
From: Christi Ellefson
Sent: 1/17/2024 11:59:52 AM
To: DOH WSBOH
Cc:
Subject: Important vaccine information



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External Email

https://www.floridahealth.gov/_documents/newsroom/press-releases/2024/01/20240103-halt-use-covid19-mrna-vaccines.pr.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2F_documents%2F2024%2F01%2F20240103-halt-use-covid19-mrna-vaccines.pr.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Cfabdfcb1158547af321008dc17965613%7C>

From: Scott Shock

Sent: 1/7/2024 2:07:20 AM

To: DOH Secretary's Office,DOH Office of the Chief of Staff,DOH Office of Innovation and Technology,DOH Office of Prevention Safety and Health,DOH Office of Strategic Partnerships,DOH Office of Health and Science,DOH Office of Public Affairs and Equity,DOH OS Executive Office of Policy Planning and Evaluation,DOH Office of Resilience and Health Security,DOH WSBOH,AGOOmbuds@atg.wa.gov,Ferguson, Bob (ATG)

Cc:

Subject: Call for a Halt to the Use of COVID-19 mRNA Vaccines



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External Email

I'm still looking forward to responses on what actions the WSDOH, WSBOH, and WA AG are taking to protect the people of Washington State against these unsafe products, and to gain justice for those injured by these products. Here is more for your consideration.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fsummary-of-the-evidence-against%3Fr%3Dtaogl%26utm_campaign%3Dpost%26utm_medium%3Demail&data=05%7C02%7Cwsboh>

A summary of the evidence against the COVID vaccines

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fsummary-of-the-evidence-against%3Fr%3Dtaogl%26utm_campaign%3Dpost%26utm_medium%3Demail&data=05%7C02%7Cwsboh>

open.substack.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fsummary-of-the-evidence-against%3Fr%3Dtaogl%26utm_campaign%3Dpost%26utm_medium%3Demail&data=05%7C02%7Cwsboh>

Here is a short list of reasons that everyone should be concerned about the COVID vaccine. This is not an exhaustive list.

1. Doctors are told to trust the FDA and CDC, but not verify, when prescribing vaccines. All the post-marketing safety data is kept hidden by health authorities so not even doctors can look at the data themselves to find out if any vaccine is safe. Doctors

have to trust the authorities. They are essentially told: "trust, do not verify."

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2. The CDC itself doesn't have the data to make a post-marketing independent vaccine safety assessment and they are not interested in obtaining the data either! The CDC relies on the FDA who relies on the manufacturer to test the product. The CDC could ask states for vaccination records tied to death records, but they don't want to even ask because if they did an analysis, it could be discovered in a FOIA request. The CDC basically has no interest whatsoever in verifying what the actual safety data is.

3. Lack of transparency by health authorities. Not a single health authority anywhere in the world has ever released anonymized record-level patient data for independent researchers to assess the safety of any vaccine. There isn't any paper in a peer-reviewed journal showing that health outcomes are improved if public health data is kept secret.

4. Lack of interest in data transparency by the medical community. Can you name a single high-profile pro-vaccine member of the medical community who has called for data transparency of public health data? Time-series cohort analyses can be easily produced by health authorities and published for everyone to see. These would show safety signals and do not jeopardize patient privacy. These are all kept hidden.

5. We aren't allowed to see even the simplest of charts. Wouldn't it be great to define two cohorts on July 1, 2021: COVID vaccinated vs. COVID unvaccinated. Then you simply record the deaths from that point forward and plot them. Why isn't this being published?

6. Misinformation is deemed to be a problem, but the people making these statements are unwilling to take any steps to stop the so-called misinformation. These steps include: open public discussion to resolve differences of opinion and making public health data available/public in a way that preserves privacy. For example, HHS (as well as every state health department) should welcome all of us with open arms and invite us to query their databases (such as VSD and Medicare in the case of HHS) and publish whatever we find. Why does this information need to be hidden? The numbers tell the story, not the individual records.

7. No response from health authorities to reasonable requests. I've sent emails to Sarah Caul of the UK ONS on four ways the ONS can increase data transparency. There was no response.

8. No response when asked to explain damaging evidence. When credible scientists receive government data that shows very troubling safety signals, there is a total unwillingness of any health authority to discuss the matter and resolve it.

