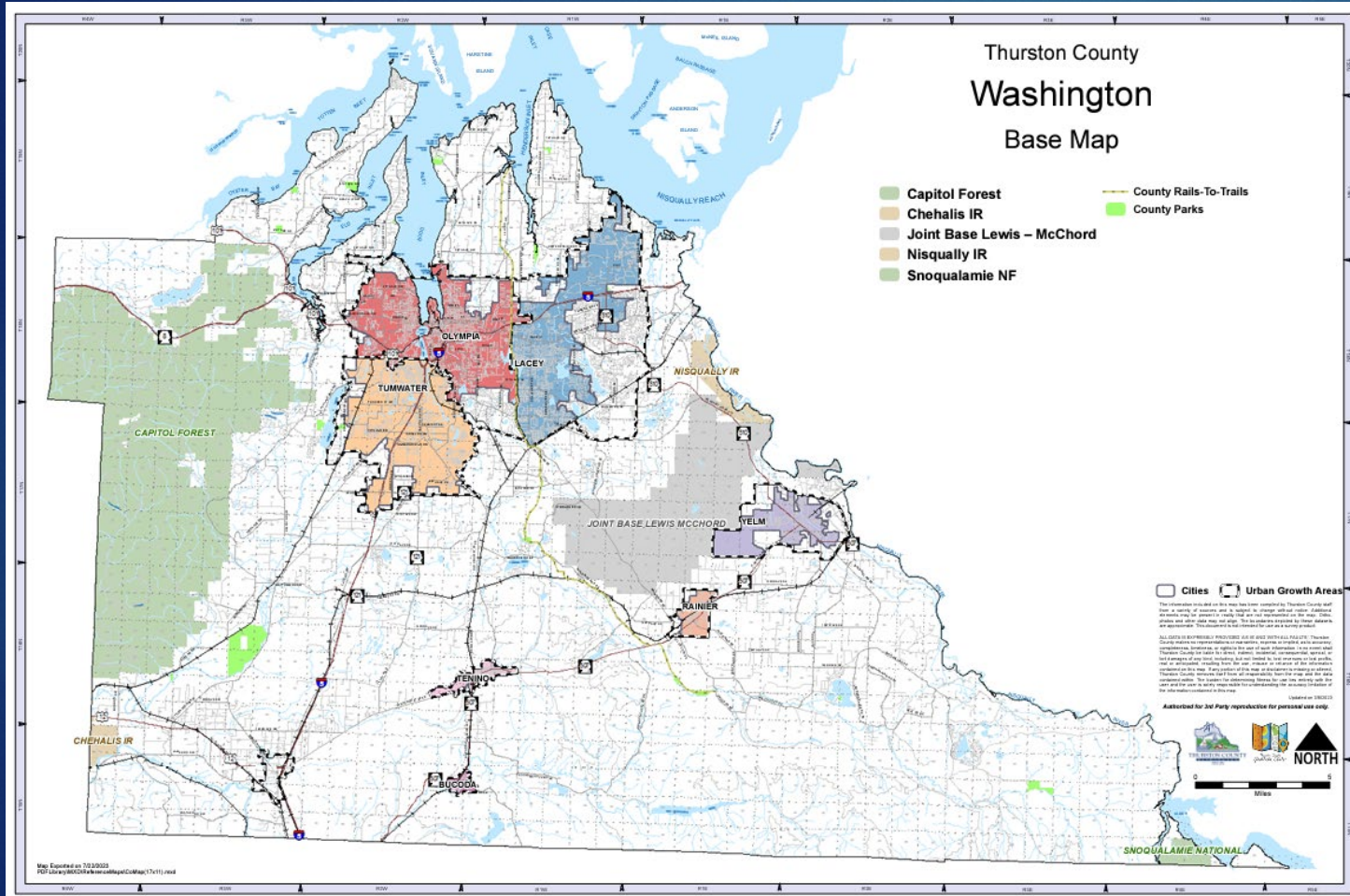


# TCPHSS MISSION STATEMENT



“WORKING TOGETHER TO ACHIEVE THE HIGHEST LEVEL  
OF HEALTH AND WELL-BEING FOR EVERYONE.”

# THURSTON COUNTY, WA



# THURSTON COUNTY

- ▶ Population: 303,400<sup>1</sup>
- ▶ Land Area: 722.5 sq mile<sup>1</sup>
- ▶ Population Density: 419.93 people/ sq mile<sup>1</sup>
- ▶ Largest City: Lacey<sup>2</sup>
- ▶ Largest Employer: Washington State Government
- ▶ Median Household Income: \$81,501<sup>2</sup>
- ▶ Percent of Population Living in Poverty: 9.9%<sup>2</sup>

- 1. DATA FROM OFFICE OF FINANCIAL MANAGEMENT ACCESSED ONLINE AUGUST 1, 2023:  
[HTTPS://OFM.WA.GOV/SITES/DEFAULT/FILES/PUBLIC/DATARESEARCH/POP/APRIL1/OFM\\_APRIL1\\_PRESS\\_RELEASE.PDF](https://ofm.wa.gov/sites/default/files/public/dataresearch/pop/april1/ofm_april1_press_release.pdf)
- 2. US CENSUS DATA QUICKFACTS ACCESSED ONLINE AUGUST 1, 2023:  
[HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/WA\\_THURSTONCOUNTYWASHINGTON,US/PST045222](https://www.census.gov/quickfacts/fact/table/wa_thurstoncountywashington,us/pst045222)



# POPULATION CHARACTERISTICS

Population	Thurston County	Washington State
Under age 5	5.2%	5.5%
Under age 18	20.6%	21.1%
Over age 65	18.9%	16.8%

US CENSUS DATA QUICKFACTS ACCESSED ONLINE AUGUST 1, 2023: <https://www.census.gov/quickfacts/fact/table/WA,thurstoncountywashington,US/PST045222>

# POPULATION CHARACTERISTICS

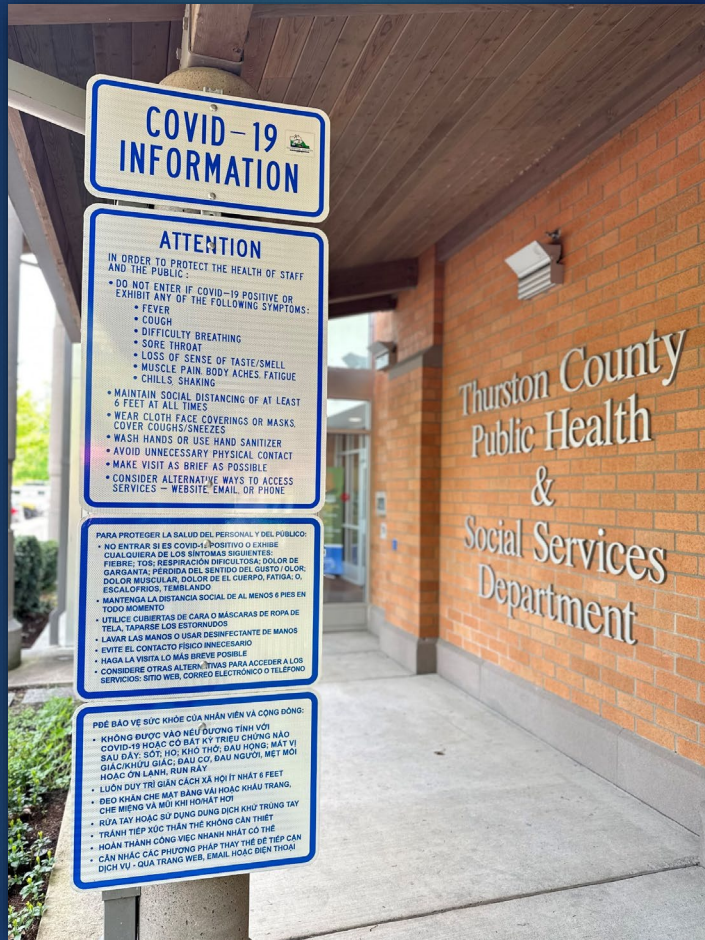
Population	Thurston County	Washington State
White alone	80.1%	76.8%
Black or African American alone	4.1%	4.6%
American Indian or Alaska Native alone	1.8%	2.0%
Asian alone	6.6%	10.5%
Native Hawaiian or Other Pacific Islander alone	1.1%	0.8%
Two or More Races Present	6.4%	5.3%
Hispanic or Latino	10.5%	14.0%
White alone, not Hispanic or Latino	71.9%	65.1%



# THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DIVISIONS AND PROGRAM AREAS

- ▶ Community Health and Wellness
- ▶ Disease Control and Prevention
- ▶ Developmental Disabilities
- ▶ Environmental Health
- ▶ Housing and Homelessness Prevention
- ▶ Maternal Child Health
- ▶ Specialized Recreation
- ▶ Treatment Sales Tax
- ▶ Veterans Services
- ▶ Vital Services

# CHALLENGES



- ▶ Emerging from the pandemic:
  - ▶ The COVID-19 pandemic was a primary area of focus in terms of staff and department resources
  - ▶ Mitigating the impacts of COVID-19 provided the opportunity to further develop community partnerships
  - ▶ Engaging the community
  - ▶ Utilizing experiences from the pandemic to strengthen our department and programs
- ▶ Department transformation

# AREAS OF FOCUS

- ▶ Identifying community needs
- ▶ Supporting and strengthening our existing programs
- ▶ Communicable Diseases including Sexually Transmitted Infections, TB, and others
- ▶ Maternal Child Health including mental health and injury prevention activities
- ▶ Environmental Health adaptability to new challenges
- ▶ Substance use and overdoses
- ▶ Immunizations
- ▶ Housing and Houselessness
- ▶ Preparing for the next emergency

# NEXT STEPS

- ▶ Continuing to support those who live, learn, work, and play in Thurston County to achieve the best health possible
- ▶ Identifying areas where we can move the needle
- ▶ Continuing community engagement efforts
- ▶ Using data informed community-based approaches to tackling public health challenges
- ▶ Continuing to work with federal, state, and local partners

# Thurston County Public Health and Social Services

## Any Questions or Comments?

### Thank You!

#### ► CONTACT US:

Public Health and Social Services

412 Lilly Rd. NE, Olympia, WA 98506-5132

Phone: 360-867-2500

Fax: 360-867-2601



[www.thurstoncountywa.gov/phss](http://www.thurstoncountywa.gov/phss)



# CHILDHOOD LEAD POISONING PREVENTION PROGRAMS

Office of Environmental Public Health  
Sciences, Heathy Homes & Communities

# Presenters

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## **Anneke Jansen**

Washington State Department  
of Health

Section Manager

Healthy Homes & Communities

Environmental Public Health

## **Kathy Ross**

Tacoma Pierce County Health  
Department

Health Promotion Coordinator III

Environmental Public Health

# Overview

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- Lead 101
- Data
- DOH Lead Programming
- Future Initiatives
- Tacoma-Peirce County Health Department



# Lead 101



# Lead

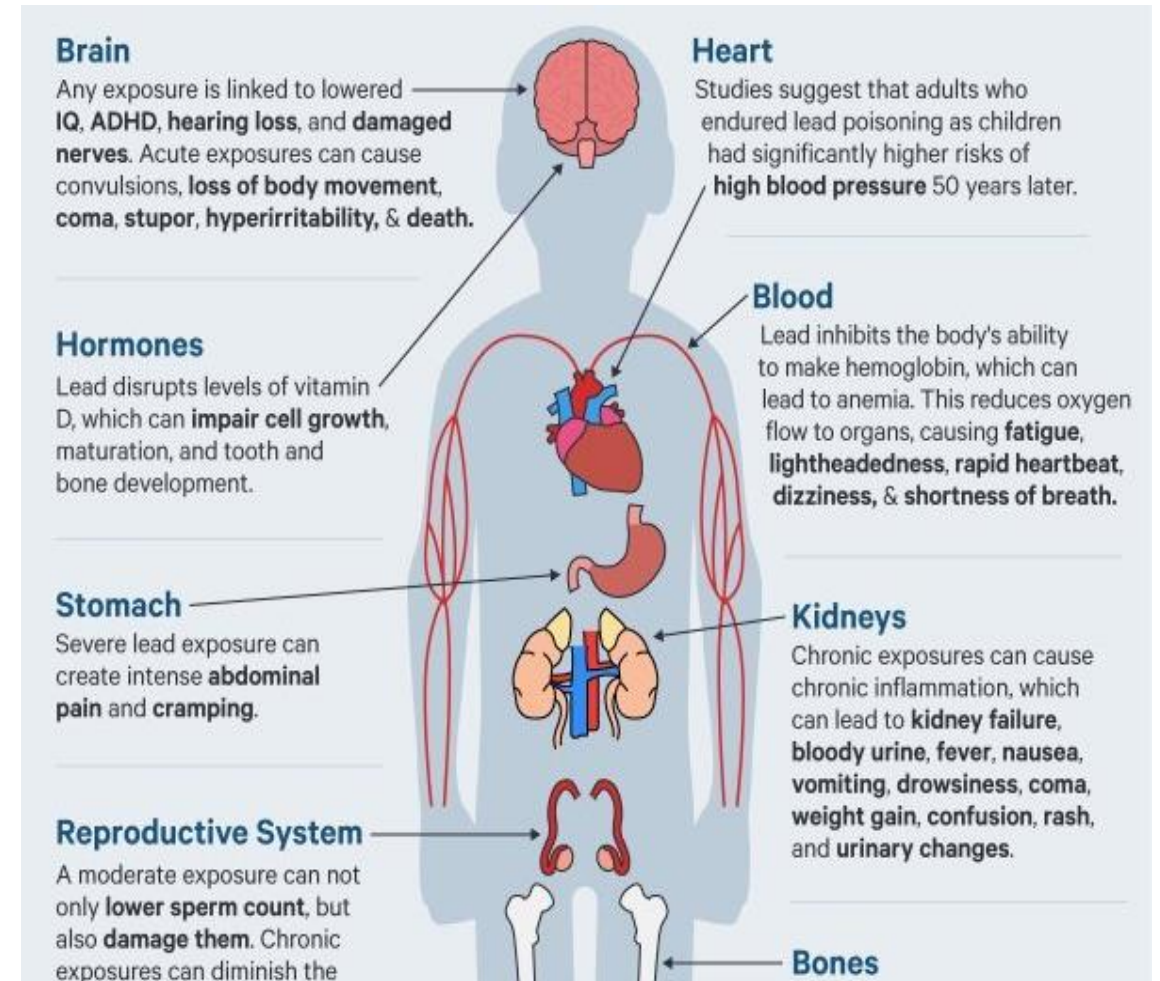
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- Soft, blue-gray heavy metal
- Occurs naturally
- Much of its environmental presence comes from past use in paint, gasoline and industry
- The most widespread source of lead exposure for children is in lead-based paint and dust that remains in older buildings



# Health Impacts

- Lead can affect nearly every system in the body
- There is no known safe exposure threshold
- Exposure is especially toxic and harmful to children, because their brains and nervous systems are still developing



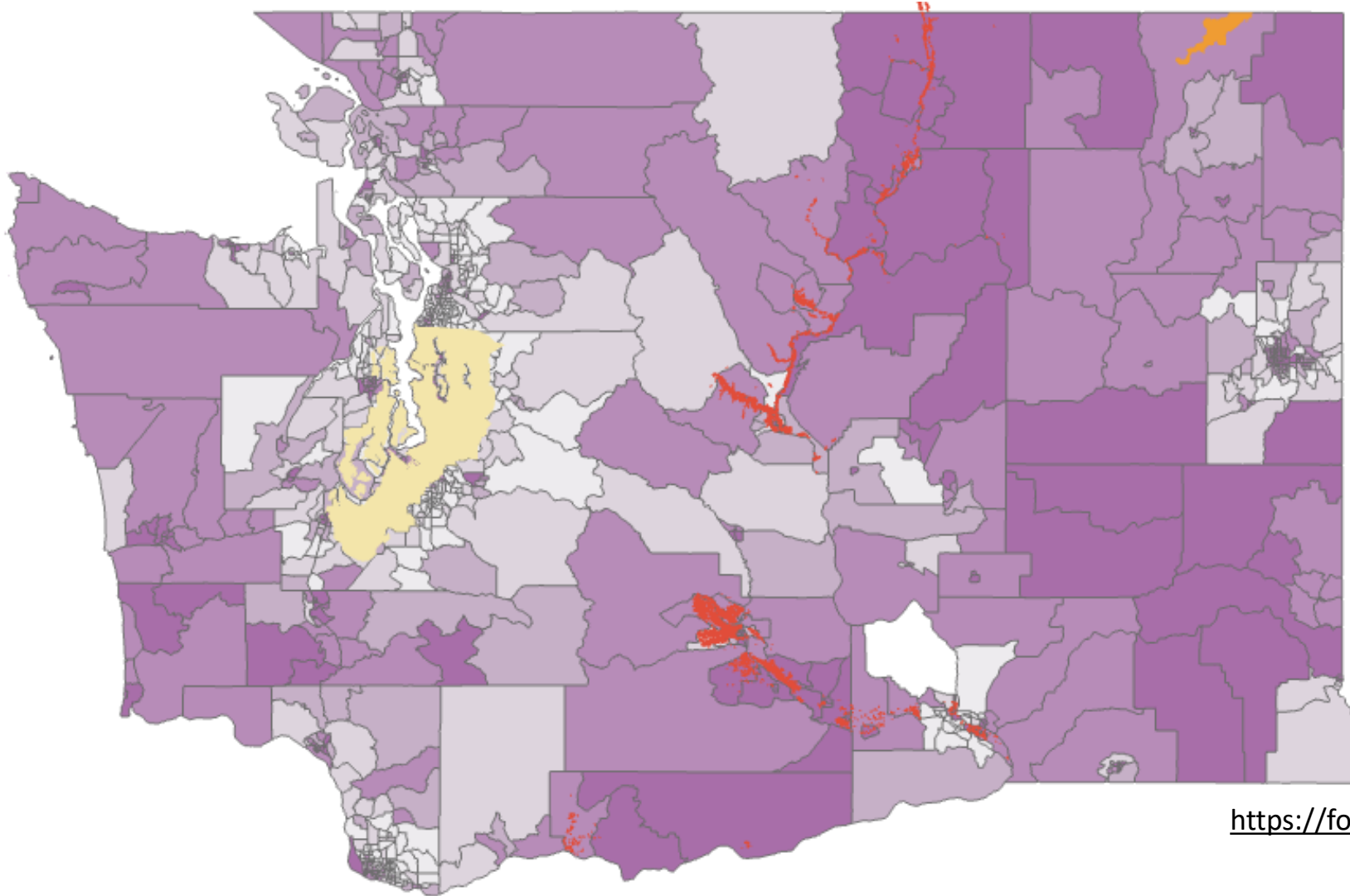
# Exposures Risks

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- Paint in pre-1978 homes
- Lead dust
- Dirt / soil
- Job exposures
- Drinking water
- Hobbies / sports
- Traditional remedies
- Spices
- Traditional cosmetics
- Costume jewelry
- Recalled toys
- Imported pottery
- Imported aluminum cookware

# Lead Exposure Risk Mapping



The Washington Tracking Network (WTN) Lead Risk Indicator is calculated utilizing data on **age of homes** and **poverty** within census tracts.