9. The US Medicare data clearly shows mortality increases after people take the jab. Is there any epidemiologist who can explain why deaths rose during a period in time when they should have been falling (per the Medicare death data)?

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For the first 120 days after the shots given in March 2021, death rates overall were falling. But if you got the vaccine, your death rates went up. We know from data from other vaccines that the baseline death rate of 81-year olds in Medicare is 3.85%, so the baseline death rate of this group is <800 deaths a day. These deaths climb far above baseline after you took the COVID shot.

10. The patient-level data released from NZ data confirms that mortality increases after the shots are given despite the fact that most of the shots were given during time periods when deaths were falling

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NZ data: Doses 2 and 4 were given while background mortality was falling, dose 3 while rising. So we'd expect the slope to fall in the first 6 months after vaccination. It does the opposite.

11. Anecdotes such as the one from Jay Bonnar

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F33ac373-4b28-b55c-d90cae2b6e57%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7>>

who lost 15 of his DIRECT friends unexpectedly since the shots rolled out. Four of the 15 died on the same day as that vaccine was given. Before the shots rolled out, Jay had lost only one friend unexpectedly. The probability this happened by chance is given by $\text{poisson.sf}(14, .25)$ which is $5.6e-22$. So this can't happen by chance. SOMETHING killed Jay's friends and 4 of the 15 died on the same day as they were vaccinated. Is there a more plausible explanation for what killed Jay's friends? All of them who died were vaccinated with the COVID vaccines.

12. Well done studies like the one done by Denis Rancourt

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showing 1 death per 800 shots on average. Jay Bonnar estimates he has around 14,000 friends so Jay's numbers are consistent with Rancourt's results.

13. Survey data like Skidmore

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fb2c6f7a-420b-a525-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fb2c6f7a-420b-a525-325379d1e6da%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

325379d1e6da%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7 and Rasmussen Reports

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F48567aa-4d85-818e-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F48567aa-4d85-818e-422a5362a138%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

422a5362a138%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7 showing that hundreds of thousands of Americans have been killed by the COVID shots.

There have never been any counter surveys published showing this not to be the case.

14. The lack of any success stories. It appears that “vaccine success stories” where COVID infection fatality ratios dropped or that myocarditis cases plummeted do not exist.

The US Nursing home data

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F6fab881-48d4-ab92-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F6fab881-48d4-ab92-b38a07406cd8%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

b38a07406cd8%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7

shows that the infection fatality rate (IFR) increased after the vaccine rolled out. There is nobody using that data making the claim it reduced the IFR.

15. Anecdotes from healthcare are extremely troubling. One nurse

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8a8057b3f865%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7

reported a hospital admission rate that was 3X higher than anything in the 33-year history of the hospital after the COVID vaccines rolled out. Symptoms rarely ever seen were common after vaccines rolled out in that age group.

16. Lack of autopsies in clinical trials and post-marketing. The CDC doesn’t request anyone to do autopsies even for people who die on the same day as they got the vaccine. Don’t they want to know what killed those people... just to be sure?

17. Young people dying in sleep. There are way too many cases of young people who die in their sleep after being vaccinated. Doctors say this is a rare event. Now it is much more common. If the shots are safe, why is this happening?

18. I have direct personal experience with the vaccine: two people I know were killed by the vaccine, none from COVID. I know many people who are vaccine injured from the COVID vaccine.

19. Ed Dowd’s book statistics. This very popular book (“Cause Unknown”

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F15cc0d0-49b8-b054-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F15cc0d0-49b8-b054-b3c76b9b9d2b%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

b3c76b9b9d2b%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7

) listed 500 who died unexpectedly. Ed didn’t know how many were unvaccinated. Only one person has come forward saying that one of the people in the book who died after the vaccines rolled out was unvaccinated.

20. Prominent doctor/scientists switching sides. Paul Marik is one of the top intensivists in the world. After seeing many COVID vaccine injured patients, he changed his mind about the safety of vaccines. When he was not allowed to practice medicine consistent with his Hippocratic Oath, he resigned his position.

21. The corruption with COVID protocols. The COVID hospital protocols likely caused

my family)? I look forward to your responses.