## Legend

- Historical Orchards
- Upper Columbia Plume
- Tacoma Smelter Plume

## Lead Risk - WTN

- 1-2
- 3-4
- 5-6
- 7-8
- 9-10

<https://fortress.wa.gov/doh/wtn/WTNIBL/Map/LeadRisk>

# Blood Lead Testing

---

- A blood test is the only way to identify lead exposure
- Washington's approach is **focused testing**, with no state-wide universal testing requirements\*
- We test based on a child's risk factors, following [Clinical Algorithm for Targeted Childhood Lead Testing](#) guidelines developed by an expert panel
- **All** lead test results must be sent to DOH, per Notifiable Conditions Rule (Chapter 246-101 WAC)
- Methods for blood lead testing:
  - Venous
  - Capillary (needs confirmatory test)



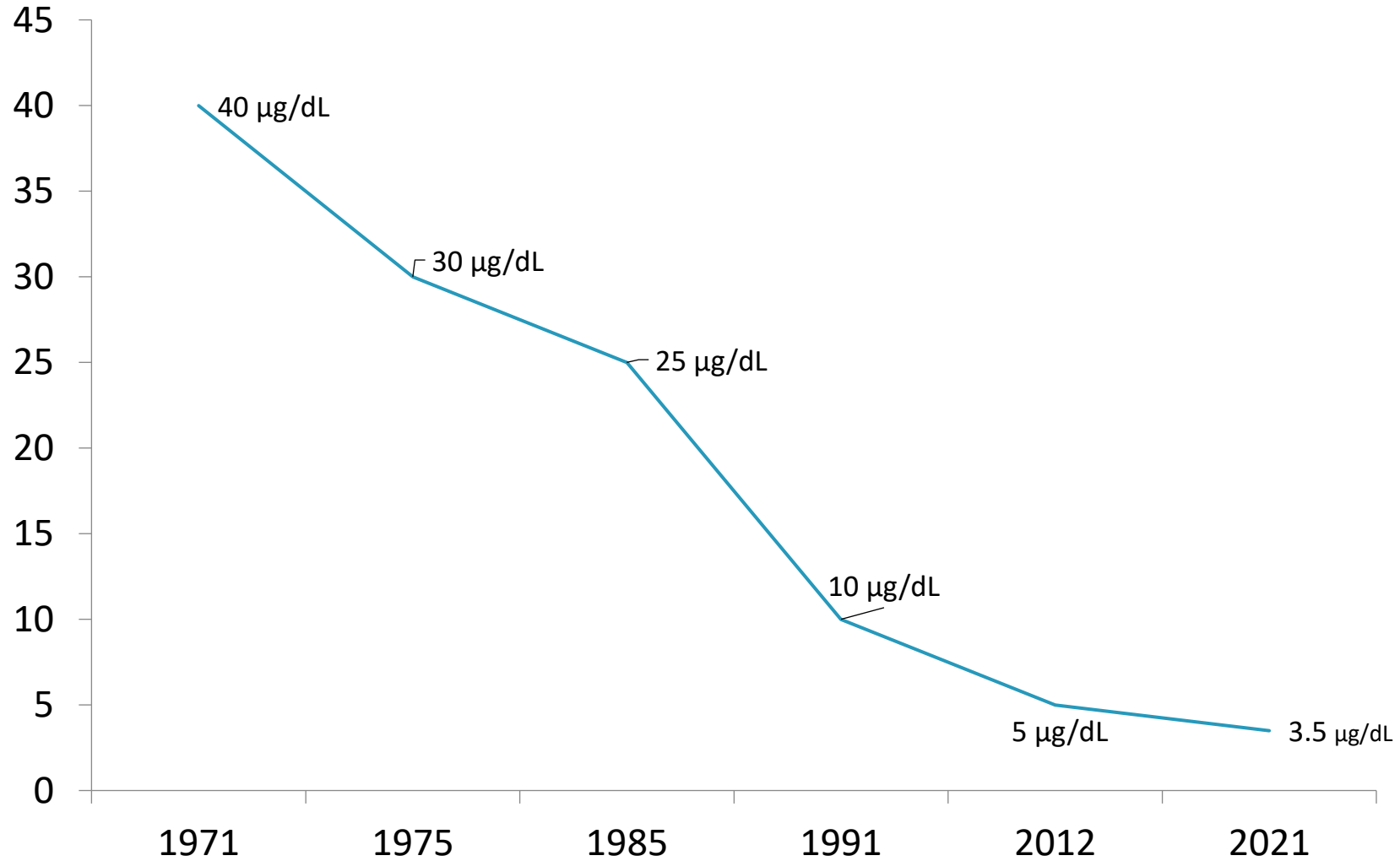
\*All children enrolled in Medicaid are required to receive blood lead testing at 12 and 24 months at well visits, or once before 72 months

# Response to Elevated Blood Lead

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- Qualifying test results (5  $\mu\text{g}/\text{dL}$ ) are sent to LHJs for response, pursuant to Washington's Notifiable Conditions Rule
- Local response varies, but can include case investigation and case management or home lead assessment
- DOH provides centralized data system, guidance, technical assistance, and tools, as well as case management upon request by LHJ
- There is no stable state-wide funding source to provide services to affected families

# CDC Lead Reference Levels



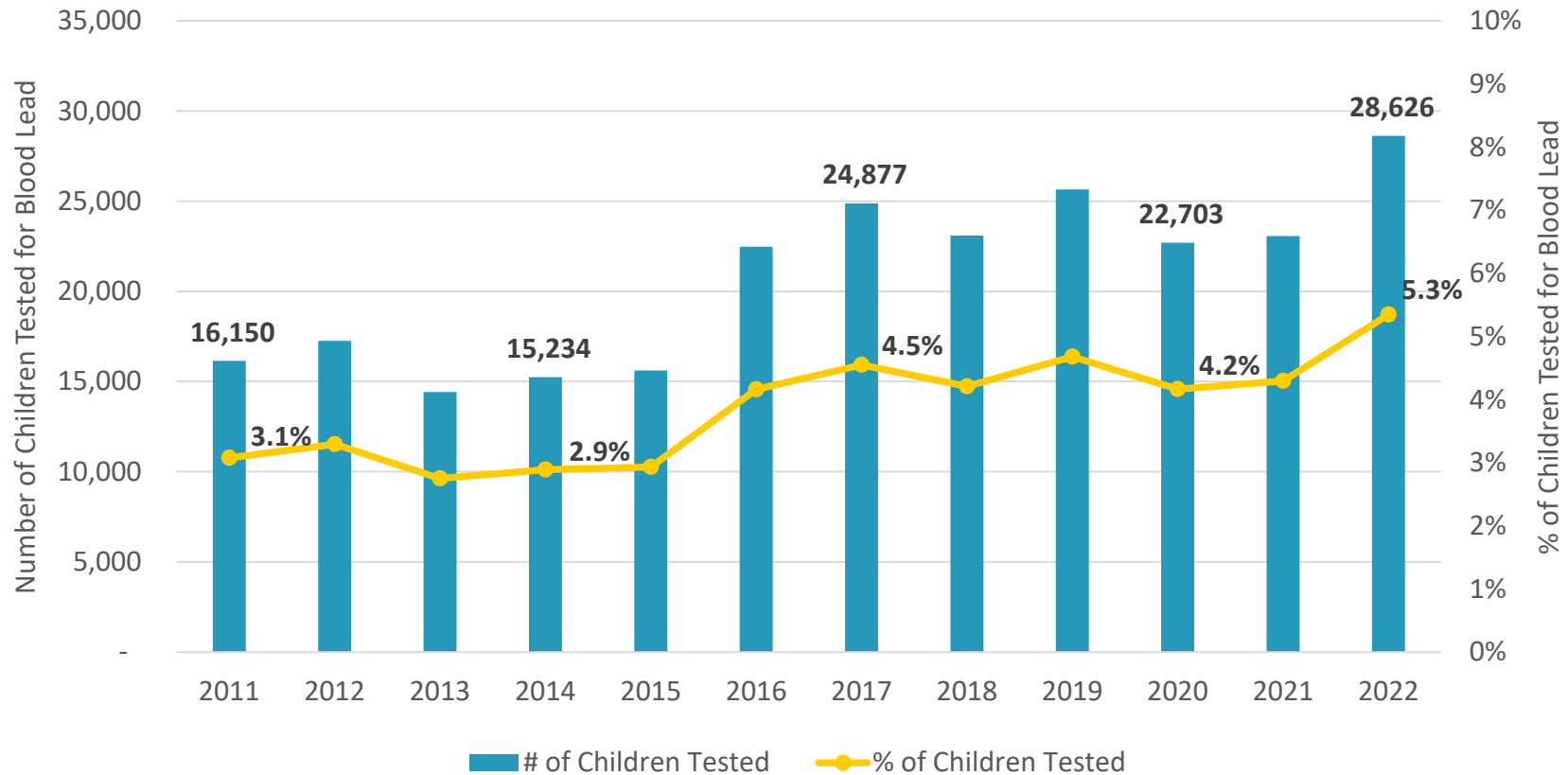


# Data



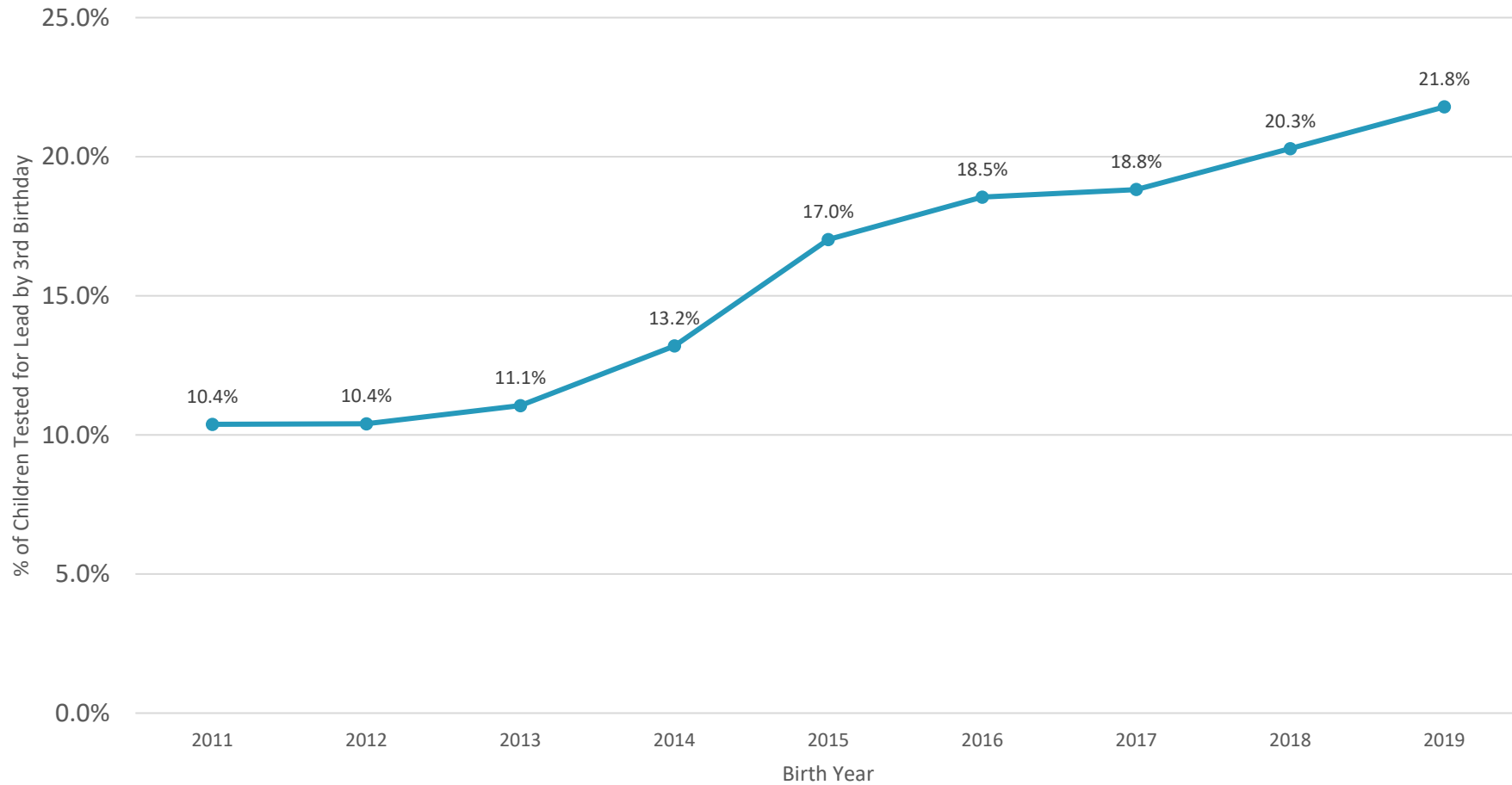
# Lead Testing in Washington

Number and Percent of Children 0-5 Years Old Tested for Lead Annually in Washington State, 2011-2022



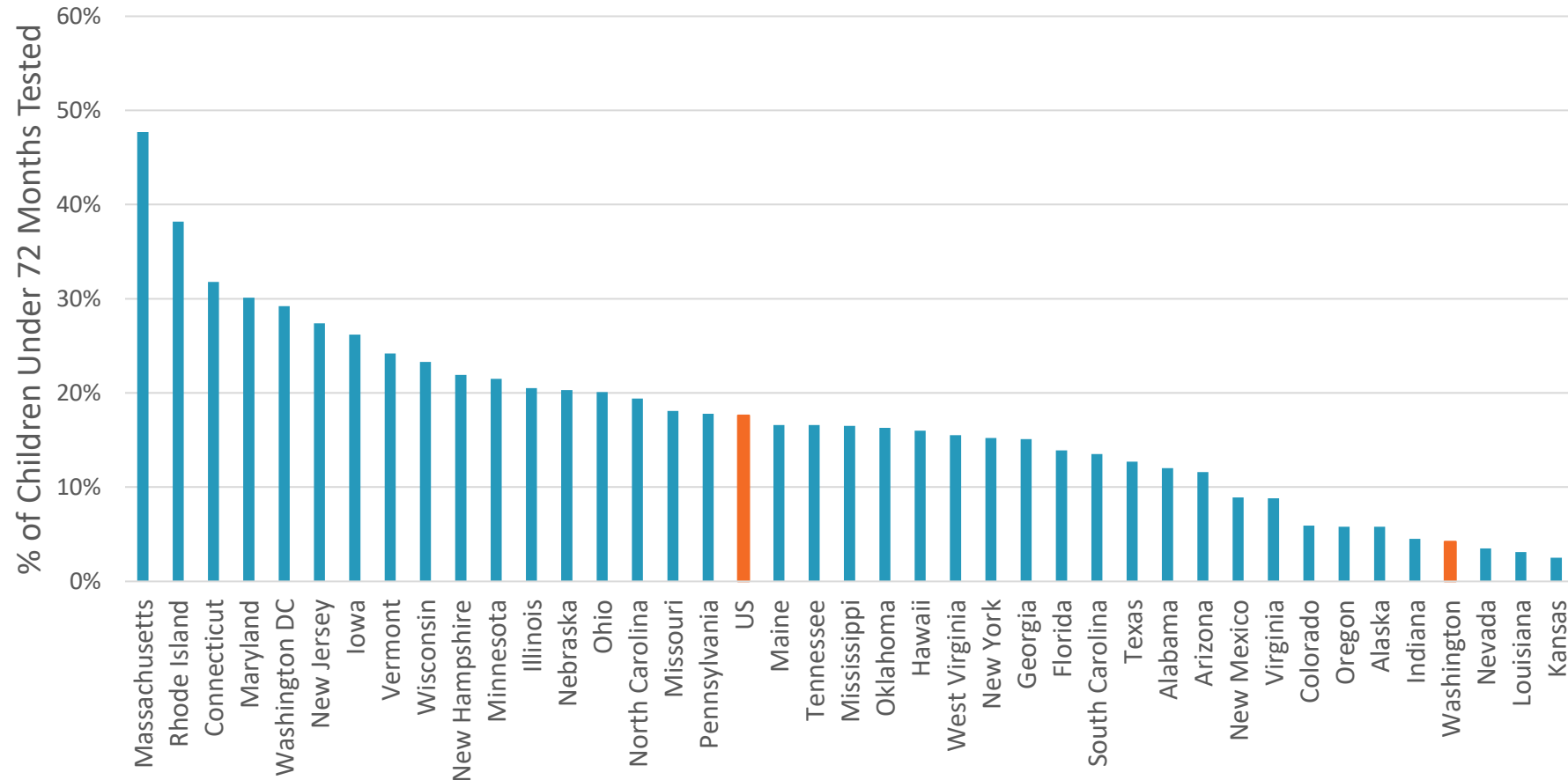
# Birth Cohort Test Rate

% Children Tested For Lead By 3rd Birthday, 2011-2019



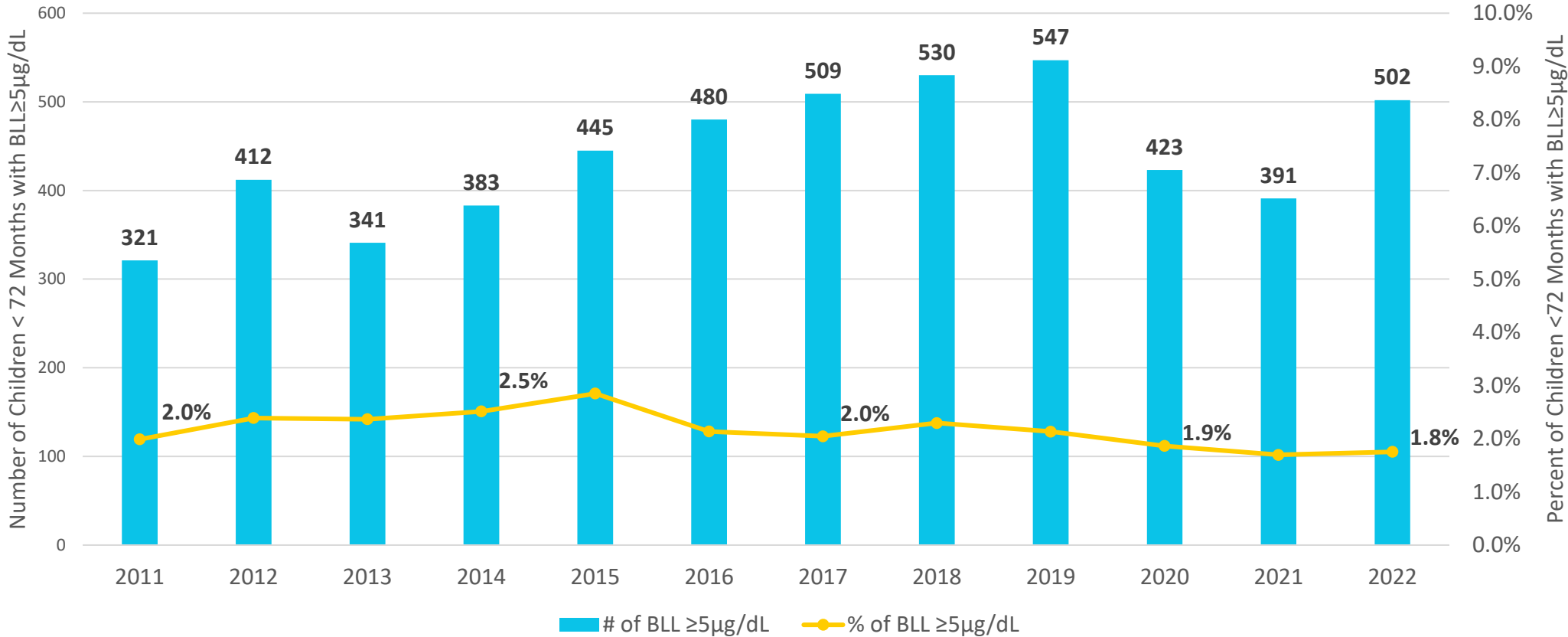
# Test Rate in US by State

Annual Testing Rate of Children Under 72 Months of Age, 2018  
in states reporting annually to CDC



# Case Rate

Elevated Blood Lead Level ( $\geq 5\mu\text{g}/\text{dL}$ ) Rates of Children <72 Months of Age in Washington, 2011-2022



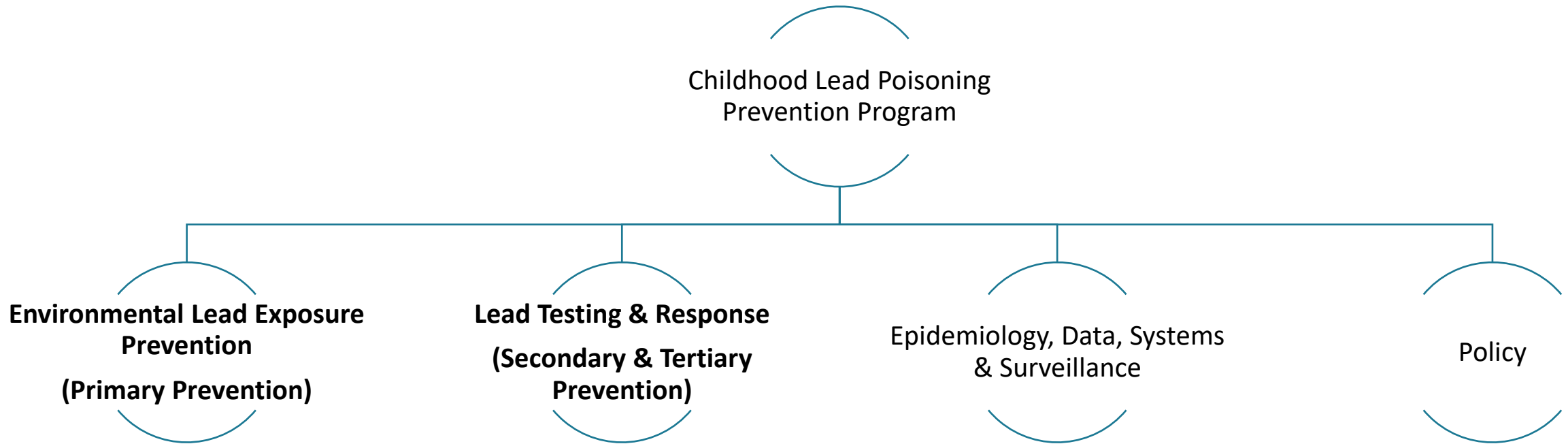
# Washington Rates Compared to National Rates

Year	Annual Testing Rate		Elevated Rate	
	% of <u>WA</u> Children under 72 months tested	% of <u>US</u> Children under 72 months tested	% of <u>WA</u> tests $\geq 5 \mu\text{g/dL}$	% of <u>US</u> tests (confirmed) $\geq 5 \mu\text{g/dL}$
2012	3.3%	18.4%	2.4%	5.2%
2013	2.7%	17.1%	2.4%	4.7%
2014	2.9%	15.5%	2.5%	3.8%
2015	2.9%	17.8%	2.8%	3.6%
2016	4.2%	16.2%	2.1%	3.8%
2017	4.5%	15.7%	2.0%	3.1%
2018	4.2%	17.6%	2.3%	2.6%
2019	4.7%	NA	2.1%	NA
2020	4.2%	NA	1.9%	NA
2021	4.3%	NA	1.7%	NA
2022	5.3%	NA	1.8%	NA

# DOH Lead Programming



# DOH Program Components





# Environmental Lead Exposure Prevention

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Identify and eliminate environmental sources of lead exposure  
before children are impacted

# Lead in School Drinking Water

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- Engrossed 2<sup>nd</sup> Substitute House Bill 1139 passed during the 2021 legislative session
- Test lead in drinking water in all public schools built, or with plumbing replaced, before 2016
- Must test all drinking water outlets
- Initial testing completed by 2026 and then every five years
- Action level is defined at above 5ppb with immediate shut off at above 15ppb
- NOTE: the RCW is different than the delayed school rule Chapter 246-366A WAC



# Water Infrastructure Improvement for the Nation (WIIN)

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- Offers free lead and copper testing to childcare centers
  - Required for their licensing requirement
  - Every six years
  - Chapter 110-300-0235 WAC
- Funded through an EPA grant
- Remediation funding is available



# Lead Testing & Response

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- Increase testing of children - especially those that are most likely to be exposed to lead
- Ensure all children with elevated blood lead levels are connected to appropriate care, consistently across the state
- Identify sources of exposure to prevent future exposures



# Areas of Work

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1. Partnerships
2. CDC Grant Implementation
3. Health Care Authority State Plan Amendment (SPA) and an Interagency Agreement
4. Foundational Public Health Services

# Key Partnership Efforts

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- Refugee and Immigrant Health
- Women, Infants and Children (WIC)
- Lead Advisory Committee
- Local Health Jurisdictions
- Health Care Authority
- Seattle & King County Hazardous Waste



# CDC Grant

---

## Long term goals:

- **Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status**
- Decrease adverse health effects of lead exposure in children
- Decreased societal costs associated with childhood lead exposure

## Strategies:

- Ensure blood lead testing and reporting
- Enhance blood lead surveillance
- Improve linkages of lead exposure children to recommended services

# Health Care Authority Initiatives

---

## 1. State Plan Amendment (SPA):

- Two new billable service areas:
  - Home Lead Exposure Assessments
  - Targeted Case Management
- Sustainable source of funding at state and local public health levels
- Foundational Public Health Services dollars to leverage the Medicaid dollars

## 2. Interagency Agreement (IAA):

- A 50% match on Medicaid eligible administrative activities
- Supports DOH's work aligning with HCA's goals





# Foundational Public Health Services

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- DOH receives Foundational Public Health Services (FPHS) to support statewide coordination, work with HCA/Medicaid, policy, assist with case management upon LHJ request, and work with focus populations
- Co-Lead of Lead Prevention Model Program Core Team

# Future Initiatives



# Future Initiatives

---

- Review CDC's Reference level in comparison with the state's current action level to develop recommendation for next steps
- Work with HCA to submit and implement SPA and Interagency Agreement IAA
- Determine next steps around FPHS model program efforts



# Lead Prevention Model Program

Washington State Board of Health Meeting  
Kathy Ross  
Aug. 9, 2023



Tacoma-Pierce County  
**Health Department**  
*Healthy People in Healthy Communities*

# Our Core Team

- Started with 9 LHJs in October 2022.
  - 11 more LHJs attend meetings.
- Built framework for model program.
- Identified 4 buckets of work:
  - Case management.
  - Testing promotion.
  - Community education & engagement.
  - Infrastructure.



# Purpose

Develop a model program for Local Health Jurisdictions (LHJs) that identified lead exposure as a foundational program.

## **Our goals:**

- Ensure all children in Washington with elevated blood lead get appropriate and consistent services.
- Increase testing rates statewide.
- Promote federal mandate that children enrolled in Medicaid at 12 and 24 months be tested.



# Model Program Elements



**Scalable** – Select activities for participation, in addition to case management.



**Equity** – Lead exposure disproportionately impacts some populations.



**Efficient** – Shared services, tool kits, and trainings.



**Effective** – Core Team members will evaluate program and offer continuous improvement.





# Buckets

## Case management

Model approach.

Ensures all children with EBLL of 5 or greater receive standardize service.

## Testing promotion

Low testing rates across state.

Only 5% of children tested.

## Community outreach & education

Increase awareness.

Focus on high-need populations.

## Infrastructure

Evaluation to assess equity, efficiency, and effectiveness.

Building capacity.  
Regional meetings.



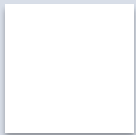
# Next Steps



Draft of model program proposal ready.



Plan to pilot model program as able with current funding.



Great team- excited to do the work.



# Pierce County Lead Response

## Recent years:

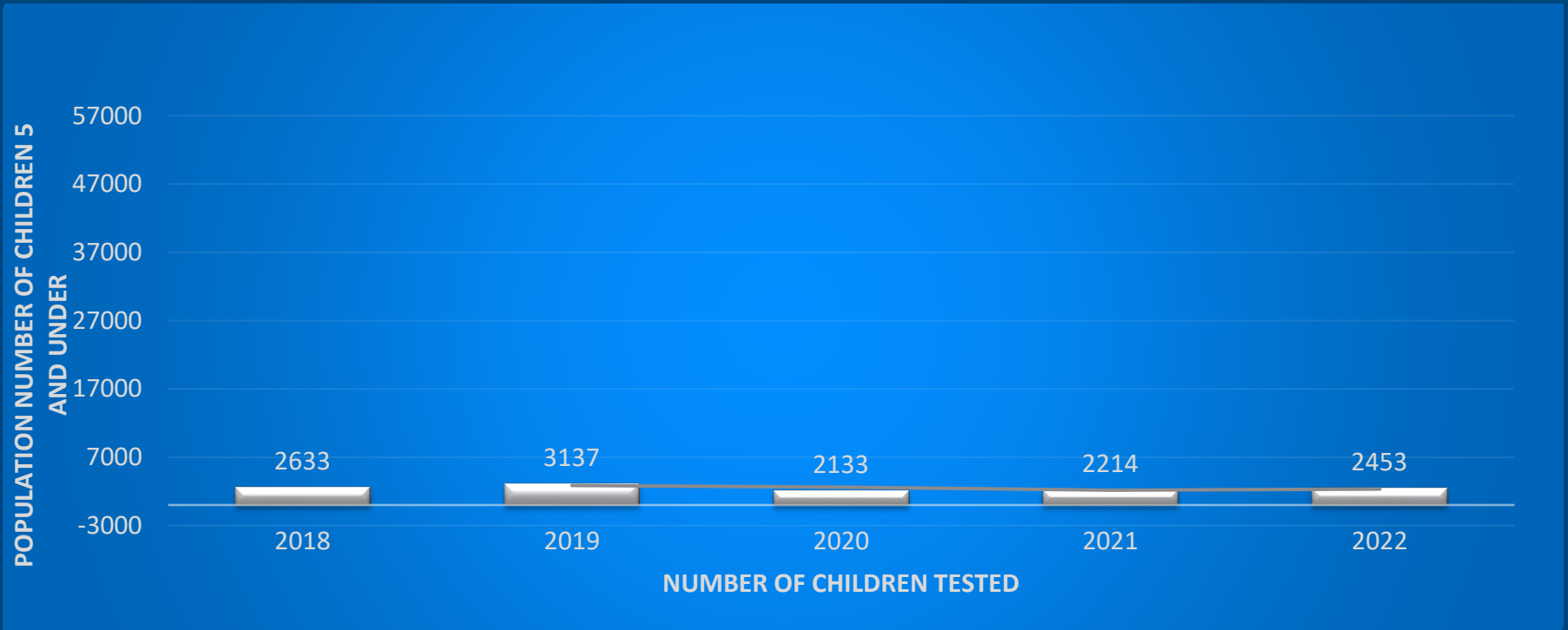
- Limited funding.
- Limited case management services.
- Currently receive .5 FTE in funding (FPHS).

## Challenges:

- Low testing rates.
- Limited clinics testing for children.
- Limited awareness.
- Funding.



# Pierce County Testing Rates



# Goals

- Provide consistent services to children with elevated levels.
- Increase our testing rates and number of providers testing.
- Effective outreach and education to most vulnerable.
- Work with local merchants who sell products with lead.



# Thank you!



Kathy Ross

Tacoma-Pierce County  
Health Department

[kross@tpchd.org](mailto:kross@tpchd.org)



Tacoma-Pierce County  
**Health Department**  
*Healthy People in Healthy Communities*

# WASHINGTON STATE BOARD OF HEALTH

**Date:** August 9, 2023

**To:** Washington State Board of Health Members

**From:** Umair A. Shah, MD, MPH, Secretary of Health

**Subject:** Emergency Rulemaking for On-Site Sewage Systems, WAC 246-272A-0110—Proprietary Treatment Products and Supply Chain Shortages

## Background and Summary:

By memo dated June 1, 2022, the Washington Department of Health (Department) requested an emergency rule to address supply chain shortages associated with on-site sewage system proprietary treatment products regulated under WAC 246-272A-0110. At its meeting on June 8, 2022, the State Board of Health (Board) adopted an emergency rule to address the issue and staff filed the rule on June 15, 2022, as WSR 22-13-101.

Subsequently, at the Board meeting on October 12, 2022, the Department updated the Board and requested that a second emergency rule be filed. The Board adopted a second emergency rule, which was filed on October 13, 2022, as WSR 22-21-070. On January 9, 2023, the Department again updated the Board and requested that a third emergency rule be filed when the second emergency rule expires. The Board adopted a third emergency rule and filed it on February 10, 2023, as WSR 23-05-055. On April 12, 2023, the Department requested a fourth emergency rule in this sequence. The Board adopted the rule and filed it on June 9, 2023, as WSR 23-13-018

Today, the Department is asking the Board to adopt a fifth emergency rule to allow retrofits and maintenance of proprietary treatment products with comparable components during continued supply chain shortages or similar manufacturing disruptions to avoid public health risks associated with poor system performance. The following information further explains the Department's emergency rule request, concurrent rulemaking on the full chapter, and implementation status of the emergency rule.

Under RCW 43.20.050, the Board has rulemaking authority for on-site sewage systems with design flows less than three thousand five hundred gallons per day. The Board's rules, chapter 246-272A WAC, set comprehensive standards for the siting, design, installation, use, care, and management of these small on-site sewage systems. The Department and local health jurisdictions jointly administer the rules.

Under RCW 34.05.350, the Board may adopt emergency rules when it finds that emergency adoption of a rule is necessary for the preservation of public health, safety, or general welfare, and that observing the time requirements of notice and opportunity

(continued on the next page)

to comment upon adoption of a permanent rule would be contrary to the public interest. Emergency rules are effective for 120 days. Identical or substantially similar emergency rules may be adopted in sequence if conditions have changed or the agency is actively undertaking the appropriate procedures to adopt the rule as a permanent rule.

In 2018, the Board filed a CR-101, Preproposal Statement of Inquiry, WSR 18-06-082, to initiate permanent rulemaking and update the on-site sewage system rules. That rulemaking is still underway and is expected to conclude in early 2024. Amending WAC 246-272A-0110 to address supply chain shortages associated with on-site sewage system proprietary treatment products fits within the existing CR-101 and staff are working to include it in the permanent rulemaking as previously directed.

The on-site sewage system rules require installation of on-site sewage systems that are approved by the Department for use in Washington and that are designed to provide adequate treatment of sewage on the properties they serve. This includes the use of proprietary or trademarked technologies that are properly tested, approved, and registered for use in the state based on the Board's rules.

Homeowners, service providers, and regulators are continuing to experience supply chain shortages and other manufacturing disruptions that are affecting the maintenance and repair of proprietary systems currently in use as well as the installation of new systems. This is due mainly to the shortage of a specific product used in many proprietary systems—a disinfecting ultraviolet (UV) light manufactured by Salcor Inc.—as well as other parts and components that continue to be in short supply and are integral to the performance of these on-site sewage systems.

As an update, Salcor was sold earlier this year. The new owner/manufacturer of these specific UV lights is working through NSF requirements to get their products formally tested and approved, but this will take time and we expect there will continue to be a shortage of these specific UV lights.

The shortage of replacement parts and components threatens system maintenance and public health and safety due to poor system performance. Failure to maintain on-site sewage systems easily and properly can also impede system inspections associated with property transactions.

There are thousands of on-site sewage systems in Washington that use Salcor UV lights, and many types of proprietary products serve properties with challenging site conditions such as small lots, poor soils, and proximity to surface waters that compound the public health risks associated with the existing manufacturing disruptions.

Jeremy Simmons, Manager of the Department's On-Site Wastewater Management Program, will explain the Department's request for this fifth emergency rule to continue to allow manufacturers of registered proprietary treatment products to replace system components that are unavailable due to manufacturing disruptions with comparable



components that will not negatively impact performance, treatment, operation, or maintenance of the original registered product. He will also update the Board on activity to date reviewing and approving these component-replacement requests from manufacturers. Given the possibility of continuing or future shortages, staff will continue to research this issue and address it in the permanent on-site sewage system rulemaking.

**Recommended Board Actions:**

The Board may wish to consider and amend, if necessary, the following motion:

The Board directs staff to file a fifth CR-103E, Emergency Rulemaking Order, upon expiration of the fourth emergency rule, filed as WSR 23-13-018, to amend WAC 246-272A-0110 to help ensure on-site sewage system proprietary treatment products continue to function properly without negatively impacting treatment, operation, or maintenance during supply chain shortages or other manufacturing disruptions.

**Staff**

Stuart Glasoe

To request this document in an alternate format or a different language, please contact the Washington State Board of Health at 360-236-4110 or by email at [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov). TTY users can dial 711.

PO Box 47990 • Olympia, WA 98504-7990  
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
OFFICE of ENVIRONMENTAL HEALTH and SAFETY  
*PO Box 47824, Olympia, WA 98504*  
*(360) 236-3330 • 711 Washington Relay Service*

June 1, 2022

TO: Michelle Davis, Executive Director  
State Board of Health

FROM: Todd Phillips, Director  
Office of Environmental Health and Safety

SUBJECT: Emergency rule request, WAC 246-272A-0110, Proprietary treatment products -  
Certification and registration.

The Department of Health (department) requests the State Board of Health adopt an emergency rule to allow on-site sewage systems proprietary treatment products to be operated and maintained with the best components available during an ongoing supply chain shortage.

WAC 246-272A-0110, requires manufacturers of proprietary treatment products used in on-site sewage systems to test their products with the National Science Foundation (NSF) and register their products with the department based on the NSF test results before the product is allowed to be permitted or installed in Washington. This allows the department to ensure that products used in on-site sewage systems can provide the appropriate level of treatment needed to protect public health and the environment such as such as drinking water sources and shellfish sites. Proprietary treatment products are required to be installed and operated as they were tested and registered to ensure they continue to perform as needed. Supply chain disruptions have occasionally made this requirement difficult for manufacturers and owners to comply with, particularly in recent years.

Some manufacturers have incorporated disinfecting ultraviolet (UV) light systems into their products to achieve higher treatment performance required for sensitive sites. These disinfecting UV light systems require routine maintenance that requires replacement supplies. Salcor Inc., the manufacturer of a disinfecting UV light system incorporated into several proprietary treatment products sold and currently in use in Washington, has recently ceased operation. This has created a sudden shortage of Salcor supplies that are needed for operation and maintenance for on-site sewage systems currently in operation. Exact numbers are unavailable, but we know there are several thousand on-site sewage systems using Salcor products in Washington.

Without these supplies, the on-site sewage systems that use Salcor products do not operate as registered and may not completely treat sewage. This may impact sensitive sites near to these on-site sewage systems. It is also currently preventing home sales when maintenance of these devices is noted on home inspections for property transfers because replacement parts are unavailable. New construction is likewise impacted as many active or pending permits include on-site sewage systems using Salcor products. There are other manufacturers of disinfecting UV light systems that can be substituted into the proprietary treatment products that use Salcor products.

The request for an emergency rule is intended to allow manufacturers to make a written request to substitute components of a registered product's construction in cases of a demonstrated supply chain shortage or similar manufacturing disruptions that may impact installations, operation, or maintenance. The request must include information that demonstrates the substituted component will not negatively impact performance or diminish the effect of the treatment, operation, and maintenance of the original registered product. This is a short-term solution that will provide appropriate public health and environmental protections while limiting negative impacts to home sales and construction. A long-term solution will be investigated and developed for incorporation into the permanent rulemaking while this emergency rule is in effect.

Respectfully,

A handwritten signature in black ink, appearing to read "Todd Phillips, R.S.", written in a cursive style.

Todd Phillips, R.S.  
Director, Office of Environmental Health & Safety

**WAC 246-272A-0110 Proprietary treatment products—Certification and registration.** (1) Manufacturers shall register their proprietary treatment products with the department before the local health officer may permit their use.

(2) To qualify for product registration, manufacturers desiring to sell or distribute proprietary treatment products in Washington state shall:

(a) Verify product performance through testing using the testing protocol established in Table I and register their product with the department using the process described in WAC 246-272-0120;

(b) Report test results of influent and effluent sampling obtained throughout the testing period (including normal and stress loading phases) for evaluation of constituent reduction according to Table II;

(c) Demonstrate product performance according to Table III. All (~~thirty-day~~) 30-day averages and geometric means obtained throughout the test period must meet the identified threshold values to qualify for registration at that threshold level; and

(d) For registration at levels A, B, and C verify bacteriological reduction according to WAC 246-272A-0130.

(3) Manufacturers verifying product performance through testing according to the following standards or protocols shall have product testing conducted by a testing facility accredited by ANSI:

(a) ANSI/NSF Standard 40—Residential Wastewater Treatment Systems;

(b) NSF Standard 41: Non-Liquid Saturated Treatment Systems;

(c) NSF Protocol P157 Electrical Incinerating Toilets - Health and Sanitation; or

(d) Protocol for bacteriological reduction described in WAC 246-272A-0130.

(4) Manufacturers verifying product performance through testing according to the following standards or protocols shall have product testing conducted by a testing facility meeting the requirements established by the Testing Organization and Verification Organization, consistent with the test protocol and plan:

(a) EPA/NSF—Protocol for the Verification of Wastewater Treatment Technologies; or

(b) EPA Environmental Technology Verification Program protocol for the Verification of Residential Wastewater Treatment Technologies for Nutrient Reduction.

(5) Treatment levels used in these rules are not intended to be applied as field compliance standards. Their intended use is for establishing treatment product performance in a product testing setting under established protocols by qualified testing entities.

(6) Manufacturers may submit a written application to the department requesting to substitute components of a registered product's construction in cases of supply chain shortage or similar manufacturing disruptions that may impact installations, operation, or maintenance. The application must include a report stamped, signed, and dated by a professional engineer that demonstrates the substituted component will not negatively impact performance or diminish the effect of the treatment, operation, and maintenance of the original registered

product. The department's approval of the substituted component is in effect until it is rescinded by the department.

**TABLE I**

<b>Testing Requirements for Proprietary Treatment Products</b>	
<b>Treatment Component/Sequence Category</b>	<b>Required Testing Protocol</b>
<b>Category 1</b> Designed to treat sewage with strength typical of a residential source when septic tank effluent is anticipated to be equal to or less than treatment level E.	ANSI/NSF 40— Residential Wastewater Treatment Systems (protocols dated between July 1996 and the effective date of these rules)
<b>Category 2</b> Designed to treat high-strength sewage when septic tank effluent is anticipated to be greater than treatment level E.  (Such as at restaurants, grocery stores, mini-marts, group homes, medical clinics, residences, etc.)	EPA/NSF Protocol for the Verification of Wastewater Treatment Technologies/ EPA Environmental Technology Verification (April 2001)
<b>Category 3</b> Black water component of residential sewage (such as composting and incinerating toilets).	NSF/ANSI Standard 41: Non-Liquid Saturated Treatment Systems (September 1999)  NSF Protocol P157 Electrical Incinerating Toilets - Health and Sanitation (April 2000)
<b>Total Nitrogen Reduction in Categories 1 &amp; 2 (Above)</b>	Protocol for the Verification of Residential Wastewater Treatment Technologies for Nutrient Reduction/EPA Environmental Technology Verification Program (November, 2000)

**TABLE II**

<b>Test Results Reporting Requirements for Proprietary Treatment Products</b>	
<b>Treatment Component/Sequence Category</b>	<b>Testing Results Reported</b>
<b>Category 1</b> Designed to treat sewage with strength typical of a residential source when septic tank effluent is anticipated to be equal to or less than treatment level E.	Report test results of influent and effluent sampling obtained throughout the testing period for evaluation of constituent reduction for the parameters: CBOD <sub>5</sub> , and TSS:

Test Results Reporting Requirements for Proprietary Treatment Products	
	<input type="checkbox"/> Average <span style="float: right;"><input type="checkbox"/> Standard Deviation</span> <input type="checkbox"/> Minimum <span style="float: right;"><input type="checkbox"/> Maximum</span> <input type="checkbox"/> Median <span style="float: right;"><input type="checkbox"/> Interquartile Range</span> <input type="checkbox"/> 30-day Average (for each month) For bacteriological reduction performance, report fecal coliform test results of influent and effluent sampling by geometric mean from samples drawn within ( <del>thirty day</del> ) 30-day or monthly calendar periods, obtained from a minimum of three samples per week throughout the testing period. See WAC 246-272A-0130. Test report must also include the individual results of all samples drawn throughout the test period.
<b>Category 2</b> Designed to treat high-strength sewage when septic tank effluent is anticipated to be greater than treatment level E.  (Such as at restaurants, grocery stores, mini-marts, group homes, medical clinics, residences, etc.)	Report all individual test results and full test average values of influent and effluent sampling obtained throughout the testing period for: CBOD <sub>5</sub> , TSS and O&G. Establish the treatment capacity of the product tested in pounds per day for CBOD <sub>5</sub> .
<b>Category 3</b> Black water component of residential sewage (such as composting and incinerating toilets).	Report test results on all required performance criteria according to the format prescribed in the NSF test protocol described in Table I.
<b>Total Nitrogen Reduction in Categories 1 &amp; 2 (Above)</b>	Report test results on all required performance criteria according to the format prescribed in the test protocol described in Table I.

**TABLE III**

Product Performance Requirements for Proprietary Treatment Products						
Treatment Component/Sequence Category	Product Performance Requirements					
<b>Category 1</b> Designed to treat sewage with strength typical of a residential source when septic tank effluent is anticipated to be equal to or less than treatment level E.	<b>Treatment System Performance Testing Levels</b>					
	<b>Level</b>	<b>Parameters</b>				
		<b>CBOD<sub>5</sub></b>	<b>TSS</b>	<b>O&amp;G</b>	<b>FC</b>	<b>TN</b>
	<b>A</b>	10 mg/L	10 mg/L	—	200/100 ml	—
	<b>B</b>	15 mg/L	15 mg/L	—	1,000/100 ml	—
	<b>C</b>	25 mg/L	30 mg/L	—	50,000/100 ml	—
	<b>D</b>	25 mg/L	30 mg/L	—	—	—
	<b>E</b>	125 mg/L	80 mg/L	20 mg/L	—	—
	<b>N</b>	—	—	—	—	20 mg/L
Values for Levels A - D are 30-day values (averages for CBOD <sub>5</sub> , TSS, and geometric mean for FC.) All 30-day averages throughout the test period must meet these values in order to be registered at these levels. Values for Levels E and N are derived from full test averages.						
<b>Category 2</b> Designed to treat high-strength sewage when septic tank effluent is anticipated to be greater than treatment level E.	All of the following requirements must be met:					

<b>Product Performance Requirements for Proprietary Treatment Products</b>	
<b>Treatment Component/Sequence Category</b>	<b>Product Performance Requirements</b>
(Such as at restaurants, grocery stores, mini-marts, group homes, medical clinics, residences, etc.)	(1) All full test averages must meet Level E; and (2) Establish the treatment capacity of the product tested in pounds per day for CBOD <sub>5</sub> .
<b>Category 3</b> Black water component of residential sewage (such as composting and incinerating toilets).	Test results must meet the performance requirements established in the NSF test protocol.
<b>Total Nitrogen Reduction in Categories 1 &amp; 2 (Above)</b>	Test results must establish product performance effluent quality meeting Level N, when presented as the full test average.