Scott Shock
Seattle

Joseph A. Ladapo, MD, PhD on X: "I am calling for a halt to the use of mRNA COVID-19 vaccines. <https://t.co/olg8VTh6gB>" / X (twitter.com)

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Florida State Surgeon General

Calls for Halt in the Use of

COVID-19 mRNA Vaccines

Tallahassee, Fla. – On December 6, 2023, State Surgeon General Dr. Joseph A. Ladapo sent a letter

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s)

[Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s)

to the United States Food and Drug Administration (FDA) Commissioner Dr. Robert M.

Califf and Center for Disease Control and Prevention (CDC) Director Dr. Mandy Cohen

regarding questions pertaining to the safety assessments and the discovery

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosf.io%2Fpreprints%2Fosf%2Fmjd>

[of billions of DNA fragments per dose of the Pfizer and Moderna COVID-19 mRNA vaccines.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosf.io%2Fpreprints%2Fosf%2Fmjd)

The Surgeon General outlined concerns regarding nucleic acid contaminants in the approved Pfizer and Moderna COVID-19 mRNA vaccines, particularly in the presence of lipid nanoparticle complexes, and Simian Virus 40 (SV40) promoter/enhancer DNA. Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines into human cells and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells. The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into human cells.

In 2007, the FDA published guidance on regulatory limits for DNA vaccines in the Guidance for Industry: Considerations for Plasmid DNA Vaccines for Infectious Disease Indications (Guidance for Industry)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667>

[. In this Guidance for Industry, the FDA outlines important considerations for vaccines that use novel methods of delivery regarding DNA integration, specifically:](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667)

- * DNA integration could theoretically impact a human's oncogenes – the genes which can transform a healthy cell into a cancerous cell.
- * DNA integration may result in chromosomal instability.
- * The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site.

On December 14, 2023, the FDA provided a written response providing no evidence that DNA integration assessments have been conducted to address risks outlined by the FDA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667> themselves in 2007. Based on the FDA's recognition of unique risks posed by DNA

integration, the efficacy of the COVID-19 mRNA vaccine's lipid nanoparticle delivery system, and the presence of DNA fragments in these vaccines, it is essential to human health to assess the risks of contaminant DNA integration into human DNA. The FDA has provided no evidence that these risks have been assessed to ensure safety. As such, Florida State Surgeon General Dr. Joseph A. Ladapo has released the following statement:

"The FDA's response does not provide data or evidence that the DNA integration assessments they recommended themselves have been performed. Instead, they pointed to genotoxicity studies – which are inadequate assessments for DNA integration risk. In addition, they obfuscated the difference between the SV40 promoter/enhancer and SV40 proteins, two elements that are distinct.

DNA integration poses a unique and elevated risk to human health and to the integrity of the human genome, including the risk that DNA integrated into sperm or egg gametes could be passed onto offspring of mRNA COVID-19 vaccine recipients. If the risks of DNA integration have not been assessed for mRNA COVID-19 vaccines, these vaccines are not appropriate for use in human beings.

Providers concerned about patient health risks associated with COVID-19 should prioritize patient access to non-mRNA COVID-19 vaccines and treatment. It is my hope that, in regard to COVID-19, the FDA will one day seriously consider its regulatory responsibility to protect human health, including the integrity of the human genome."

In the spirit of transparency and scientific integrity, State Surgeon General Dr. Joseph A. Ladapo will continue to assess research surrounding these risks and provide updates to Floridians.

On September 13, 2023, State Surgeon General Dr. Joseph A. Ladapo provided guidance <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffloridahealthcovid19.gov%2Fwp-content%2Fuploads%2F2023%2F09%2F20230913-booster-guidance-final.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40sboh> against COVID-19 boosters for individuals under 65 and younger. In addition to aforementioned concerns, providers and patients should be aware of outstanding safety and efficacy concerns outlined in the State Surgeon General's previous booster guidance released in September.

From: Arne Christensen
Sent: 1/17/2024 11:09:22 AM
To: DOH WSBOH
Cc:
Subject: lonely people walking in the rain wearing face masks

External Email

The health department needs to stop lying to us about the effectiveness of face masks, vaccines, and social distancing for protecting people against covid. I just saw a man with a flimsy blue plastic mask walking outdoors, by himself, in the cold rain. He is only doing this because public health agencies have lied about masks for 4 years, and have inexplicably failed to advise people that masks don't work when wet.