August 2023

# On-site Sewage Systems – Emergency Rule

WAC 246-272A-0110

## Emergency Rule Summary and Product-Component Approvals

The State Board of Health (Board) adopted an emergency rule on June 8, 2022 to allow manufacturers of registered proprietary treatment products to replace components of their products that are not available due to supply chain shortages or similar manufacturing disruptions with like components that will not negatively impact performance, treatment, operation, or maintenance of the original registered product. As directed by the Board, the emergency rule amendment will be considered for incorporation into the permanent rulemaking that is currently underway.

To-date, four companies have received department approval to substitute the Salcor 3G UV lamp, a disinfecting ultraviolet lamp, as summarized in the table below.

Company	Registered Product	Component to be Substituted	Substitution Component(s)	Approved Treatment Levels
<b>Bio-Microbics</b>	MicroFAST series with Salcor 3G	Salcor 3G UV Unit	Norweco AT 1500 UV & Jet Illumi-jet 952 & 952 Retrofit Kit	Treatment Level A Treatment Level B
<b>Delta</b>	Whitewater DF with Salcor 3G	Salcor 3G UV Unit	Norweco AT 1500 UV & Jet Illumi-jet 952 & 952 Retrofit Kit	Treatment Level A Treatment Level B
<b>Delta</b>	ECOPOD - N with Salcor 3G	Salcor 3G UV Unit	Norweco AT 1500 UV & Jet Illumi-jet 952 & 952 Retrofit Kit	Treatment Level A Treatment Level B
<b>Enviro-Flo</b>	NuWater B 500 with Salcor 3G	Salcor 3G UV Unit	Jet Illumi-jet 952 & 952 Retrofit Kit	Treatment Level B
<b>Enviro-Flo</b>	NuWater BNR 500 / BNR 600 with Salcor 3G	Salcor 3G UV Unit	Jet Illumi-jet 952 & 952 Retrofit Kit	Treatment Level A Treatment Level B
<b>Jet</b>	Model J-500 with Salcor 3G	Salcor 3G UV Unit	Jet Illumi-jet 952 & 952 Retrofit Kit	Treatment Level A Treatment Level B

These approvals allow replacement of the Salcor 3G UV lamp on several individual product lines as listed on the [List of Registered On-site Treatment and Distribution Products for Washington State](#).

Link to emergency rule:

[Proprietary Treatment Products Emergency Rule | Washington State Department of Health](#)  
[Emergency Rule OSS Proprietary Treatment Products - CR103 \(wa.gov\)](#)

Link to permanent rule making:

[On-site Sewage System Rule Revision | Washington State Department of Health](#)

For more information, contact Jeremy Simmons, Program Manager at (360) 236-3346.





## RULE-MAKING ORDER EMERGENCY RULE ONLY

### CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

**Agency:** State Board of Health

**Effective date of rule:**

**Emergency Rules**

- Immediately upon filing.  
 Later (specify)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes  No If Yes, explain:

**Purpose:** The State Board of Health (board) adopted an emergency rule regarding substitute components of registered products as part of the certification and registration of proprietary treatment products used in on-site sewage systems. The original emergency rule was filed on June 15, 2022 (WSR 22-13-101). Emergency rules have been filed continuously thereafter with the most recent filing on June 09, 2023 (WSR 23-13-018). Only one change has been made to the amendments since the filing of the original emergency rule. This emergency rule is being adopted without change to the previous emergency rule.

This fifth emergency rule amends WAC 246-272A-0110 to allow manufacturers to make a written request to the Department of Health (department) to substitute components of a registered product's construction in cases of a demonstrated supply chain shortage or similar manufacturing disruptions that may impact installations, operation, or maintenance. The request must include information that demonstrates the substituted component will not negatively impact performance or diminish the effect of the treatment, operation, and maintenance of the original registered product. The emergency rule will also allow manufacturers of registered proprietary treatment products to replace components of their products that are not available due to supply chain shortages or similar manufacturing disruptions with like components, as long as the components will not negatively impact performance, treatment, operation, or maintenance of the original registered product.

The current rule requires manufacturers of proprietary treatment products used in on-site sewage systems to test their products with NSF and register their products with the department based on NSF test results before the product is allowed to be permitted or installed in Washington. Without the emergency rule, the current rule would impede home sales when maintenance of proprietary products has not been completed as noted on home inspections for property transfers because replacement parts with NSF registration are unavailable. New construction is likewise impacted as many active or pending permits include on-site sewage systems using Salcor products. Salcor manufactures a disinfecting ultraviolet (UV) light system incorporated into several proprietary treatment products used in Washington State. There are other manufacturers of disinfecting UV light systems that can be substituted into proprietary treatment products in place of Salcor products. Salcor was sold and the new owner is working with NSF to get their products approved but this process will take several months. In order to continue to protect the public's health, safety, and welfare, it is necessary to adopt a fifth emergency rule to allow the department to consider written requests from manufacturers of proprietary treatment products for substitutes to proprietary treatment product components so their systems will be able to function properly without negatively impacting treatment, operation or maintenance during supply chain shortages. To date, four manufacturers have received department approval to substitute the Salcor 3G UV lamp with an alternate UV lamp.

In 2018, the board filed a CR-101, Preproposal Statement of Inquiry (WSR 18-06-082), to initiate permanent rulemaking and update the on-site sewage system rules. That rulemaking is still underway and is expected to

conclude in 2024. As directed by the board at the June 8, 2022 meeting, the emergency rule amendment will be considered for incorporation into the permanent rulemaking that is currently underway.

**Citation of rules affected by this order:**

New: None  
Repealed: None  
Amended: WAC 246-272A-0110  
Suspended: None

**Statutory authority for adoption:** RCW 43.20.050 (3)

**Other authority:**

**EMERGENCY RULE**

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

**Reasons for this finding:** : The board finds that in order to protect the public’s health, safety, and welfare it is necessary to adopt the emergency rule to amend WAC 246-272A-0110 to allow the department to consider written request from manufacturers of proprietary treatment products to substitute a proprietary treatment product component so their systems may continue to function properly without negatively impacting performance or diminish the effect of the treatment, operation, or maintenance during supply chain shortages.

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

**The number of sections adopted at the request of a nongovernmental entity:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted on the agency’s own initiative:**

New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted using:**

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>

**Date Adopted:**

**Signature:**

Place signature here

**Name:** Michelle Davis, MPA

**Title:** Executive Director Washington State Board of Health

DRAFT

## Board Authority

### RCW [43.20.050](#)

#### **Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules.**

(1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry.

In fulfilling its responsibilities under this subsection, the state board may create ad hoc committees or other such committees of limited duration as necessary.

(2) In order to protect public health, the state board of health shall:

(a) Adopt rules for group A public water systems, as defined in RCW [70A.125.010](#), necessary to assure safe and reliable public drinking water and to protect the public health. Such rules shall establish requirements regarding:

(i) The design and construction of public water system facilities, including proper sizing of pipes and storage for the number and type of customers;

(ii) Drinking water quality standards, monitoring requirements, and laboratory certification requirements;

(iii) Public water system management and reporting requirements;

(iv) Public water system planning and emergency response requirements;

(v) Public water system operation and maintenance requirements;

(vi) Water quality, reliability, and management of existing but inadequate public water systems; and

(vii) Quality standards for the source or supply, or both source and supply, of water for bottled water plants;

(b) Adopt rules as necessary for group B public water systems, as defined in RCW [70A.125.010](#). The rules shall, at a minimum, establish requirements regarding the initial design and construction of a public water system. The state board of health rules may waive some or all requirements for group B public water systems with fewer than five connections;

(c) Adopt rules and standards for prevention, control, and abatement of health hazards and nuisances related to the disposal of human and animal excreta and animal remains;

(d) Adopt rules controlling public health related to environmental conditions including but not limited to heating, lighting, ventilation, sanitary facilities, and cleanliness in public facilities including but not limited to food service establishments, schools, recreational facilities, and transient accommodations;

(e) Adopt rules for the imposition and use of isolation and quarantine;

(f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and

conveyance of remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; and

(g) Adopt rules for accessing existing databases for the purposes of performing health related research.

(3) The state board shall adopt rules for the design, construction, installation, operation, and maintenance of those on-site sewage systems with design flows of less than three thousand five hundred gallons per day.

(4) The state board may delegate any of its rule-adopting authority to the secretary and rescind such delegated authority.

(5) All local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city, or township thereof, shall enforce all rules adopted by the state board of health. In the event of failure or refusal on the part of any member of such boards or any other official or person mentioned in this section to so act, he or she shall be subject to a fine of not less than fifty dollars, upon first conviction, and not less than one hundred dollars upon second conviction.

(6) The state board may advise the secretary on health policy issues pertaining to the department of health and the state.

[ [2021 c 65 § 37](#); [2011 c 27 § 1](#); [2009 c 495 § 1](#); [2007 c 343 § 11](#); [1993 c 492 § 489](#); [1992 c 34 § 4](#). Prior: [1989 1st ex.s. c 9 § 210](#); [1989 c 207 § 1](#); [1985 c 213 § 1](#); [1979 c 141 § 49](#); [1967 ex.s. c 102 § 9](#); [1965 c 8 § 43.20.050](#); prior: (i) [1901 c 116 § 1](#); [1891 c 98 § 2](#); RRS § 6001. (ii) [1921 c 7 § 58](#); RRS § 10816.]

# WASHINGTON STATE BOARD OF HEALTH

**Date:** August 9, 2023

**To:** Washington State Board of Health Members

**From:** Patty Hayes, Board Member

**Subject:** Rules Update – Sanitary Control of Shellfish, Chapter 246-282 WAC

## Background and Summary:

The State Board of Health (Board) and the Washington Department of Health (Department) collaborate to regulate the sanitary control of molluscan shellfish. The Board serves as the rulemaking body and the Department serves as the regulatory agency. The Department also serves as the state shellfish authority administering the model ordinance of the National Shellfish Sanitation Program (NSSP).

RCW 69.30.030 authorizes the Board to adopt rules governing shellfish sanitation, shellfish growing areas, and shellfish operations to protect public health and safety. Further, RCW 43.20.050, establishes authority to adopt rules for the prevention and control of infectious and noninfectious disease, including food and vector borne illness.

On February 23, 2022, the Board filed a CR-101, Preproposal Statement of Inquiry, as WSR 22-06-034, to initiate rulemaking to update chapter 246-282 WAC, Sanitary Control of Shellfish. The rulemaking covers miscellaneous technical revisions along with updates to WAC 246-282-006, *Vibrio parahaemolyticus* (Vp) Control Plan.

Complementing this update to the chapter, on March 9, 2022, the Board delegated rulemaking authority to the Department to amend the Vp Control Plan in the event heat-wave conditions occurred early in the Vp control season and prior to completion of rulemaking on the chapter. The Department exercised this authority and adopted an emergency rule on May 17, 2023, filed as WSR 23-11-074, to allow enforcement of the strictest Vp time-to-cooling standards for commercial oyster harvesters and dealers.

Finally, Board shellfish rulemaking authority does not include fee authority. Separate from the Board's rulemaking on other sections of the chapter, the Department is currently exploring updates to fees for commercial shellfish operations and harvesters in WAC 246-282-990.

Today, Dani Toepelt, manager of the Department's Shellfish Licensing and Certification Section, will join us to update the Board on the status of the shellfish rulemaking. This is an informational update with no formal Board action. The chapter rulemaking is scheduled for completion in 2024.

(continued on the next page)

Washington State Board of Health  
August 9, 2023 Meeting Memo  
Page 2

Staff  
Stuart Glasoe

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# CHAPTER 246-282 WAC, SANITARY CONTROL OF SHELLFISH

Rulemaking Update  
August 9, 2023



# Shellfish Rulemaking Update

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**Dani Toepelt, R.S.**

Manager, Shellfish Licensing and Certification

*Office of Environmental Health & Safety*

# Presentation Outline

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Background and CR-101 Filing



Rulemaking Advisory Committee (RAC) and Tribal Meetings



Emergency CR-103E filing

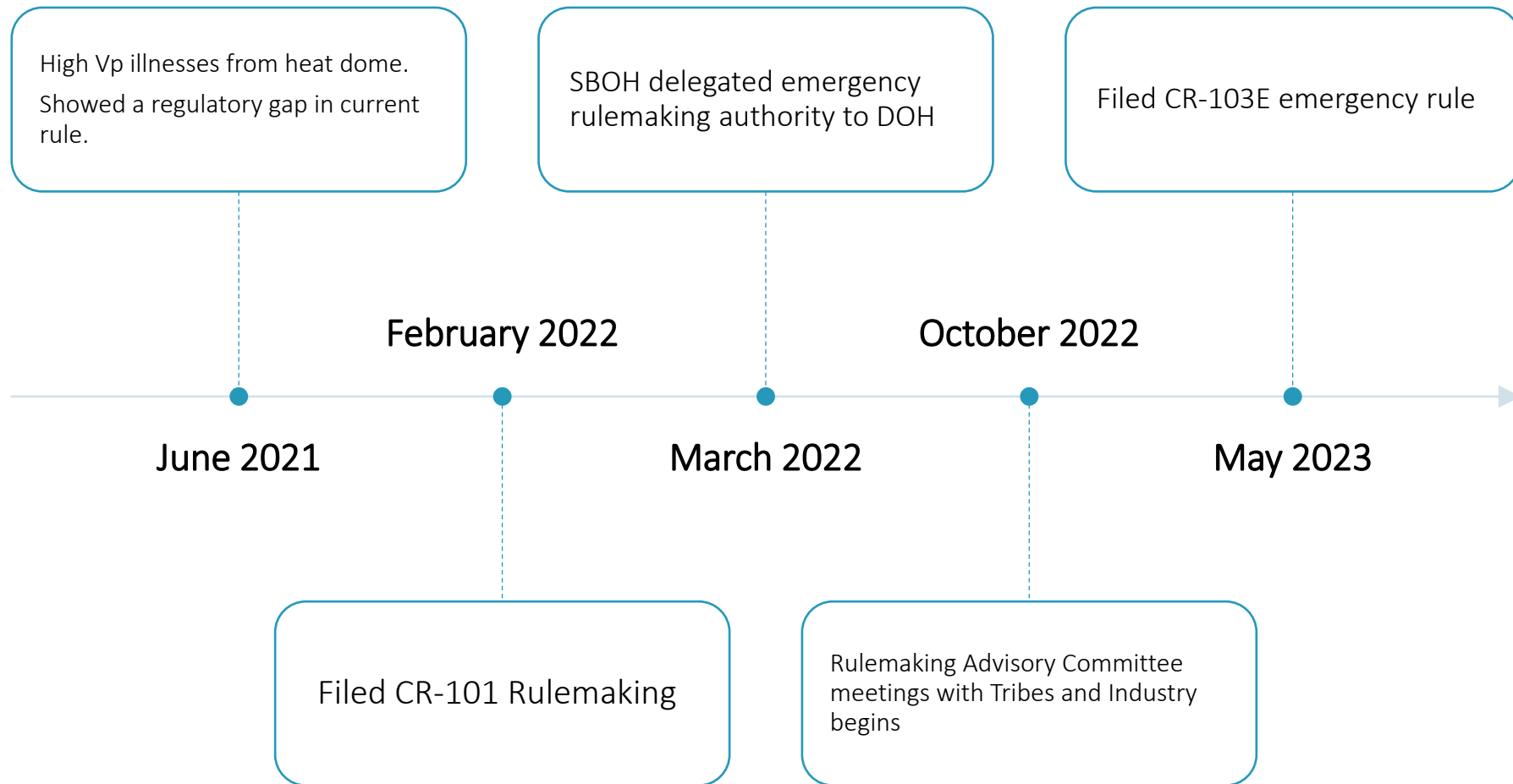


Fee Study



Next Steps

# WAC 246-282 Rulemaking Background



# Tribal & RAC Meetings



**October  
2022**

Illness investigation data, WAC definitions

**November  
2022**

Review 2022 illness data

**December  
2022**

Vp Control Season timeframe, harvest requirements

**January  
2023**

Risk categories, time to cooling requirements, proposed additions

**February  
2023**

Aquaculture permit requirements, Growing Area testing, bait permit requirements

**March  
2023**

Operational requirements, wet storage permits, identification and record keeping updates

**April  
2023**

Fee Study, Seed size adjustment

**May  
2023**

Definition of Harvest meeting with Tribes

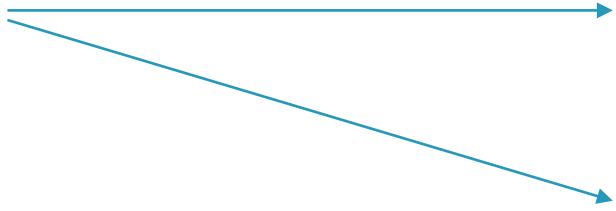
**June  
2023**

Fee Study follow up

# Emergency Rule – Vp Time to Cooling Requirements

- WAC 246-282-006 Vp Control Plan requirements
- Defines Vp season as May 1 to September 30
- Time to cooling is based on the risk category (1, 2, or 3) given to each growing area
  - Based on last 5 years of illnesses
- Emergency rule changed period for strictest controls:
  - Now May 17<sup>th</sup> until September 14<sup>th</sup>

Requirements:	Time to Cooling:
Except as noted below, time of harvest to cooling requirement from May 1st through September 30th is:	5 hours
When ambient air temperature at harvest is greater than 80°F, the time of harvest to cooling requirement is:	3 hours
When harvest temperature is between 64°F and 66°F from July 1st through August 31st, the time of harvest to cooling requirement is:	1 hour
<b>Harvest Control:</b> From July 1st through August 31st, harvest is not allowed for twenty-four hours when harvest temperature is above 66°F.	



# Fee Analysis, WAC 246-282-990

Fee study to update annual shellfish operation license, biotoxin fees and export fees

- Fees have not been updated since:
  - 2002 (PSP Geoduck Fee)
  - 2007 (Shellfish Licensing Fee)
  - 2015 (Biotoxin and Export Fees)
- RCW 43.70.250 requires DOH to recover our fee eligible costs
- Different rulemaking requirements and timeline

Washington State Department of Health

### Shellfish Operation Licensing & Biotoxin Fees

Shellfish operators must pay both an annual certification fee and an annual biotoxin fee.

**Annual Certification (License) Fee**

Type of Operation	Fee
Harvester .....	\$ 263.00
Shellstock Shipper	
0 - 49 Acres .....	\$ 297.00
50 or greater acres .....	\$ 476.00
Scallop Shellstock Shipper .....	\$ 297.00
Shucker-Packer	
Plants with floor space less than 2000 sq ft .....	\$ 542.00
Plants with floor space 2000 - 5000 sq ft .....	\$ 656.00
Plants with floor space more than 5000 sq ft .....	\$ 1,210.00

For definitions of Harvester, Shellstock Shipper, and Shucker-Packer, see page 2.

**Annual Biotoxin Fee**

Type of Operation	Number of Harvest Sites*	Fee
Harvester .....	2 or less .....	\$ 353.00
	3 or more .....	\$ 535.00
Shellstock Shipper – Wholesale Company .....		\$ 198.00
Shellstock Shipper (0 - 49 acres).....	2 or less .....	\$ 393.00
	3 or more .....	\$ 610.00
Shellstock Shipper (50 or greater acres) .....	N/A .....	\$ 961.00
Shucker-Packer (plants < 2000 sq ft) .....	2 or less .....	\$ 752.00
	3 or more .....	\$ 1,076.00
Shucker-Packer (plants 2000 - 5000 sq ft) .....	2 or less .....	\$ 882.00
	3 or more .....	\$ 1,297.00
Shucker-Packer (plants > 5000 sq ft) .....	N/A .....	\$ 2,412.00

\*Two or more contiguous parcels with a total acreage of one acre or less is considered one harvest site.

Companies that exclusively harvest subtidal geoduck from Department of Natural Resources tracts don't have to pay the annual biotoxin fee. Department of Natural Resources pays these fees for non-tribal harvesters.

## Next Steps

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Finalize draft revisions to WAC 246-282

Meet with other agencies

Assistant Attorney General Review

Tribal, RAC, public review

Rule analyses and CR-102, proposed rule

Questions?

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All meeting agendas,  
presentations, and  
information can be found at:

<https://doh.wa.gov/community-and-environment/shellfish/rules/wac-246-282-sanitary-control-shellfish-rule-revision>





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# WASHINGTON STATE BOARD OF HEALTH

**Date:** August 9, 2023

**To:** Washington State Board of Health Members

**From:** Keith Grellner, Board Chair

**Subject:** Rulemaking Petition – Chapter 246-260-031 WAC, General design, construction, and equipment for all WRF pool facilities

## Background and Summary:

The Administrative Procedures Act (RCW 34.05.330) allows any person to petition a state agency for the adoption, amendment, or repeal of any rule. Upon receipt of a petition, the agency has sixty days to either (1) deny the petition in writing stating the reasons and, as appropriate, offer other means for addressing the concerns raised by the petitioner, or (2) accept the petition and initiate rulemaking.

On June 12, 2023, the State Board of Health (Board) received a petition for rulemaking from Elizabeth M. Stumpf requesting the amendment of WAC 246-260-031, General design, construction, and equipment for all WRF pool facilities. The petition specifically requests that the Board amend the rule to address barrier height at limited and general use pools to comply with the Americans with Disabilities Act (ADA), which specifies that a latch handle should not exceed 48 inches in height. The petition states that the change is needed to ensure equal access for individuals who use wheelchairs.

The Board's authority under RCW 70.90.120 requires the Board to adopt rules governing safety, sanitation, and water quality for water recreation facilities. The rules include requirements for facility design. Beginning in 2016, the Board initiated rulemaking for revision of Chapters 246-260 & 246-262 WAC ([CR-101](#)) and has now established a Technical Advisory Committee (TAC) in conjunction with the Department of Health (Department).