From: bill teachingsmiles.com
Sent: 1/8/2024 8:32:17 AM
To: DOH WSBOH
Cc:
Subject: Public Comment 1/10/2024 Osmunson

External Email

Dear Washington State Board of Health,

I am requesting to provide public comment for the January 10, 2024 Board of Health Meeting.

My comments:

The Board of Health is the highest health authority in Washington State. Overhearing one Board member say, "but we are not supposed to have to look at the science." My jaw dropped almost to the floor. If the Board does not read science, what does the Board use to determine "health" policy such as fluoridation? Gossip? Rumors? Industry? The Dental Lobby?

In effect, the Board trusts the dental lobby and disregards inconvenient empirical factual evidence, laws and authorities such as:

I. The Washington State Board of Pharmacy, who determined that fluoride is a "legend drug." However, the Board of Health disagrees and trusts the dental lobby. The Board of Pharmacy was disbanded in part because they agreed with the law and science that fluoride ingested with intent to prevent disease is a prescription drug. Are you Board of Health doctors willing to put your license on the line prescribing the drug for everyone in Washington State without their consent or being patients of record? That would be unethical. Pharmacists have more training and expertise with toxins, dosage, adverse reactions and inter reactions of toxins than any other licensed profession. What empirical evidence does the Board of Health have which disagrees with the Board of Pharmacy? None. The Board of Health is violating science and laws of health.

See: Krzeczowski JE, et al. Prenatal fluoride exposure, offspring visual acuity and autonomic nervous system function in 6-month-old infants.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>
Environment International. 2023

II. U.S. Congress which has authorized the Food and Drug Administration Center for Drug Evaluation and Research (FDA CDER) to determine the efficacy, dosage, safety and label of substances used to prevent disease. No, the Board trusts the dental lobby.

III. FDA CDER warns, "Do Not Swallow". Instead, the Board trusts the dental lobby and promotes mandated fluoride ingestion for everyone without patient consent, without patient dosage control, without the Doctor as legal intermediary, without regard for age or health of the patient. FDA CDER has determined fluoride ingestion lacks evidence of efficacy. And the FDA has given warnings to bottled water manufacturers (not FDA CDER approved) the fluoridated water must not be marketed to those under two years of age. The Board of Health is harming the public by disagreeing with authorized regulatory agencies.

IV. The Environmental Protection Agency scientists finding over two decades ago that fluoridation borders on a criminal Act because of toxicity and lack of current benefit. The Safe Drinking Water prohibits the EPA from adding anything to water to treat humans, so the Board trusts the dental lobby. And the EPA Dose Response Analysis and Relative Source Contribution of 2010 reporting that most or all infants and toddlers are ingesting too much fluoride.

V. The National Research Council 2006 report for the EPA that EPA's Maximum Contaminant Level for fluoride was not protective and harms most if not all cells and systems of the body. Instead, the Board of Health trusts the dental lobby. Fluoride is a contaminant the Board recommends adding to water.

VI. The National Toxicology Program reporting fluoride is a presumed developmental neurotoxin with 55 human studies, 52 reported IQ loss a 95% consistency. And their meta-analysis reports IQ loss. But no. The Board would rather trust the dental lobby rather than toxicologists for toxicity. Not everyone has the same sensitivity to drugs/toxins or the same health or the same ability to handle drugs/toxins. Some individuals had much more IQ loss and some were probably unaffected. The mean is not protective or representative of each individual. The Board must protect everyone, not just the healthiest and wealthiest.

"This January, Birnbaum

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fen.wikipedia.org%2Fwiki%2FLinda> issued a scathing legal declaration as part of the lawsuit, writing, 'The decision to set aside the results of an external peer review process based on concerns expressed by agencies with strong policy interests on fluoride suggests the presence of political interference in what should be a strictly scientific endeavor.' Birnbaum said she issued the legal declaration in part over concerns the report might never be publicly released... the science proves there is 'no real benefit' from ingesting fluoride. 'The benefit from fluoride is from topical applications,' she said." - Capital and Main (March 14, 2023)

VII. Only one RCT (randomized controlled trial, the highest quality of research) of fluoride ingestion has been published and it report no statistical benefit from ingesting the fluoride. That's right. NO, NONE, ZERO quality studies reporting dental benefit of fluoride ingestion. No wonder the FDA said the evidence of efficacy is incomplete.