The CDC updated the Model Aquatic Health Code (MAHC) in 2023 and the TAC committee has begun reviewing the MAHC and will be developing recommendations for the Board to review. The TAC will be taking ADA and MAHC guidelines into consideration when offering recommendations to the Board. I have invited Andrew Kamali to provide additional information on this topic.

## Recommended Board Actions

The Board may wish to consider, amend if necessary, and adopt one of the following motions:

The Board declines the petition to initiate rulemaking to amend WAC 246-260-031, for the reasons articulated by the Board and directs staff to notify the requestor of the Board's decision.

OR

The Board accepts the petition for rulemaking to amend WAC 246-260-031 to be considered as part of the ongoing rulemaking for water recreation facilities and directs staff to notify the requestor of its decision. The Board further requests that the Department direct the TAC to prioritize this section of the rules and brief the Board of the TAC's findings by January 2024.

**Staff**

Andrew Kamali

To request this document in an alternate format or a different language, please contact the Washington State Board of Health Communication Manager.  
TTY users can dial 711.

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## PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE

Print Form

In accordance with [RCW 34.05.330](#), the Office of Financial Management (OFM) created this form for individuals or groups who wish to petition a state agency or institution of higher education to adopt, amend, or repeal an administrative rule. You may use this form to submit your request. You also may contact agencies using other formats, such as a letter or email.

The agency or institution will give full consideration to your petition and will respond to you within 60 days of receiving your petition. For more information on the rule petition process, see Chapter 82-05 of the Washington Administrative Code (WAC) at <http://apps.leg.wa.gov/wac/default.aspx?cite=82-05>.

### CONTACT INFORMATION *(please type or print)*

Petitioner's Name Elizabeth M. Stumpf

Name of Organization \_\_\_\_\_

Mailing Address 310 Olympic Blvd

City Everett State WA Zip Code 98203

Telephone 425-508-7065 Email malm820@comcast.net

### COMPLETING AND SENDING PETITION FORM

- Check all of the boxes that apply.
- Provide relevant examples.
- Include suggested language for a rule, if possible.
- Attach additional pages, if needed.
- Send your petition to the agency with authority to adopt or administer the rule. Here is a list of agencies and their rules coordinators: <http://www.leg.wa.gov/CodeReviser/Documents/RClist.htm>.

### INFORMATION ON RULE PETITION

Agency responsible for adopting or administering the rule: Washington Department of Health

1. NEW RULE - I am requesting the agency to adopt a new rule.

The subject (or purpose) of this rule is: \_\_\_\_\_

The rule is needed because: \_\_\_\_\_

The new rule would affect the following people or groups: \_\_\_\_\_

**2. AMEND RULE - I am requesting the agency to change an existing rule.**

List rule number (WAC), if known: 246-260-031

I am requesting the following change: Please change the barriers requirements at limited use and general use pools to comply with ADA door height laws. A latch handle at 72 inches or 60 inches high is impossible to reach from a seated position in a wheelchair. It should be no higher than 48 inches.

This change is needed because: As a wheelchair dependent person, I am not able to open doors with a latch handle placed above 48 inches. This has been a safety issue for me at LA Fitness using their pool, shower, toilet and locker room facilities.

The effect of this rule change will be: If the only barrier requirement was to have a continuously locked latch or coded latch at ordinary height, this would give equal access to wheelchair dependent people and provide child safety preventing unauthorized entry to a pool area.

The rule is not clearly or simply stated: WAC 246-260-031 causes confusion at limited use and general use pools. The health department says they "technically" meet the code even though they are in clear violation of ADA door handle requirement. This must be changed to have safety for all

**3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.**

List rule number (WAC), if known: \_\_\_\_\_

*(Check one or more boxes)*

It does not do what it was intended to do.

It is no longer needed because: \_\_\_\_\_

It imposes unreasonable costs: \_\_\_\_\_

The agency has no authority to make this rule: \_\_\_\_\_

It is applied differently to public and private parties: \_\_\_\_\_

It conflicts with another federal, state, or local law or rule. List conflicting law or rule, if known: \_\_\_\_\_

It duplicates another federal, state or local law or rule. List duplicate law or rule, if known: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

**RCW 70.90.120 Adoption of rules governing safety, sanitation, and water quality—Exceptions.** (1) The board shall adopt rules under the administrative procedure act, chapter 34.05 RCW, governing safety, sanitation, and water quality for water recreation facilities. The rules shall include but not be limited to requirements for design; operation; injury and illness reporting; biological and chemical contamination standards; water quality monitoring; inspection; permit application and issuance; and enforcement procedures. However, a water recreation facility intended for the exclusive use of residents of any apartment house complex or of a group of rental housing units of less than fifteen living units, or of a mobile home park, or of a condominium complex or any group or association of less than fifteen homeowners shall not be subject to preconstruction design review, routine inspection, or permit or fee requirements; and water treatment of hydroelectric reservoirs or natural streams, creeks, lakes, or irrigation canals shall not be required.

(2) In adopting rules under subsection (1) of this section regarding the operation or design of a recreational water contact facility, the board shall review and consider the most recent version of the United States centers for disease control and prevention's model aquatic health code. [2017 c 102 § 1; 1987 c 222 § 5; 1986 c 236 § 3.]

## Washington State Board of Health Policy & Procedure

**Policy Number:** 2005-001  
**Subject:** Responding to Petitions for Rule-Making  
**Approved Date:** November 9, 2005 (revised August 13, 2014)

### Policy Statement

RCW 34.05.330 allows any person to petition a state agency to adopt, repeal, or amend any rule within its authority. Agencies have 60 days to respond. The agency can deny the request—explaining its reasons and, if appropriate, describing alternative steps it is prepared to take—or it must initiate rule-making. If a petition to repeal or amend a rule is denied, a petitioner can appeal the agency’s decision to the Governor.

This policy defines who must be notified and consulted when the Board is petitioned, who may respond on behalf of the Board, and whether Board action is required.

- **Board Response:** When the Board receives a written petition for rule-making within its authority that clearly expresses the change or changes requested, the Board will respond within 60 days of receipt of the petition. The response will be made at the direction of the Board. The response will be in the form of a letter from the Chair denying the petition or informing the petitioner the Executive Director has been directed to initiate rule-making.
- **Consideration of the Petition:** The Chair may place a petition for rule-making on the agenda for a Board meeting scheduled to be held within 60 days of receipt of the petition. Alternatively, if the Board does not have a regular meeting scheduled within 60 days of receipt of the petition, or if hearing the petition at the next regular meeting would defer more pressing matters, the Chair shall call a special meeting of the Board to consider the petition for rulemaking.

### Procedure

- **Notifications:** Board staff, in consultation with the Executive Director, will respond to the petitioner within three business days acknowledging receipt of the petition and informing the petitioner whether the request is clear. The Executive Director or staff will notify Board members that a petition for rule-making has been received and will be brought to the Board for consideration at the next regularly scheduled board meeting or will be considered at a special meeting. If

no regular meeting is scheduled before the 60-day response deadline, or if the agenda for the regular meeting cannot accommodate the petition, the Executive Director will notify the Chair of the need to schedule a special board meeting for the purposes of considering the petition. Upon Board action on the petition, the Executive Director shall assure Board members receive electronic copies of the final petition response.

- **Appeals:** If a petitioner appeals the Board's decision to deny a petition to the Governor, the Executive Director will inform the Board of the Governor's action on the appeal at the next scheduled Board meeting.
- **Consultation:** The Executive Director and Board staff will gather background information for the Board's use when it considers the petition. In this regard, the Executive Director will consult with the Board member who sponsored the most recent revisions to the rule being challenged or the appropriate policy committee. The Executive Director may also consult with appropriate representatives of the implementing agency or agencies, and may consult with stakeholders as appropriate.





**United States Department of Justice**  
**Civil Rights Division**  
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

**Report successfully submitted**



Your record number is: **294604-VRT**

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## What to expect

### ① We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

### ② Our specialists determine the next step

We may decide to:

**Open an investigation** or take some other action within the legal authority of the Justice Department.

**Collect more information** before we can look into your report.

**Recommend another government agency** that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

### ③ When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:

We're actively working on an investigation or case related to your report.

We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

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## What you can do next

## ① Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue. American Bar Association, visit [www.americanbar.org/groups/legal\\_services/flh-home](http://www.americanbar.org/groups/legal_services/flh-home) or call (800) 285-2221. Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit [www.lsc.gov/find-legal-aid](http://www.lsc.gov/find-legal-aid)

## ② Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call [911](tel:911) and contact the police.

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## Your submission

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### Contact

#### Contact information

##### Your name

Liz Stumpf

##### Email address

malm820@comcast.net

##### Phone number

425-508-7065

##### Address

310 Olympic Blvd

-

Everett, Washington 98203

#### Are you now or have ever been an active duty service member?

No

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### Primary concern

#### What is your primary reason for contacting the Civil Rights Division?

Discriminated against in a commercial location or public place

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### Location

## Please choose the type of location that best describes where the incident happened

Other

## Where did this happen?

### Organization name

LA Fitness

### Address

15024 Main St

Mill Creek, Washington

## Personal characteristics

### Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)

## Date

### When did this happen?

5/15/2023

## Personal description

### In your own words, describe what happened

I am wheelchair dependent and go to LA Fitness to use their pool for stretching and exercise. I need to be able to use the locker room, toilet and shower area independently.

The toilet and shower area of the locker room and then the entrance to the pool is separated from the changing area by a door with a latch handle mounted approximately 60 inches from the floor. Sitting in a wheelchair, it is not possible to reach the door handle and open the door.

Washington State WAC 246-260 states that all pool barrier entry doors must be self-closing, self-latching with a locking mechanism placed at 60 inches height OR to meet the requirements of ADA, the entry barriers locks may be placed at ordinary height with a continuously locked latch or coded latch.

I have asked LA Fitness to make the above-described door in the locker room accessible so that I can open it. I have let LA Fitness know this is a safety issue for me. If I am by myself, I can not use the facilities or I can be trapped, unable to exit in an emergency.

I have discussed the problem with several staff members requesting this change.

2/6/23, 2/7/23, 2/16/23, 2/17/23, 2/24/23, 3/2/23, - Jack, manager at Mill Creek LA Fitness.

3/8/22 - Ryan at Member Services, LA Fitness

3/10/23, 4/3/23, 4/7/23 - Amanda Bedwell, manager over Mill Creek and several other LA Fitness locations.

4/12/23, 5/10/23, 5/15/23 - Heather, manager Mill Creek LA Fitness

I believe each person I have discussed this problem with at LA Fitness is willing and wants to make their facility ADA compliant but, so far they have not been successful making the necessary change to the locker

5/16/23, 4:04 PM

Submission complete

room door.

I am filing this complaint and requesting that you intervene and help resolve this door issue

Thank you,

Liz Stumpf

310 Olympic Blvd,

Everett, WA 98203

425-508-7065

## Swimming Pool Access Barrier & Latch Height Rules Overview

Gyms Are Subject to Americans with Disabilities Act (ADA) Requirements. Public accommodations and commercial facilities are subject to the requirements of the 2010 ADA Standards for Accessible Design, as set forth in 28 CFR part 36, subpart D, and 36 CFR part 1191, appendices B and D. Combined, these requirements equal the 2010 Standards for Accessible Design, as stated on the Department of Justice (DOJ) website. [2010 ADA Standards for Accessible Design | ADA.gov](http://www.ada.gov).

**A gym or health club is considered a public accommodation under the definitions in 28 CFR s. 36.104.**

The Department of Justice adopted the 2010 ADA Standards for Accessible Design (2010 Standards) as the regulatory standards for the new construction and alteration of facilities subject to its regulations under the Americans with Disabilities Act (ADA), effective March 15, 2012. 36 CFR s. 1191, note to paragraph (a).

Washington State Board of Health	Centers for Disease Control and Prevention	Department of Justice	International Building Code
Washington Administrative Code (WAC) 246-260-031	Model Aquatic Health Code (MAHC)	Americans with Disabilities Act (ADA)	State Building Code Council (SBCC)
<p>Barriers must have self-closing, self-latching gates or doors that provide either:</p> <p>(i) A mechanism that uses a continuously locked latch, coded lock or other equivalent access control system that always requires a key or code to enter pool area. If the latch is less than sixty inches from the ground, the barrier must have an eighteen-inch radius of solid material around the latch (see figure 031.2) to preclude a child on the outside of the barrier from reaching through the gate or barrier and opening the latch and entering the pool; <b>or</b></p> <p><b>(ii) A latch height of sixty inches or more from the ground.</b></p>	<p>4.8.6.3.1.1 Section 404.2.7 of the 2010 Americans with Disabilities Act Accessibility Guidelines (ADAAG) allows for an increase in the maximum height of operable parts (defined in Section 106.5 as “a component of an element used to insert or withdraw objects, or to activate, deactivate, or adjust the element”) <b>of gate and door hardware from 48 inches (1.22 m) maximum above the finish floor or ground to 54 inches (1.37 m) maximum above the finish floor or ground</b>, for operable parts of the release of latch on self-latching devices of access gates in ENCLOSURE walls and fences protecting AQUATIC VENUES, provided the self-latching devices are not also self-locking devices and operated by means of a key, electronic opener, or integral combination lock.</p>	<p>404.2.7 Door and Gate Hardware. Handles, pulls, latches, locks, and other operable parts on doors and gates shall comply with 309.4. Operable parts of such hardware shall be 34 inches (865 mm) minimum and 48 inches (1220 mm) maximum above the finish floor or ground.</p> <p>EXCEPTION:  <b>Access gates in barrier walls and fences protecting pools, spas, and hot tubs shall be permitted to have operable parts of the release of latch on self-latching devices at 54 inches (1370 mm) maximum above the finish floor or ground provided the self-latching devices are not also self-locking devices and operated by means of a key, electronic opener, or integral combination lock.</b></p>	<p>(IBC 2018) 1010.1.9.2 <b>Barrier walls and fencing protecting pools with self-latching devices at 54 inches max. above finished floor/ground</b>, provided that the self-latching devices are not also self-locking device.</p>

# WASHINGTON STATE BOARD OF HEALTH

**Date:** August 9, 2023

**To:** Washington State Board of Health Members

**From:** Kelly Oshiro, Board Vice Chair

**Subject:** Petition for Rulemaking – Chapter 246-760 WAC, Auditory and Visual Screening Standards in Schools

## Background and Summary:

The Administrative Procedures Act (RCW 34.05.330) allows any person to petition a state agency for the adoption, amendment, or repeal of any rule. Upon receipt of a petition, the agency has sixty days to either (1) deny the petition in writing, stating the reasons and, as appropriate, offer other means for addressing the concerns raised by the petitioner, or (2) accept the petition and initiate rulemaking.

On July 26, 2023, the Washington State Board of Health (Board) received a rulemaking petition from the Lake Chelan Lion's Club requesting to amend chapter 246-760 WAC to add [otoacoustic emission \(OAE\)](#) screening technology to the Board's school auditory (or hearing) screening rules. The petitioner's request includes proposed rule language that would permit the use of OAE or pure tone screening as a primary screening method and require rescreening with pure tone screening for any students with a "fail/refer" result from OAE screening.

The petitioner's request also includes information on OAE screening technology from the [American Speech-Language-Hearing Association \(ASHA\) Childhood Screening Guidelines](#) and a list of rationale for including OAE screening in any rule revisions. According to ASHA, OAE technology measures how well the inner ear, also known as the cochlea, works.<sup>1</sup> OAE screening measures sound waves, or OAEs, produced by the inner ear in response to stimulation.<sup>2</sup>

The Board sets standards in [chapter 246-760 WAC](#) for the auditory and visual screening of children attending schools in Washington under the authority provided in [RCW 28A.210.020](#). The purpose of this requirement is to screen and identify students in Washington who may be experiencing hearing or vision impairments and refer them for care by an appropriate healthcare provider. These annual screenings are conducted once per academic year for children in kindergarten and grade one, two, three, five, and seven. If resources permit, schools may expand screenings to other grade levels.

The auditory screening sections of chapter 246-760 WAC require the use of auditory screening equipment providing tonal stimuli at various frequencies and hearing levels. This is consistent with the [American Academy of Audiology \(AAA\) Clinical Practice](#)

(continued on the next page)

[Guidelines for Childhood Hearing Screening](#),<sup>3</sup> which recommend screening children aged 3 (chronologically and developmentally) and older using pure tone screening. Pure tone screening is typically conducted using a pure tone audiometer, which tests a person's responses to tonal stimulation (e.g., beeps played through a headphone set at different frequencies).<sup>3,4</sup>

The AAA guidelines also recommend OAE screening, but only for preschool and school-aged children for whom pure tone screening is not developmentally appropriate (ability level < 3 years).<sup>3</sup> ASHA guidelines state, "*Pure tone audiometry, OAE technology, and tympanometry may all be appropriate options for inclusion in hearing screening programs.*"<sup>5</sup> However, like the AAA, ASHA guidelines recommend pure tone screening as the standard. The guidelines note, "*Although OAEs are considered an acceptable screening tool, pure-tone screening remains the gold standard and is ideally accomplished by the time a child is 5 years old.*" Both guidelines include information regarding selecting appropriate equipment, including OAEs and tympanometry in addition to pure tone audiometry equipment, guidance regarding suggested rescreening timelines and follow-up, and evaluations of hearing programs.

According to the Washington State Department of Health's Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program and national estimates, hearing loss is one of the most common conditions present at birth, affecting 1-3 per 1,000 newborns.<sup>6,7</sup> By the time children reach kindergarten, this statistic increases to approximately 2-5 per 1,000 children, underscoring the importance of continued monitoring and screening for hearing loss in school-aged children. Hearing screenings provide the opportunity to help detect a student's hearing loss or previously unrecognized hearing loss and intervene to limit further loss and improve learning.<sup>8</sup>

Under the Board's rulemaking authority in RCW 28A.210.020, the Board must seek the recommendations of the superintendent of public instruction (OSPI) regarding the administration of school hearing and vision screening before revising chapter 246-760 WAC. Board staff have consulted with representatives from OSPI on the petitioner's request to amend the rules to include OAE screening technology. OSPI plans to submit its recommendation as a written public comment, which will be included in the Board meeting materials packet.

I have invited Molly Dinardo, Board Staff, to provide additional information from the petitioner, a brief overview of national childhood screening guidelines, and then outline the Board's options for responding to the petition.

#### [Recommended Board Actions:](#)

The Board may wish to consider one of the following motions:

The Board declines the petition for rulemaking to revise applicable sections of chapter 246-760 WAC to permit the use of otoacoustic emission (OAE) screening technology in Washington State school auditory screening standards and procedures under RCW 28A.210.020 for the reasons articulated by Board Members. The Board directs staff to notify the petitioner of the Board's decision.

Washington State Board of Health  
August 9, 2023, Meeting Memo

OR

The Board accepts the petition for rulemaking to explore options to revise relevant sections of chapter 246-760 to permit the use of otoacoustic emission (OAE) screening technology in Washington State school auditory screening standards and procedures under RCW 28A.210.020. The Board directs staff to notify the requestor of its decision and to file a CR-101, Preproposal of Inquiry, to evaluate the request and possible rule change further.

Staff

Molly Dinardo

To request this document in an alternate format or a different language, please contact the Washington State Board of Health at 360-236-4110 or by email at [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov). TTY users can dial 711.

PO Box 47990 • Olympia, WA 98504-7990  
360-236-4110 • [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov) • [sboh.wa.gov](http://sboh.wa.gov)

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1. Otoacoustic Emissions (OAEs). American Speech-Language-Hearing Association. Accessed July 31, 2023. <https://www.asha.org/public/hearing/otoacoustic-emissions/>
  2. Otoacoustic Emission Testing (OAE). Published December 15, 2022. Accessed July 31, 2023. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/otoacoustic-emission-testing-oae>
  3. Clinical Practice Guidelines: Childhood Hearing Screening. The American Academy of Audiology. Published 2011. Accessed July 31, 2023. <https://www.audiology.org/practice-guideline/clinical-practice-guidelines-childhood-hearing-screening/>
  4. Pure-Tone Testing. American Speech-Language-Hearing Association. Accessed July 31, 2023. <https://www.asha.org/public/hearing/pure-tone-testing/>
  5. Childhood Hearing Screening. American Speech-Language-Hearing Association. Accessed July 31, 2023. <https://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/>
  6. Washington State Department of Health Early Hearing-loss Detection, Diagnosis, and Intervention (EHDDI) Program. Universal Newborn Hearing Screening 2012 Report. Published August 2014. Accessed July 28, 2023. [https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/344-022\\_EHDDISBOHReport.pdf](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/344-022_EHDDISBOHReport.pdf).
  7. Research and Tracking of Hearing Loss in Children | CDC. Centers for Disease Control and Prevention. Published June 21, 2021. Accessed July 31, 2023. <https://www.cdc.gov/ncbddd/hearingloss/research.html>
  8. Promoting Hearing Health in Schools | Healthy Schools | CDC. Published December 12, 2018. Accessed July 31, 2023. <https://www.cdc.gov/healthyschools/noise/promoting.htm>



**From:** [Craig Boothe](#)  
**To:** [Dinardo, Molly \(SBOH\)](#)  
**Subject:** RE: Otoacoustic emission screening (OAE) - Change in Rule WAC 246-760-030  
**Date:** Wednesday, July 26, 2023 8:49:55 AM

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External Email

Hi Molly, Thanks again for taking my call this morning, I learn a lot from our chat. Please consider this email back to you is a formal request for petition for rule change for WAC-246-760-030.

Have a great day and thanks again for your help.

Craig

Craig Boothe  
President Lake Chelan Lions Club  
Sight and Hearing Chairman  
[www.lakechelanlions.org](http://www.lakechelanlions.org)  
[www.lakechelanlionsclubfoundation.org](http://www.lakechelanlionsclubfoundation.org)  
[craigb47@hotmail.com](mailto:craigb47@hotmail.com)  
425-241-1401

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**From:** [Dinardo, Molly \(SBOH\)](#)  
**Sent:** Wednesday, July 26, 2023 8:27 AM  
**To:** [Craig Boothe](#)  
**Subject:** RE: Otoacoustic emission screening (OAE) - Change in Rule WAC 246-760-030

Hi Craig,

Thanks for sending this information along. Are you still available to connect around 8:30 am this morning? If yes I can give you a call then.