VIII. The lack of mechanism of action. Fluoride cannot go from the blood to the tooth pulp chamber through the calcium rich dentin and enamel to the outside of the tooth where the dental caries are forming and active. Fluoride during swallowing of water is short term and little gets to the lower teeth and the theoretical slight increase of fluoride in saliva with water at 0.7 ppm is too dilute to have an effect. Research has not reported a benefit at 700 ppm let alone 0.7 ppm.

IX. 97% of Europe does not fluoridate their water. And their dental caries are a similar rate as fluoridated communities and states not fluoridated.

X. CDC has known since the publication of the 2006 National Research Council (NRC) report to the EPA, that there is no safety data for susceptible sub-populations and significant scientific evidence of probable harm. In 2018, Mr. Casey Hannan of the CDC admitted under oath in a deposition for the trial in federal court expected to wrap up in February 2024 that the CDC accepts the 2006 NRC conclusions. Mr. Hannan also admitted that the CDC has no safety data specific to pre- and post-natal exposure. We understand Mr. Hannan decided to retire before commencement of that trial.

XI. Public Health Service (PHS) researchers advised the PHS in 1956 and 1961 that a portion of the allergic population would experience significant and acute ill effects from fluoridation programs with no pragmatic recourse to avoid the irritant. Other researchers in that decade advised that the placentas of women living in 'optimally' fluoridated

communities were saturated with fluoride at twice the concentration of the water they drank. They opined that although they didn't know the fetal impact, the mothers would probably be fine. (Feltman 1956; Feltman & Kosel 1961; Gardner et al. 1952)

PHS lowered fluoridation concentration recommendation from 0.7-1.2 mg/L to 0.7 mg/L. However, no studies on efficacy have been done at current lower concentrations.

Once again, I am calling for the Board to remove their endorsement of fluoridation from your web site and protect the fetus and infants from known harm.

Current evidence is alarming on fluoride's contribution not just to lower IQ, but also to preterm birth and infant mortality.

See also <https://www.fluoridelawsuit.com/science>

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

Once again, I am calling for the Board to remove their endorsement of fluoridation from your web site and protect the fetus and infants from known harm.

Bill Osmunson DDS MPH

From: Arne Christensen
Sent: 2/6/2024 1:21:14 PM
To: DOH WSBOH
Cc:
Subject: alleged Taiwan face mask death

External Email

You need to read this article from January, "Infant dies after allegedly suffocating on mask at New Taipei daycare":

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffocustaiwan.tw%2Fsociety%2F2024>

It begins: "Authorities in New Taipei on Wednesday said they are investigating the death of an 11-month-old boy at a public daycare center, which the child's family allege happened when he suffocated on a mask a teacher forced him to wear."

After reading it, do you still think face masks are just an inconvenience? I don't accept the reply that public health authorities never said infants should have to wear masks. Normalizing and requiring masks on toddlers was going to lead to requiring masks on infants somewhere in the world.

From: Garry Blankenship
Sent: 2/5/2024 8:15:15 AM
To: hcinfo.infosc@canada.ca,DOH
WSBOH,dhsmoh@yahoo.com,secretary@health.gov.bz, Van De Wege, Kevin, Chapman,
Mike
(LEG),sheriff@co.clallam.wa.us,mozias@co.clallam.wa.us,rjohnson@co.clallam.wa.us,shahidafatin@gmail.com
Allison 2 (DOHi)
Cc:
Subject: The NOP BOH Needs Introspection

External Email

I do not doubt the BOH intentions, but recommending, promoting and mandating these mRNA injections was and remains a colossal mistake. Denying the naturally immune public access was worse. The Federal, State and local pandemic management record is without exception an abject failure. I request the Board make the effort to insure mistakes like this never repeat.

https://www.theepochtimes.com/health/for-every-life-saved-mrna-vaccines-caused-nearly-14-times-more-deaths-study-5579794?utm_source=Ccpv&src_src=Ccpv&utm_campaign=2024-02-05&src_cmp=2024-02-05&utm_medium=email&est=0Y%2F9GSyc74a%2FdwbERhO%2FTk2D8BeBhXgQIredhB%2Fte85A4PYzcUd

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fhealth/for-every-life-saved-mrna-vaccines-caused-nearly-14-times-more-deaths-study-5579794%3Futm_source%3DCcpv%26src_src%3DCcpv%26utm_campaign%3D2024-02-05%26src_cmp%3D2024-02-05%26utm_medium%3Demail%26est%3D0Y%252F9GSyc74a%252FdwbERhO%252FTk2D8BeBhXgQIredh>

Sincerely,

Garry Blankenship

From: patrice tullai
Sent: 1/5/2024 6:34:20 PM
To: DOH WSBOH
Cc:
Subject: Racism is a public health crisis

External Email

Hello, and good day to you,
When I was a child all children played together no matter race or color or religion, the policies that are being inflamed are creating more division among people, not less. I see division and victim mentality being pushed to the forefront, this does not help our children, youth, or society, this is dividing people. We need to come together. The problems come from classthe poor suffer. I would like to encourage you to not act under the idea, or create policies that racism is a public health problem ,
Thank you
I hope you and 2024 work to bring humanity together not divided,
Patrice Tullai
PateiceTullai@gmail.com

From: DOH WSBOH
Sent: 3/8/2024 11:51:33 AM
To: DOH WSBOH
Cc:
Subject: FW: My Public Comments

Forwarding as this email has the same subject line as her email from 3/7 and the system would not accept a duplicate.

From: Melissa Leady <melleady@yahoo.com>
Sent: Friday, March 8, 2024 11:11 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: My Public Comments

External Email

As part of the PEAR Plan Development, will the Department of Health (DOH) be conducting a pandemic policy review, looking at some of the unintended negative impacts of covid policies? Pandemic policy in Washington state disproportionately impacted lower-income families and people of color.

Loss of in-person learning at schools resulted in lower test scores. In Vancouver, for example, the city is providing \$500,000 to the Vancouver Public School District to address covid learning loss at elementary schools in the Fourth Plain corridor. These are among the most ethnically diverse and economically challenged schools in the district. For the students in these schools, the cost of covid learning loss could be felt for their lifetimes, according to a UN study on children living in learning poverty.

Covid job loss also disproportionately impacted low wage jobs, as the "laptop class" quickly transitioned to working from home. At my last county board of health meeting, my local health director mentioned that the covid job loss often resulted in loss of health insurance. Has there been any assessment of the effects of pandemic policy-related job loss on access to healthcare?

During the pandemic, the public was told to isolate and parks and outdoor recreation were closed. The obesity rate in Washington state increased 2%. Obesity is closely linked to a wide variety of negative health outcomes, including diabetes, heart disease, cancer, and covid death. According to the CDC, the current obesity rates in Washington state by race are: 10% Asian, 30% white, 36% Black, 36% Hispanic, and 43% Native American. Will the PEAR Plan Development be looking at differing rates of obesity by race as part of their efforts to understand differing rate of covid deaths by race?

These are just a few examples. Other areas to explore include : impacts on small businesses and restaurants, school enrollment, mental health, anxiety, depression,

substance abuse, drug overdoses, domestic violence, housing and housing affordability, food insecurity, and loss of cultural events and religion gatherings.

In addition, has there been an assessment of the impacts of the Washington state vaccine mandate? A recent study comparing states with vaccine mandates and states banning vaccines mandates showed 1) no comparable difference in vaccine uptake; and 2) reduced rates of flu and booster uptake in states that imposed mandates.

Does DOH attribute the low 2023-2024 rates for flu vaccination (30%) and covid vaccination (18%) to "blow back" from the vaccine mandates? What was the impact of the mandates of jobs and healthcare? In Clark County, for example, there was a 10% drop in hospital beds after the mandate took effect, when some hospital staff chose to quit instead of getting vaccinated. Eventually that difference was made up by employing traveling nurses at an increased cost, driving up costs locally.

I hope that DOH will take the time to assess the "collateral damage" of covid policy decisions, as former NIH director Francis Collins recently termed it. Perhaps this could be done in conjunction with the PEAR Impact Assessment.

Sincerely,

Melissa Leady

Clark County Resident

From: Garry Blankenship
Sent: 3/2/2024 8:22:24 AM
To: Van De Wege