Best,

[Molly Dinardo, MPH \(she/her\)](#)  
Health Policy Advisor  
Washington State Board of Health

[Molly.Dinardo@sboh.wa.gov](mailto:Molly.Dinardo@sboh.wa.gov)

564-669-3455

[Website](#), [Facebook](#), [Twitter](#)

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**From:** Craig Boothe <craigb47@hotmail.com>

**Sent:** Wednesday, July 26, 2023 8:20 AM

**To:** Dinardo, Molly (SBOH) <Molly.Dinardo@sboh.wa.gov>

**Subject:** Otoacoustic emission screening (OAE) - Change in Rule WAC 246-760-030

External Email

Molly here is what was sent to Bill Lundin by Ric Giles to review with suggested new language for the OAE screening in schools, the language in italic underline are not yet approved by the department of Health.

Craig

The full ASHA text can be found here [https://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/#collapse\\_1](https://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/#collapse_1)

## **WAC 246-760-030**

### **What are the auditory acuity screening standards for screening equipment and procedures?**

(1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand hertz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards.

(2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

*(3) Or Otoacoustic emission screening (OAE) equipment may be used for initial screening with auditory screening equipment for any student that has a "Fail/Refer" result.*

## **WAC 246-760-040**

## What are the procedures for auditory acuity screening?

(1) Schools shall screen all children referenced in WAC [246-760-020](#) on an individual basis by using

(a) Otoacoustic emission (OAE) screening and, or

(b) Auditory screening equipment at one thousand, two thousand, and four thousand Hz.

(2) The screener shall:

(a) Follow manufacturer guidelines for OAE screening. Children who receive "Fail/Refer" results with OAE shall be screened

using auditory screening equipment. Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996 standards;

(b) Conduct screenings in an environment free of extraneous noise;

(c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

Reason for OAE screening be included in any rule change;

- OAE's can screen school age children much more rapidly than using pure tones, saving more time for class room instruction and allowing screeners to complete the auditory screening requirements much quicker.
- OAE requires no active participation from the students.
- Instructions on how to respond to a faint sound are not needed or misunderstood.
- Students who respond or don't respond to pure tones because they watch others doing so is avoided, reducing false positive or false negative screening results.
- Parents notified that their child failed a hearing screening due to false "fail" pure tone screening are reduced.
- Incidence of false "fail/refer" screening results are still possible due to ear canal blockage or transient middle ear issue.
- Incidence of false "pass" are not, only normal hearing can produce a "pass" screening result.
- Any child who receive a "fail/refer" screening should then be screened using traditional pure tone screening.
- OAE screening is required to quickly screen newborn infants before release from the hospital it just makes sense to use them to screen school age children as well.

**Edited Recommendations taken from the ASHA website, for background information only;**

## Otoacoustic Emissions (OAE)

**Otoacoustic emissions (OAEs)**—either transient-evoked OAEs (TEOAEs) or distortion product OAEs (DPOAEs)—are measured using a sensitive probe microphone inserted into the ear canal. OAEs are a direct measure of outer hair cell and cochlear function in response to acoustic stimulation and yield an indirect estimate of peripheral hearing sensitivity. OAEs do not technically test an individual's hearing, but rather OAE results reflect the performance of the inner ear mechanics.

### Factors to Consider

- With OAE protocols taking less time than pure tone protocols, more children may be screened on a given day (Kreisman, Bevilacqua, Day, Kreisman, & Hall, 2013).
- Personnel may include an audiologist, SLP, nurse, or other trained volunteer screener. Equipment can be automatic with no decision making required regarding equipment parameters or pass/fail criteria.
- Screening in quiet environments typically reduces the amount of time needed to complete an OAE hearing screening. A reasonable amount of noise may be present without interrupting the OAE screening process. OAE equipment may indicate when the screening environment is too noisy.
- OAEs will usually be absent when there is outer or middle ear dysfunction.
- OAEs may miss some cases of educationally significant mild and mild-moderate hearing loss or ANSD (AAA, 2011).
- The use of OAE technology may be appropriate for screening children who are difficult to test using pure-tone audiometry (those who cannot respond to traditional pure tone or conditioned play techniques; Stephenson, 2007)

### OAE Screening Procedure

- Place small probe in the ear canal to deliver the sound stimuli.
- Read results. Automated OAE screening units will analyze the emission and provide a result of either "pass" or "fail/refer." Screeners other than audiologists should not independently change the parameters of the test equipment or provide interpretation of findings.

TEOAEs: Clicks or tone bursts are used as the stimuli at one level—for example, 80 dB SPL. Normal distributions for this condition for normal hearing are documented in the literature (Hussain, Gorga, Neely, Keefe, & Peters, 1998).

DPOAEs: Pure tones are used as the stimuli. Normal distributions for this condition for normal hearing are documented in the literature (Gorga et al., 1997).

### OAE Screening Results

Screening programs that use OAE equipment often use the manufacturer's pre-set stimulus and pass/fail parameters, which will vary. This allows for participation by screeners who do not have the background or knowledge to adjust or interpret result parameters. When automated equipment is used, findings will be recorded as either "pass" or "fail/refer." For children who could not complete screening due to lack of cooperation, internal or external noise, or other

reasons, the findings are recorded as "could not scree

Craig Boothe

President Lake Chelan Lions Club

Sight and Hearing Chairman

[www.lakechelanlions.org](http://www.lakechelanlions.org)

[www.lakechelanlionsclubfoundation.org](http://www.lakechelanlionsclubfoundation.org)

[craigb47@hotmail.com](mailto:craigb47@hotmail.com)

425-241-1401

**From:** [Dinardo, Molly \(SBOH\)](#)  
**To:** [craigb47@hotmail.com](mailto:craigb47@hotmail.com); [Davis, Michelle \(SBOH\)](#)  
**Bcc:** [Steele, Mike \(LEG\)](#); [Steele, Mike \(LEG\)](#)  
**Subject:** RE: WAC on hearing tests in Schools  
**Date:** Tuesday, July 25, 2023 12:15:00 PM  
**Importance:** High

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Hi Brenda,

Thanks so much for connecting us. Moving you to bcc to avoid further cluttering your inbox.

Hi Craig,

It's nice to meet you virtually.

Please let me know if you would like to submit your inquiry to Rep Steele's office below as a petition for rulemaking, or if you would like to submit a separate request and any additional supporting information directly to the Board for consideration. I spoke with someone from the NW Lion's Foundation back in March regarding a similar inquiry, but never heard back. Below is the information that I provided them with (note the dates were based on the timeframe we received their voicemail). If you have any questions about the information below or about your request, do let me know.

Best,

Molly Dinardo, MPH (she/her)  
Health Policy Advisor  
Washington State Board of Health  
[Molly.Dinardo@sboh.wa.gov](mailto:Molly.Dinardo@sboh.wa.gov)  
564-669-3455  
[Website](#), [Facebook](#), [Twitter](#)

-----  
Hello,

Thanks for reaching out to our team at the State Board of Health and for expressing your interest in updating the school hearing tests listed in [Chapter 246-760 WAC](#).

As I mentioned, our next regularly scheduled [Board meeting](#) will be **Wednesday April 12<sup>th</sup>**. This will be a hybrid meeting, with both virtual and in-person options for attendance. Our next Board meeting after April is scheduled for June 14<sup>th</sup> and will also be hybrid.

If you'd like to file a formal petition to the Board requesting to amend Chapter 246-760 WAC, you can do so by following the process outlined on the Board's website [here](#). Note that any member of the public may petition a state agency to adopt, repeal, or amend a rule within its authority. Once

you send your petition to the Board, the Board has 60 days to respond to the petition, and may take one of the following actions at its meeting where the petition is on the agenda:

- Deny the request and explain why the request was denied
- Describe alternative steps the Board will take
- Initiate rulemaking

I encourage you to review [the Board's petition policy](#) to learn more about the petitioning, response, and appeal process. You can also find information on the Board's rulemaking process under the [Agency Overview](#) section of our website.

To submit a petition for rulemaking, [please download and complete the petition form](#) from the Office of Financial Management's (OFM) website. Please let me know if you have any questions about completing the form. Once you complete the form, you can either email your petition to [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov) or you may email it to me directly. You may also include any supplemental materials that you'd like to include with the petition form for the Board's review. Any materials you submit will be included in the Board meeting packet materials and posted to the Board's website.

**The deadline for the Board to post its draft meeting agenda is next week, Wednesday March 29<sup>th</sup>.**

You may also [sign up for public comment](#) at our upcoming Board meeting to share more about your request. Note that the Board does not take testimony on petitions, but you can speak to your petition during the public comment section of the meeting. The information to register for virtual participation will become available on Wednesday March 29<sup>th</sup> with the draft meeting agenda.

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**From:** Glenn, Brenda <Brenda.Glenn@leg.wa.gov> **On Behalf Of** Steele, Rep. Mike  
**Sent:** Tuesday, July 25, 2023 12:04 PM  
**To:** craigb47@hotmail.com; Dinardo, Molly (SBOH) <Molly.Dinardo@sboh.wa.gov>  
**Cc:** Steele, Mike (LEG) <mike.steele@leg.wa.gov>  
**Subject:** FW: WAC on hearing tests in Schools  
**Importance:** High

External Email

Molly and Craig,

This email serves as a way to introduce you to each other.

Craig Boothe  
President Lake Chelan Lions Club

Sight and Hearing Chairman  
[www.lakechelanlions.org](http://www.lakechelanlions.org)  
[www.lakechelanlionsclubfoundation.org](http://www.lakechelanlionsclubfoundation.org)  
[craigb47@hotmail.com](mailto:craigb47@hotmail.com)  
425-241-1401

Molly Dinardo, MPH (she/her)  
Health Policy Advisor  
Washington State Board of Health  
[Molly.Dinardo@sboh.wa.gov](mailto:Molly.Dinardo@sboh.wa.gov)  
564-669-3455  
[Website](#), [Facebook](#), [Twitter](#)

Craig will work with you Molly on this or let you know who will be contacting you from the Lions to work with you on this issue.

Molly, Rep. Steele and I really appreciate your follow through on this issue!

*Brenda Glenn*, Sr. Executive Legislative Assistant  
For Deputy Minority Leader Rep. Mike Steele  
360-786-7832

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**From:** Dinardo, Molly (SBOH) <[Molly.Dinardo@sboh.wa.gov](mailto:Molly.Dinardo@sboh.wa.gov)>

**Sent:** Tuesday, July 25, 2023 11:33 AM

**To:** Glenn, Brenda <[Brenda.Glenn@leg.wa.gov](mailto:Brenda.Glenn@leg.wa.gov)>

**Cc:** Davis, Michelle (SBOH) <[Michelle.Davis@sboh.wa.gov](mailto:Michelle.Davis@sboh.wa.gov)>; Steele, Rep. Mike <[Mike.Steele@leg.wa.gov](mailto:Mike.Steele@leg.wa.gov)>

**Subject:** RE: WAC on hearing tests in Schools

**Importance:** High

**CAUTION:** External email.

Good Afternoon Brenda,



I hope that you are well.

My name is Molly Dinardo, and I'm a Health Policy Advisor for the Washington State Board of Health. In my role, I support the Board's policy and rulemaking work related to vision and hearing screening in schools. I'm writing to follow up on the email correspondence below. Has Rep Steele's office received a response or additional follow-up from the constituent regarding interest in using otoacoustic emission screening (OAE) equipment for hearing screenings in schools?

I ask because the Board has its next full [meeting scheduled](#) for Wednesday, August 9<sup>th</sup>. Our team is currently in the process of finalizing our draft meeting agenda for posting and distribution. I'm curious if our team should expect to hear from the constituent/if it's a topic that might be brought to the Board at the August meeting. Any additional information that you might be willing to share would be greatly appreciated.

Thank you in advance for your time and consideration, and I look forward to hearing from you.

Best,

Molly Dinardo, MPH (she/her)  
Health Policy Advisor  
Washington State Board of Health  
[Molly.Dinardo@sboh.wa.gov](mailto:Molly.Dinardo@sboh.wa.gov)  
564-669-3455  
[Website](#), [Facebook](#), [Twitter](#)

---

**From:** Davis, Michelle (SBOH) <[Michelle.Davis@sboh.wa.gov](mailto:Michelle.Davis@sboh.wa.gov)>  
**Sent:** Tuesday, July 18, 2023 9:13 PM  
**To:** Steele, Mike (LEG) <[mike.steele@leg.wa.gov](mailto:mike.steele@leg.wa.gov)>  
**Cc:** Dinardo, Molly (SBOH) <[Molly.Dinardo@sboh.wa.gov](mailto:Molly.Dinardo@sboh.wa.gov)>  
**Subject:** RE: WAC on hearing tests in Schools

Hi Brenda and Representative Steele,

Thank you for your email. I was out of the office last week, please excuse the delay in my response.

The rulemaking for Chapter 246-760 WAC, auditory and visual standards for school districts, falls under the State Board of Health's (Board) authority ([RCW 28A.210.020](#)). Each board of school directors then has the authority to establish procedures to implement the Board's rules.

While the hearing sections of Chapter 246-760 WAC allow for some flexibility in which

screening technologies are used, the rule generally describes behavioral pure tone screening for auditory screening standards and procedures in schools. The constituent's proposed changes to WAC 246-760-030 below wouldn't necessarily require legislation, this proposal could be presented to the Board through a [petition for rulemaking](#) per the Administrative Procedures Act ([RCW 34.05.330](#)). The Board would review the petition within 60 days and determine whether to deny the petition in writing or accept the petition and initiate rulemaking.

In March, the Board received a voicemail from a Northwest Lion's Foundation representative regarding their interest in supplying schools with otoacoustic emission screening (OAE) equipment for hearing screenings. One of our policy advisors followed up with the representative by phone and shared information regarding the Board's petition for rulemaking process, but our team hasn't heard anything since the initial inquiry. If your constituent wants to propose their amendment to the rule, Board staff can process the below request as a petition for rulemaking and bring the proposed changes to the next full Board meeting. Please let us know if you would like to us to submit the inquiry as a petition for rulemaking, or if your constituent would like to submit their request and any additional supporting information directly to the Board.

Warm regards,

---

**From:** Glenn, Brenda <[Brenda.Glenn@leg.wa.gov](mailto:Brenda.Glenn@leg.wa.gov)> **On Behalf Of** Steele, Rep. Mike

**Sent:** Tuesday, July 11, 2023 7:54 AM

**To:** Davis, Michelle (SBOH) <[Michelle.Davis@sboh.wa.gov](mailto:Michelle.Davis@sboh.wa.gov)>

**Subject:** FW: WAC on hearing tests in Schools

External Email

Good morning Michelle,

I sent a constituent's email to the State Board of Education, but going through the WAC I am wondering if this is an area that the State Board of Health handles, (please see email chain below).

The constituent is proposing a Rule change because there is more up to date, better hearing testing equipment available then what is in the WAC. So my questions are: does the rule making for this [WAC \(246-760-030\)](#) fall under the State Board of Health or Education, and can the proposed change be made through rule or would it require legislation?

Thank you,

*Brenda Glenn*, Sr. Executive Legislative Assistant  
For Deputy Minority Leader Rep. Mike Steele  
360-786-7832

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**From:** Glenn, Brenda **On Behalf Of** Steele, Rep. Mike

**Sent:** Monday, July 10, 2023 1:53 PM

**To:** [randy.spaulding@k12.wa.us](mailto:randy.spaulding@k12.wa.us)

**Subject:** WAC on hearing tests in Schools

Good afternoon Randy,

I received J. Lee's out of office response with the suggestion to contact you. I know the Lions probably would like to be ready to give hearing tests to students once school starts, so this seems pretty time sensitive to m.

Rep. Steele received the email below from a constituent and he is wondering if the Rule needs to be changed or if a bill needs to be passed so the Lions can use more updated equipment to do hearing tests in the schools?

*Brenda Glenn*, Sr. Executive Legislative Assistant  
For Deputy Minority Leader Rep. Mike Steele  
360-786-7832

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**CAUTION:**External email.

Mike,

It is mandated by the state of WA that the schools on a yearly basis, screen all children K-5 and 7 for sight and hearing anomalies. The Lake Chelan Lions in conjunction with the school districts, have been screening children for sight and hearing problems for more than 25 years and have screened over 16,000 students here in the Lake Chelan Valley.

Last fall, the equipment we were using became unavailable to us for further use. Since then we have raised over \$30,000 to replace the equipment. We are now in the process of buying new screening equipment and would like to buy OAE hearing screeners, which are more advanced than the PT screeners now used. Using the more advanced OAE screeners, would be a step forward in screening the +!0000 students we need to test this year.

We are temporarily blocked from using the new type of equipment because WAC 246-760-030 which was written in 2007 prevents us from using it. The suggested language is before the board of education, but may not even looked at.

Here is the suggested new language for the OAE screening in schools, the language in *italics underline* have not yet approved by the department of education, but has been submitted to them for consideration and acceptance.

We would like your help in getting the new language in the rules changed.

Thanks for you help

### **WAC 246-760-030**

#### **What are the auditory acuity screening standards for screening equipment and procedures?**

(1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand hertz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards.

(2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

(3) *Or Otoacoustic emission screening (OAE) equipment may be used for initial screening with auditory screening equipment for any student that has a "Fail/Refer" result.*

### **WAC 246-760-040**

## What are the procedures for auditory acuity screening?

(1) Schools shall screen all children referenced in WAC [246-760-020](#) on an individual basis *by using*

(a) *Otoacoustic emission (OAE) screening and, or*

(b) *Auditory screening equipment at one thousand, two thousand, and four thousand Hz.*

(2) The screener shall:

(a) *Follow manufacturer guidelines for OAE screening. Children who receive "Fail/Refer" results with OAE shall be screened*

*using auditory screening equipment. Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996 standards;*

(b) *Conduct screenings in an environment free of extraneous noise;*

(c) *If at all possible, complete screening within the first semester of each school year;*

(d) *Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and*

(e) *Forward the results to the student's new school if the student transfers.*

Reason for OAE screening, not to be included in any rule change;

1. OAE's can screen school age children much more rapidly than using pure tones, saving more time for class room instruction and allowing screeners to complete the auditory screening requirements much quicker.
2. OAE requires no active participation from the students.
3. Instructions on how to respond to a faint sound are not needed or misunderstood.
4. Students who respond or don't respond to pure tones because they watch others doing so is avoided, reducing false positive or false negative screening results.
5. Parents notified that their child failed a hearing screening due to false "fail" pure tone screening are reduced.
6. Incidence of false "fail/refer" screening results are still possible due to ear canal blockage or transient middle ear issue.
7. Incidence of false "pass" are not, only normal hearing can produce a "pass" screening result.
8. Any child who receive a "fail/refer" screening should

then be screened using traditional pure tone screening.

9. OAE screening is required to quickly screen newborn infants before release from the hospital it just makes sense to use them to screen school age children as well.

### **Edited Recommendations taken from the ASHA website, for background information only;**

#### **Otoacoustic Emissions (OAE)**

Otoacoustic emissions (OAEs)—either transient-evoked OAEs (TEOAEs) or distortion product OAEs (DPOAEs)—are measured using a sensitive probe microphone inserted into the ear canal. OAEs are a direct measure of outer hair cell and cochlear function in response to acoustic stimulation and yield an indirect estimate of peripheral hearing sensitivity. OAEs do not technically test an individual's hearing, but rather OAE results reflect the performance of the inner ear mechanics.

#### Factors to Consider

1. With OAE protocols taking less time than pure tone protocols, more children may be screened on a given day (Kreisman, Bevilacqua, Day, Kreisman, & Hall, 2013).
2. Personnel may include an audiologist, SLP, nurse, or other trained volunteer screener. Equipment can be automatic with no decision making required regarding equipment parameters or pass/fail criteria.
3. Screening in quiet environments typically reduces the amount of time needed to complete an OAE hearing screening. A reasonable amount of noise may be present without interrupting the OAE screening process. OAE equipment may indicate when the screening environment is too noisy.
4. OAEs will usually be absent when there is outer or middle ear dysfunction.
5. OAEs may miss some cases of educationally significant mild and mild-moderate hearing loss or ANSD (AAA, 2011).
6. The use of OAE technology may be appropriate for screening children who are difficult to test using pure-tone audiometry (those who cannot respond to traditional pure tone or conditioned play techniques; Stephenson, 2007)

1. Place small probe in the ear canal to deliver the sound stimuli.
2. Read results. Automated OAE screening units will analyze the emission and provide a result of either "pass" or "fail/refer." Screeners other than audiologists should not independently change the parameters of the test equipment or provide interpretation of findings.

TEOAEs: Clicks or tone bursts are used as the stimuli at one level—for example, 80 dB SPL. Normal distributions for this condition for normal hearing are documented in the literature (Hussain, Gorga, Neely, Keefe, & Peters, 1998).

DPOAEs: Pure tones are used as the stimuli. Normal distributions for this condition for normal hearing are documented in the literature (Gorga et al., 1997).

### OAE Screening Results

Screening programs that use OAE equipment often use the manufacturer's pre-set stimulus and pass/fail parameters, which will vary. This allows for participation by screeners who do not have the background or knowledge to adjust or interpret result parameters. When automated equipment is used, findings will be recorded as either "pass" or "fail/refer." For children who could not complete screening due to lack of cooperation, internal or external noise, or other reasons, the findings are recorded as "could not screen"

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*Brenda Glenn*, Sr. Executive Legislative Assistant  
For Deputy Minority Leader Rep. Mike Steele  
360-786-7832

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**WAC 246-760-030 What are the auditory acuity screening standards for screening equipment and procedures?** (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards, or use Otoacoustic Emission Screening equipment.

(2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 28A.210.200. WSR 02-20-079, § 246-760-030, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-760-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. WSR 87-22-010 (Order 306), § 248-148-031, filed 10/26/87.]

**WAC 246-760-040 What are the procedures for auditory acuity screening?** (1) Schools shall screen all children referenced in WAC 246-760-020 on an individual basis at one thousand, two thousand, and four thousand Hz., or use Otoacoustic Emission Screening equipment.

(2) The screener shall:

(a) Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996 standards;

(b) Conduct screenings in an environment free of extraneous noise; or

(c) Use Otoacoustic Emission Screening protocols as provided by the equipment manufacturer.

(d) If at all possible, complete screening within the first semester of each school year;

~~(d)~~ (e) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

~~(e)~~ (f) Forward the results to the student's new school if the student transfers.



[Statutory Authority: RCW 28A.210.200. WSR 02-20-079, § 246-760-040, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050 and 28A.210.020. WSR 92-02-019 (Order 225B), § 246-760-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-760-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. WSR 87-22-010 (Order 306), § 248-148-035, filed 10/26/87.]

**WAC 246-760-050 What are the auditory acuity screening referral procedures?** (1) If a child does not respond to one or more frequencies in either ear **or fails the Otoacoustic Emission Screening:**

(a) The school must rescreen the child within six weeks;  
and

(b) Notify their teachers of the need for preferential positioning in class because of the possibility of decreased hearing;  
and

(c) Notify the parents or legal guardian of the need for audiological evaluation if the student fails the second screening.

(2) Schools shall notify parents or legal guardian of the need for medical evaluation if:

- (a) Indicated by audiological evaluation; or
- (b) Audiological evaluation is not available.

[Statutory Authority: RCW 28A.210.200. WSR 02-20-079, § 246-760-050, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-760-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. WSR 87-22-010 (Order 306), § 248-148-091, filed 10/26/87.]



# Washington State Board of Health

Rulemaking Petition, Auditory and Visual Screening Standards in Schools, Chapter 246-760

WAC

August 9, 2023

# Molly Dinardo, MPH (she/her)

Health Policy Advisor

# Background

Under the Administrative Procedures Act (RCW 34.05.330), any person may petition a state agency to adopt, repeal, or amend any rule within its authority.

## Overview of the Board's Petition Process:



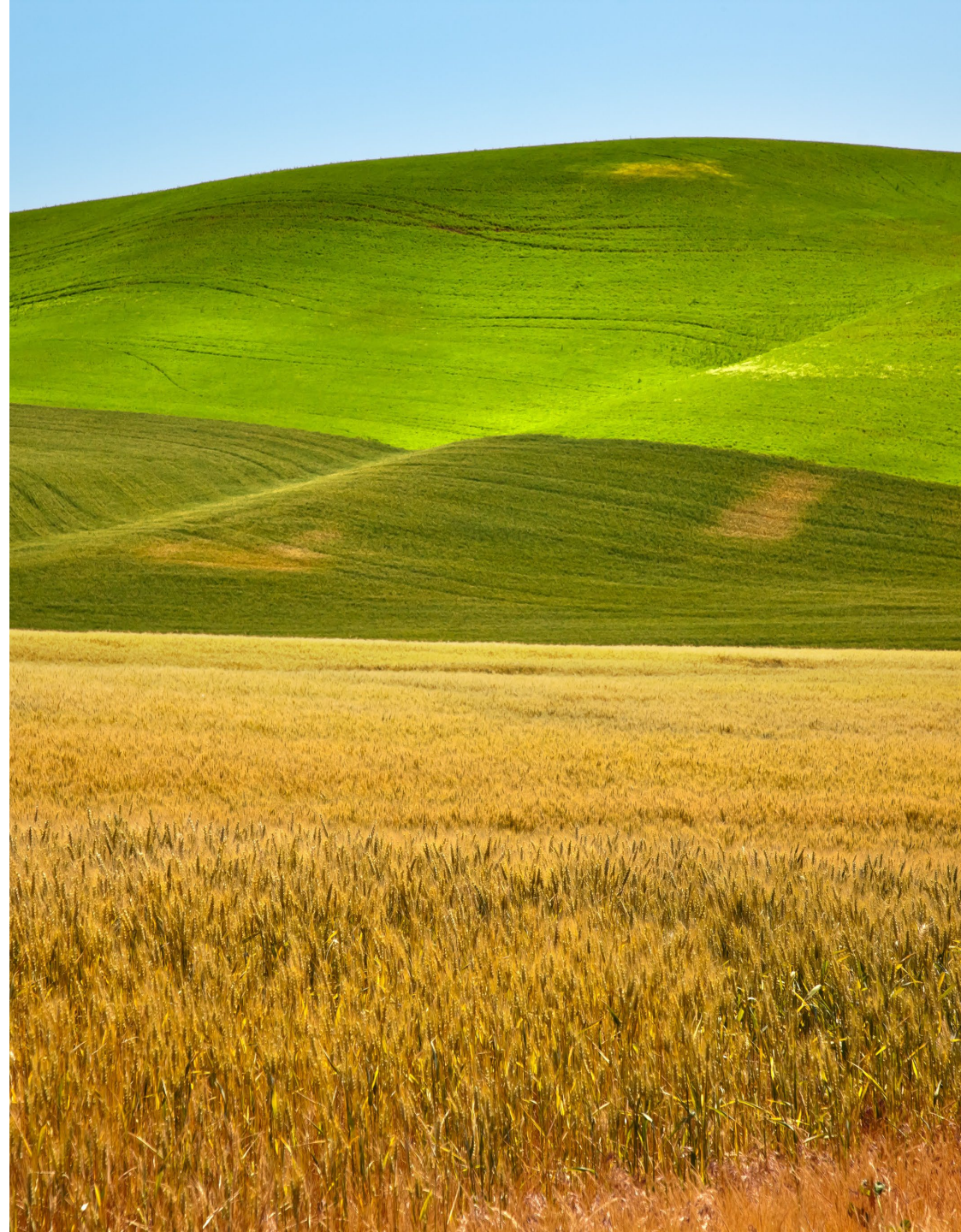
# Petition Request

- On July 26, 2023, the Board received a petition for rulemaking from a representative from the Lake Chelan Lion's Club requesting to amend chapter 246-760 WAC to add otoacoustic emission (OAE) screening technology to the Board's school auditory (or hearing) screening rules.
- Included in the petitioner's request is:
  - Proposed draft rule language
  - Information on OAE screening technology from the [American Speech-Language-Hearing Association \(ASHA\) Childhood Screening Guidelines](#)
  - Rationale for including OAE screening in any rule revisions.



# School Hearing and Vision Screening Standards

- Chapter 246-760 WAC sets standards for the hearing and vision screenings of children attending schools in Washington under the Board's authority in RCW 28A.210.020.
- Annual screenings are conducted once per academic year for students in kindergarten through 3<sup>rd</sup> grade and grades 5 and 7.
- Per RCW 28A.210.020 the Board must seek the recommendations from the superintendent of public instruction (OSPI) regarding the administration of school hearing and vision screening before revising chapter 246-760 WAC.



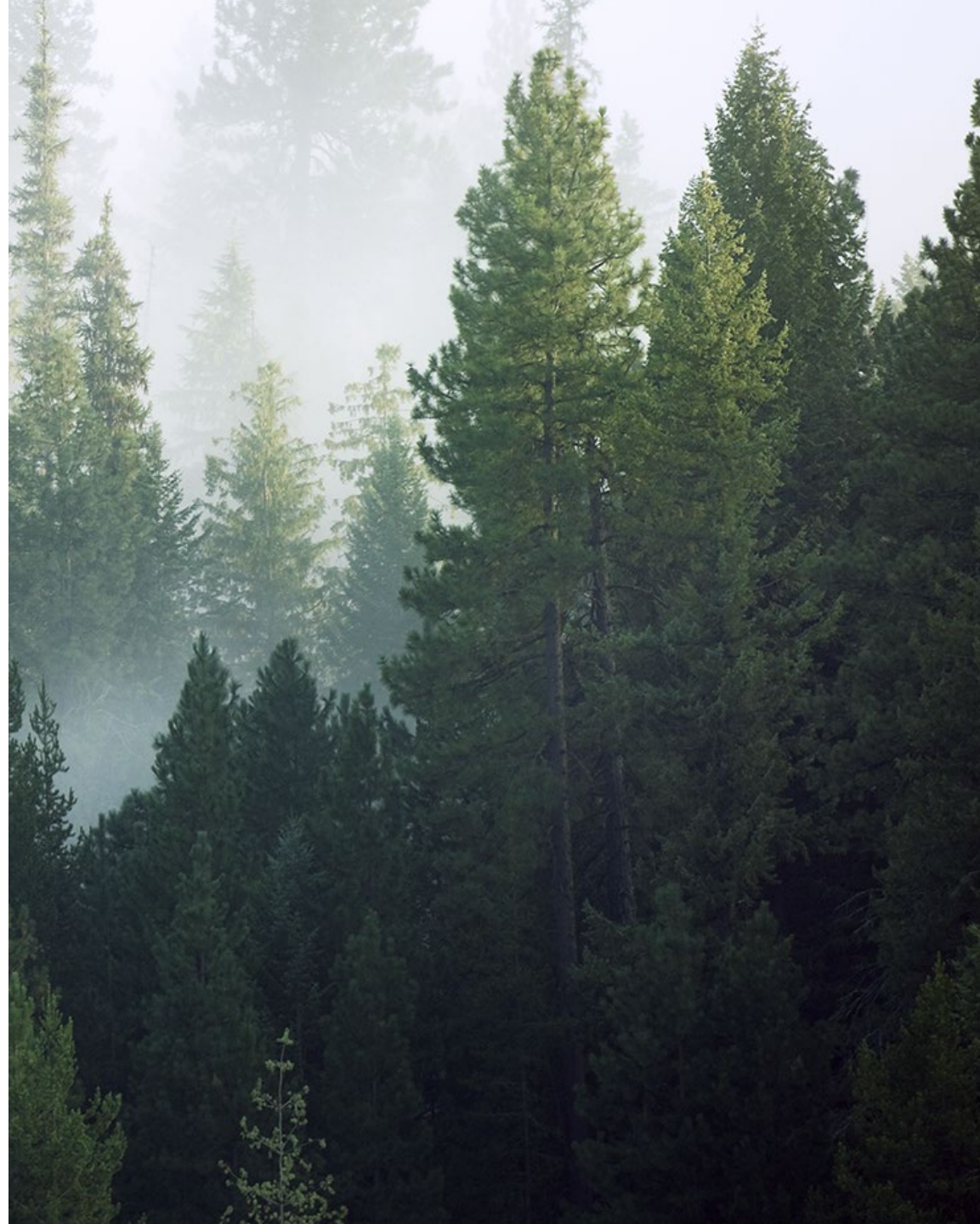
# Public Health Rationale for School Hearing Screenings

- Hearing loss is one of the most common conditions present at birth
  - Affects approximately 1-3 newborns per 1,000 births <sup>1</sup>
- Research indicates that by the time a child reaches kindergarten, this statistic increases to approximately 2-5 per 1,000 children <sup>2</sup>
- Periodic screening is important because hearing loss can occur at any time as a result of:
  - Illness
  - Environmental and genetic factors
  - Physical trauma



# Hearing Sections of Chapter 246-760 WAC

- The hearing sections of the rule require the use of pure tone, or tonal auditory screening equipment.
- Consistent with the American Academy of Audiology's Clinical Practice Guidelines for Childhood Hearing Screenings (2011) and the American National Standards Institute (ANSI) 1996 standards for screening equipment.
- Hearing sections of the rule were last updated in 2002 (vision sections were updated in 2017).





# What is Pure Tone Screening?

- A behavioral test of hearing sensitivity, typically completed with a pure tone audiometer.<sup>3,4</sup>
- Tests a person's responses to pure tone stimulation (e.g., beeps played through a headphone set at different pitches or frequencies).
- Helps identify the quietest sound that a person can hear at different frequencies.
- Typically requires the person being screened to respond to sounds by:
  - Raising a finger or hand
  - Pressing a button
  - Pointing to the ear that heard the sound
  - Verbally responding when a sound plays



Image from Shutterstock\_1589668831

# What is OAE Screening?

- Automated screening technology that measures how well the inner ear, or cochlea, works. <sup>4,5</sup>
- Tests how the hair cells in the inner ear respond to sound or stimulation.
- Requires inserting a small earphone or probe in the ear.
  - The earphone or probe plays sound into a person's ear and measures the sound waves (or OAEs) produced by the inner ear.
- There are several types of otoacoustic emission tests – transient OAEs (TEOAEs) and distortion product OAEs (DPOAEs).
- It is not a direct test of hearing; it is a test of inner ear mechanics.



Image from the National Center for Hearing Assessment and Management (NCHAM), Utah State University, Early Childhood Hearing Outreach (ECHO) Initiative: [Early Childhood Hearing Screening | NCHAM \(infanthearing.org\)](https://www.infanthearing.org/).

# National Childhood Hearing Screening Guidelines

American Academy of Audiology (AAA) Clinical Practice Guidelines for Childhood Hearing Screening (2011)

**Overall, AAA recommends pure tone screening as the standard.**

## Pure Tone Screening

- Minimum grades to be screened: preschool, kindergarten, and grades 1, 3, 5, and either 7 or 9
- Children aged 3 (chronologically and developmentally) and older are to be screened using pure tone screening tests.
- Use tympanometry with pure tone screening in young child populations (e.g., preschool, kindergarten, grade 1).

## Tympanometry Screening

- Tympanometry should be used as a second-stage screening method following failure of pure tone or OAE screening.
- Young child populations should be selected for tympanometry screening.

## OAE Screening

- Use only for preschool and school-age children for whom pure tone screening is not developmentally appropriate (ability levels < 3 years).
- Screening programs using OAE technology must involve an experienced audiologist.
- Children with a “fail” result with OAE should be screened with tympanometry.

# National Childhood Hearing Screening Guidelines

American Speech-Language-Hearing Association (ASHA) Childhood Hearing Screening Practice Guidelines (2014)

**Overall, ASHA recommends selecting and implementing hearing screening protocols and equipment based on the goals of the screening program, the population being screened, available personnel, etc.**

- Indicates pure tone audiometry, OAE, and tympanometry may all be appropriate for inclusion in hearing screening programs.
  - **Notes:** While OAEs are considered an acceptable screening tool, pure-tone screening remains the gold standard and is ideally accomplished by the time a child is 5 years old.
- Recommends screening upon initial entry or transfer into a school and every year in grades K-3, 7, and 11.

## Pure Tone Screening

- For accurate pure tone screening, a child must be able to reliably respond to stimuli (e.g., by raising their hand when the pitches/frequencies are played). For younger students or students with developmental, cognitive, or motoric challenges and/or delays, conditioned play techniques can also be effective

## Tympanometry Screening

- This method can be added to either pure tone or OAE testing protocols to measure the mobility of the tympanic membrane and the status of the middle-ear transmission system.

## OAE Screening

- Personnel may include an audiologist, nurse, or other trained volunteer screener. Equipment can be automatic with no decision-making required regarding equipment parameters or pass/fail criteria.
- The use of OAE technology may be appropriate for screening children who are unable to test using pure-tone audiometry (those who cannot respond to traditional pure-tone or conditioned play techniques).
- OAE protocols may result in higher referral rates than those of pure tone and OAE/tympanometry protocols.

# Relevant Laws and Regulations

- RCW 28A.210.020 through RCW28A.210.040
  - WA State School Hearing Screening Requirements
- The Individuals with Disabilities Education Act (IDEA)
- Head Start Performance Standards (45 CFR Parts 1300–1311)
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and Title V Collaboration to Improve Child Health



# Board Member Discussion

Would the Board consider accepting or denying the petition? *Why or why not?*

Discussion and justification for the Board's decision will be included in the Board's determination letter to the petitioner.



# | THANK YOU

# Citations

1. Washington State Department of Health Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) Program. Universal Newborn Hearing Screening 2012 Report. Published August 2014. Accessed July 28, 2023, from [https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/344-022\\_EHDDISBOHReport.pdf](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/344-022_EHDDISBOHReport.pdf).
2. Centers for Disease Control. Promoting Hearing Health in Schools | Healthy Schools. Published December 12, 2018. Accessed July 28, 2023. <https://www.cdc.gov/healthyschools/noise/promoting.htm>.
3. American Speech-Language-Hearing Association (n.d.). Pure-Tone Testing. Accessed July 28, 2023, from <https://www.asha.org/public/hearing/pure-tone-testing/>.
4. American Speech-Language-Hearing Association (n.d.). Childhood Hearing Screening (Practice Portal). Accessed July 28, 2023, from [www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/](http://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/).
5. American Speech-Language-Hearing Association (n.d.). Otoacoustic Emissions (OAEs). Accessed July 28, 2023, from <https://www.asha.org/public/hearing/otoacoustic-emissions/>.



## **RCW 28A.210.020**

### **Visual and auditory screening of pupils—Rules.**

Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies. Visual screening shall include both distance and near vision screening. Auditory and visual screening shall be made in accordance with procedures and standards adopted by rule of the state board of health. Prior to the adoption or revision of such rules the state board of health shall seek the recommendations of the superintendent of public instruction regarding the administration of visual and auditory screening and the qualifications of persons competent to administer such screening. Persons performing visual screening may include, but are not limited to, ophthalmologists, optometrists, or opticians who donate their professional services to schools or school districts. If a vision professional who donates his or her services identifies a vision defect sufficient to affect a student's learning, the vision professional must notify the school nurse and/or the school principal in writing and may not contact the student's parents or guardians directly. A school official shall inform parents or guardians of students in writing that a visual examination was recommended, but may not communicate the name or contact information of the vision professional conducting the screening.

[ **2016 c 219 § 1; 2009 c 556 § 18; 1971 c 32 § 2; 1969 ex.s. c 223 § 28A.31.030.**

Prior: **1941 c 202 § 1**; Rem. Supp. 1941 § 4689-1. Formerly

RCW **28A.31.030, 28.31.030.**]

**Washington State Board of Health  
Policy & Procedure**

<b>Policy Number:</b>	<b>2005-001</b>
<b>Subject:</b>	<b>Responding to Petitions for Rule-Making</b>
<b>Approved Date:</b>	<b>November 9, 2005 (revised August 13, 2014)</b>

**Policy Statement**

RCW 34.05.330 allows any person to petition a state agency to adopt, repeal, or amend any rule within its authority. Agencies have 60 days to respond. The agency can deny the request—explaining its reasons and, if appropriate, describing alternative steps it is prepared to take—or it must initiate rule-making. If a petition to repeal or amend a rule is denied, a petitioner can appeal the agency’s decision to the Governor.

This policy defines who must be notified and consulted when the Board is petitioned, who may respond on behalf of the Board, and whether Board action is required.

- **Board Response:** When the Board receives a written petition for rule-making within its authority that clearly expresses the change or changes requested, the Board will respond within 60 days of receipt of the petition. The response will be made at the direction of the Board. The response will be in the form of a letter from the Chair denying the petition or informing the petitioner the Executive Director has been directed to initiate rule-making.
- **Consideration of the Petition:** The Chair may place a petition for rule-making on the agenda for a Board meeting scheduled to be held within 60 days of receipt of the petition. Alternatively, if the Board does not have a regular meeting scheduled within 60 days of receipt of the petition, or if hearing the petition at the next regular meeting would defer more pressing matters, the Chair shall call a special meeting of the Board to consider the petition for rulemaking.

**Procedure**

- **Notifications:** Board staff, in consultation with the Executive Director, will respond to the petitioner within three business days acknowledging receipt of the petition and informing the petitioner whether the request is clear. The Executive Director or staff will notify Board members that a petition for rule-making has been received and will be brought to the Board for consideration at the next regularly scheduled board meeting or will be considered at a special meeting. If

no regular meeting is scheduled before the 60-day response deadline, or if the agenda for the regular meeting cannot accommodate the petition, the Executive Director will notify the Chair of the need to schedule a special board meeting for the purposes of considering the petition. Upon Board action on the petition, the Executive Director shall assure Board members receive electronic copies of the final petition response.

- **Appeals:** If a petitioner appeals the Board's decision to deny a petition to the Governor, the Executive Director will inform the Board of the Governor's action on the appeal at the next scheduled Board meeting.
- **Consultation:** The Executive Director and Board staff will gather background information for the Board's use when it considers the petition. In this regard, the Executive Director will consult with the Board member who sponsored the most recent revisions to the rule being challenged or the appropriate policy committee. The Executive Director may also consult with appropriate representatives of the implementing agency or agencies, and may consult with stakeholders as appropriate.



# Washington State Board of Health

## Rules Process Overview

August 9, 2023

# Molly Dinardo, MPH (she/her)

Health Policy Advisor

# What is a rule?

- A rule is an order or directive that agencies use to implement laws, establish policy and set standards.
- Rules may also:
  - Subject a person to a penalty or sanction if violated
  - Set qualifications for conveying privileges to people or entities
  - Set procedures or practices for agency hearings
  - Establish standards for licenses or permits, or revoking licenses or permits
  - Create product or material standards for goods before they can be sold or distributed in Washington

*RCW 34.05.010*

# Who has the authority to adopt rules?

- The Legislature grants agencies the authority to adopt rules in state law
- [RCW 43.20.050](#) – Primary Statute Outlining the Board’s Powers and Duties, others include:
  - RCW 28A.210.080, 28A.210.100 & 28A.210.140 – Immunizations
  - RCW 69.30.030 – Sanitary Control of Shellfish
  - RCW 70.90.120 – Water Recreation Facilities
- Agencies must follow:
  - Administrative Procedures Act ([Chapter 34.05 RCW](#))
  - Regulatory Fairness Act ([Chapter 19.85 RCW](#))
  - HEAL Act ([Chapter 70A.02 RCW](#))
  - Code Reviser Rules ([Chapter 1-21 WAC](#))

# What causes the Board to initiate rulemaking?

- Changes in state law
- Court order
- Petition
- Changes in federal rules or law
- Changes in the environment or technology
- Rules review
- Partner request
- Technical Advisory Committee recommendations



# What does rulemaking entail? – Rulemaking Phases



## Inquiry (CR-101 Phase)

Review Authorities

Determine Scope

Identify Interested  
Parties

Announce Rulemaking

## Proposal and Analysis (CR-102 Phase)

Engage Interested  
Parties

Identify Options

Draft Text

Conduct Analysis

Seek Feedback

## Hearing and Adoption (CR-103 Phase)

Brief the Board

Public Hearing

Board Deliberation

Adoption

Notify Interested Parties

Implementation

# At each stage



Code Reviser forms (CR 101, 102, 103 and 105) and other supporting materials

Review and approval (Board sponsors and staff, Assistant Attorney General, DOH leadership, Executive Director)

Filing and publication (Washington State Register)

Notification of interested parties

# Stage 1 - Inquiry

Problem identification – staff check authority, determine scope, identify interested parties and potential controversies

Draft CR-101 (Pre-Proposal Statement of Inquiry) – complete materials and submit for review and approval

CR-101 is filed and published with the State Code Reviser

Staff alert interested parties.



# Stage 2 – Proposal and Analysis

Interested party engagement

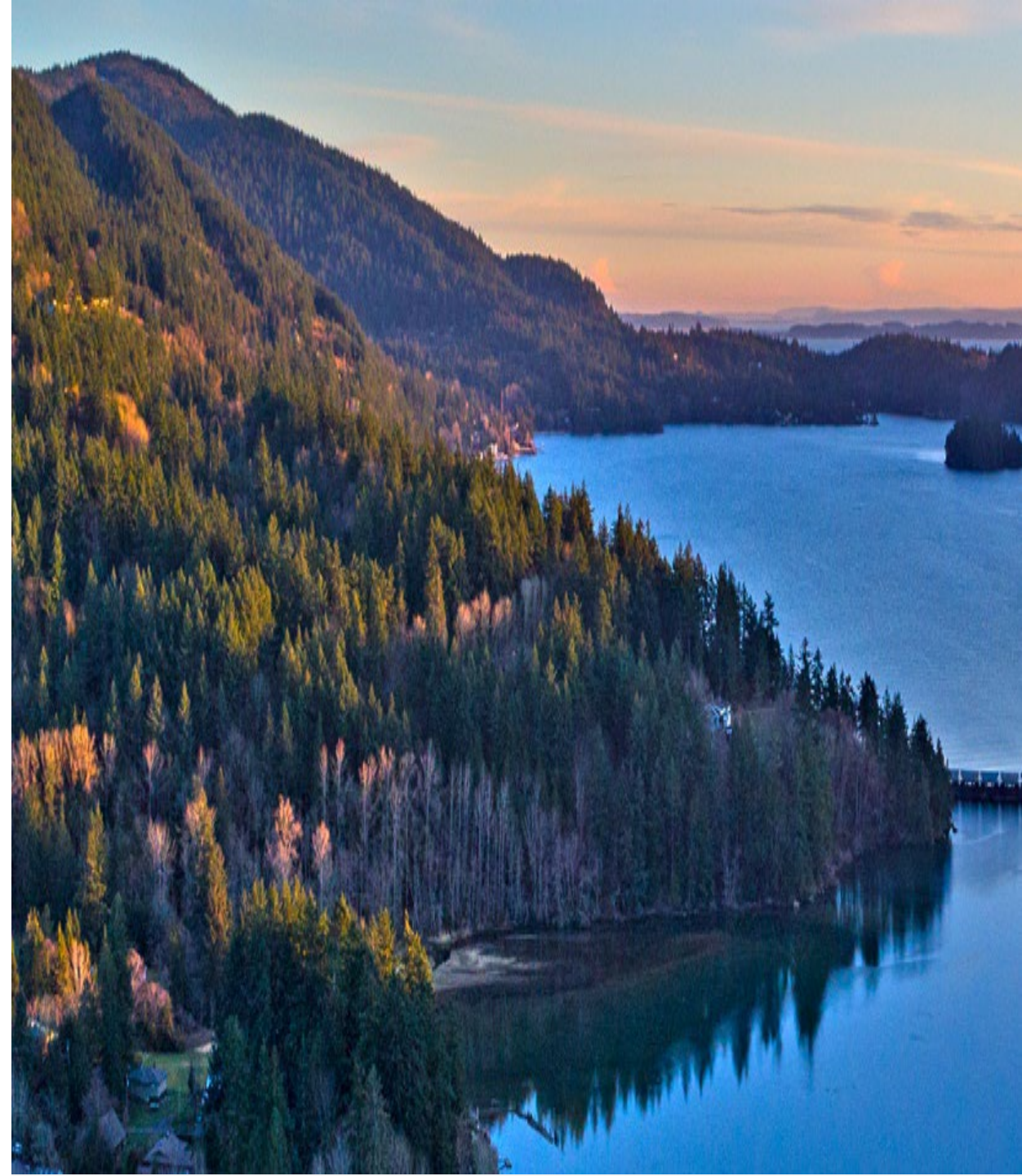
CR-102 (Notice of Proposed Rulemaking) Drafting

- Rule text
- Analyses (if required)

Review and Approval

CR-102 Filing and publication with State Code Reviser

Notifying interested parties and inviting comment



# Stage 3 – Hearing and Adoption

Board briefing

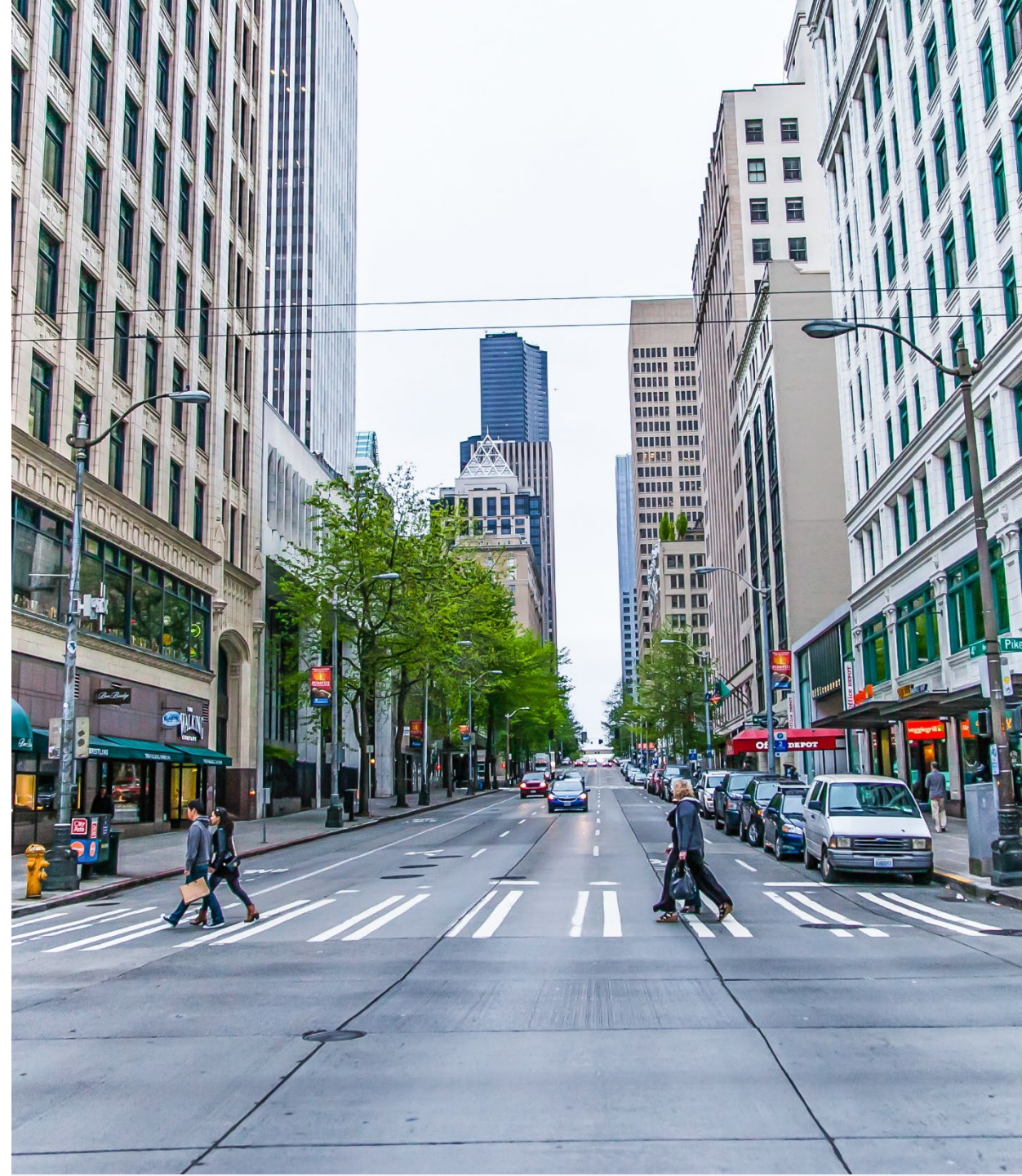
Public hearing

Board discussion

- Reasons and merits of the change
- Any additional changes needed?
- Outstanding concerns and how they might be addressed.

Board action:

- Move to adopt the rule
- Continue rule hearing or decision
- Make changes to the proposed rule or re-propose
- Withdraw the rule



# Stage 3 – Adoption and After Action

Summarize and respond to public comments

Finalize order of adoption (CR-103)

Review and approval

File and publish with Code Reviser

Notify interested parties

Rules become effective 31 days after the CR-103 is filed, unless a different date is set



# Rules Analyses

## Significant Legislative Analysis

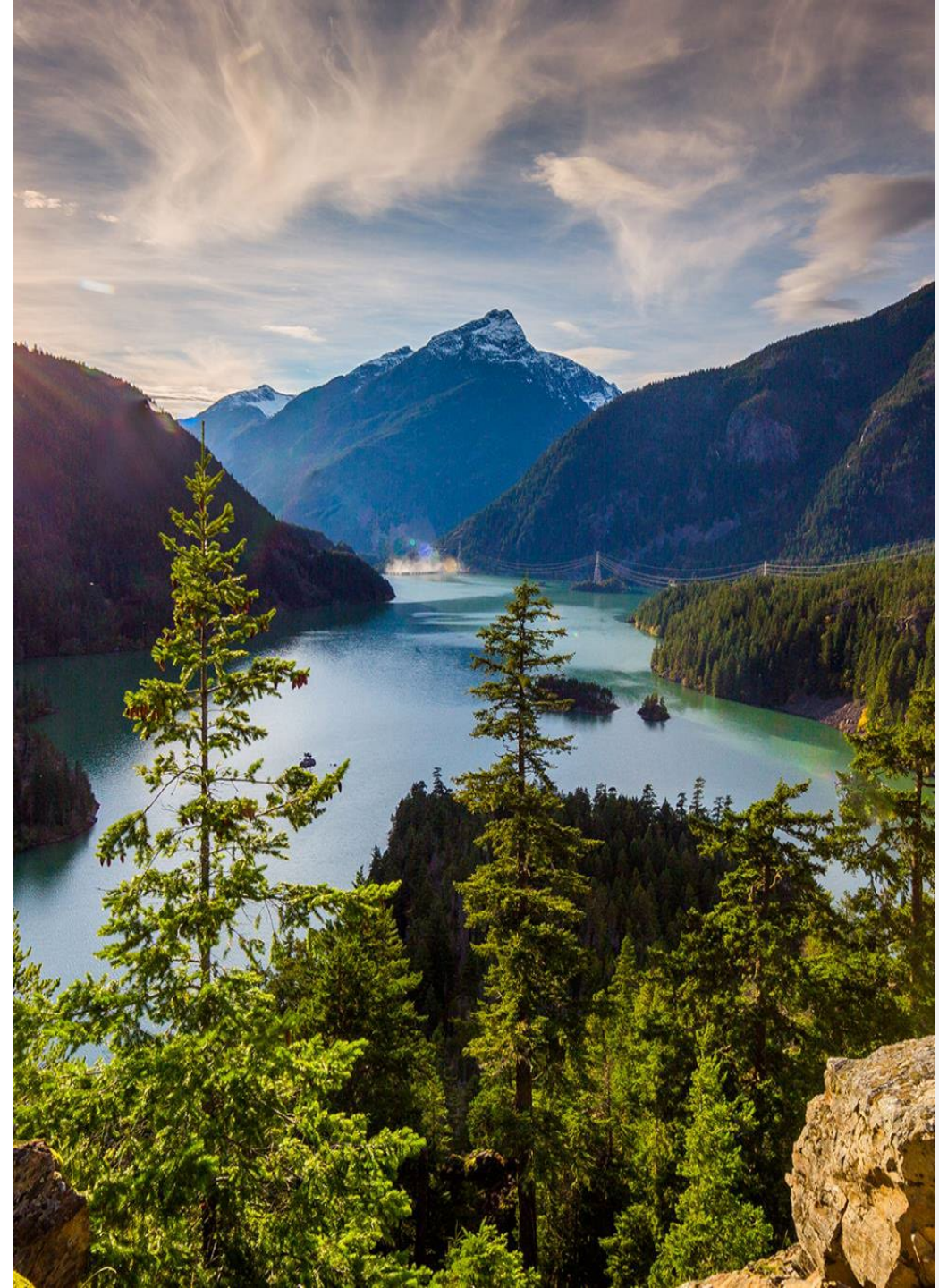
- Criteria for determining significant rules in Administrative Procedures Act (RCW 34.05)
- Requires summary of rulemaking and analysis of significant rule revisions
- Includes cost/benefit analysis

## Small Business Economic Impact Statement

- Requirements in Regulatory Fairness Act (RCW 19.85)
- Applies to significant rules
- Identify and reduce financial impacts on small businesses

## Environmental Justice Assessment

- Requirements in Environmental Justice law (“HEAL Act”) (RCW 70A.02)
- Applies to significant agency actions, including significant rules
- Inform equitable distribution of environmental benefits and reduce environmental and health inequities



# Abbreviated Rulemaking Process

## Emergency

Rules are exempt from CR-101, 102, and analytical requirements. Rule package starts with CR-103E and memo. Effective for only 120 days.

## Exception

Rules are exempt from the CR-101 and analysis requirements. Rule starts at the CR-102 stage.

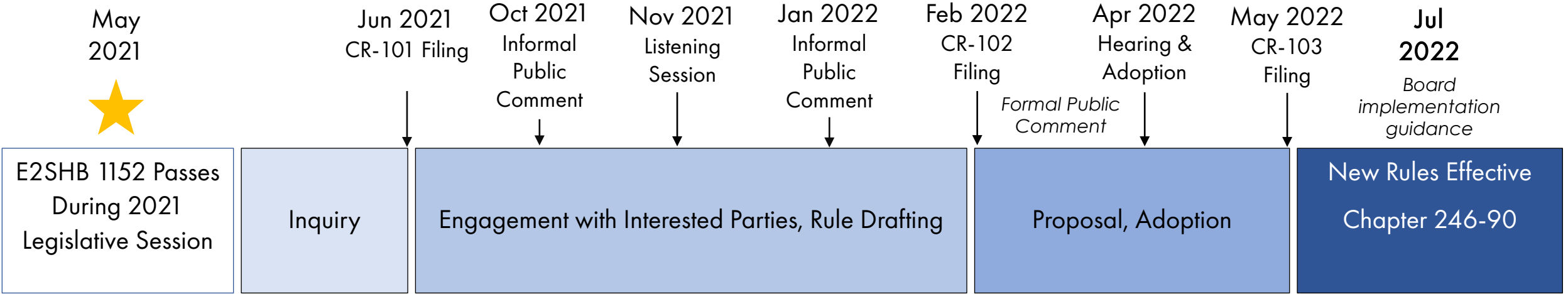
## Expedited

Rules are exempt from the CR-101, analysis and hearing requirements. Rule package starts with CR-105 form and memo.





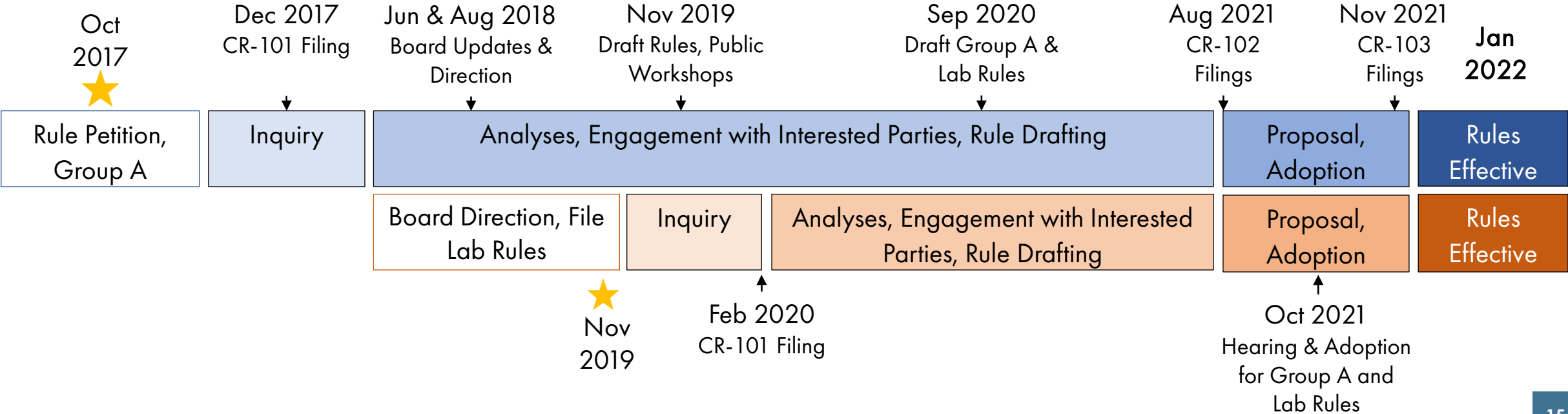
# Rulemaking Examples – Local Board of Health Composition



# Rulemaking Examples – Per and Polyfluoroalkyl Substances (PFAS) Drinking Water Rules



- Group A Drinking Water Supplies, Chapter 246-290 WAC
- Drinking Water Laboratory Certification and Data Reporting, Chapter 246-390 WAC



# | THANK YOU

# WASHINGTON STATE BOARD OF HEALTH

## HEALTH RULES TITLE 246 WAC

Chapter	Title	RCW
246-90	Local Board of Health Membership	<a href="#">43.20.300</a>
246-100	Communicable and other certain diseases	<a href="#">43.20.050</a> , <a href="#">70.24.017</a> , <a href="#">70.24.022</a> , <a href="#">70.24.034</a> , <a href="#">70.24.050</a> , <a href="#">70.24.070</a> , <a href="#">70.24.130</a>
246-101*	Notifiable conditions	<a href="#">43.20.050</a> , <a href="#">43.70.545</a> , <a href="#">70.104.030</a> , <a href="#">70.104.055</a>
246-105	Immunization of child care and school children	<a href="#">28A.210.140</a> , <a href="#">28A.210.100</a>
246-110	Contagious disease—school districts and day care centers	<a href="#">43.20.050</a> , <a href="#">28A.210.010</a>
246-170*	Tuberculosis--prevention, treatment & control	<a href="#">70.28.032</a>
246-203	General sanitation	<a href="#">43.20.050</a>
246-205*	Decontamination of illegal drug sites	<a href="#">64.44.010</a> , <a href="#">64.44.070</a>
246-215	Food service	<a href="#">43.20.050</a> , <a href="#">43.20.145</a> , <a href="#">43.20.148</a> , <a href="#">66.24.240</a> , <a href="#">66.24.244</a> , <a href="#">69.80.060</a>
246-217	Food worker cards	<a href="#">43.20.050</a> , <a href="#">69.06.010</a> , <a href="#">69.06.020</a> , <a href="#">69.06.080</a>
246-260	Water recreation facilities	<a href="#">70.90.120</a> , <a href="#">43.20.050</a>
246-262	Recreational water contact facilities	<a href="#">70.90.120</a> , <a href="#">43.20.050</a>
246-270*	Sewer systems--certification for water district involvement	<a href="#">43.20.050</a> , <a href="#">57.08.065</a>
246-272A	On-site sewage systems	<a href="#">43.20.050</a> , <a href="#">70A.105</a> , <a href="#">70A.110</a> , <a href="#">RCW 90.48.264</a>
246-272C	On-site sewage system tanks	<a href="#">43.20.050</a>
246-280	Recreational shellfish beaches	<a href="#">43.20.050</a>
246-282	Sanitary control of shellfish	<a href="#">69.30.030</a> , <a href="#">43.20.050</a>
246-290	Group A public water supplies	<a href="#">43.20.050</a> , <a href="#">70A.100</a> , <a href="#">70A.120</a> , <a href="#">70A.125</a> , <a href="#">70A.130</a>

246-291	Group B public water systems	<a href="#">43.20.050</a> , <a href="#">70A.125</a> , <a href="#">70A.100</a>
246-360	Transient accommodations	<a href="#">70.62.240</a>
246-366	Primary and secondary schools	<a href="#">43.20.050</a>
246-366A	Environmental Health and Safety Standards for Primary and Secondary Schools Note: This chapter is suspended	<a href="#">43.20.050</a>
246-374	Outdoor music festivals	<a href="#">43.20.050</a>
246-376	Camps	<a href="#">43.20.050</a>
246-390	Drinking water laboratory certification rules	<a href="#">43.20.050</a> , <a href="#">70A.125</a>
246-491 *	Vital statistics certificates	<a href="#">70.58A.020</a> , <a href="#">70.58A.530</a> , <a href="#">70.58A.902</a>
246-500	Handling of human remains	<a href="#">43.20.050</a>
246-650	Newborn screening	<a href="#">70.83.020</a> , <a href="#">70.83.050</a>
246-680	Prenatal tests -- congenital and heritable disorders	<a href="#">48.21.244</a> , <a href="#">48.44.344</a> , <a href="#">48.46.375</a>
246-760	Auditory and visual standards -- school districts	<a href="#">28A.210.020</a>
246-80-012	Prohibition of Vitamin E Acetate	<a href="#">43.20.050</a>

Asterisk (\*) identifies chapters that have shared authority with Secretary of Health.

To request this document in an alternate format or a different language, please contact the State Board of Health Communication Manager by email at [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov)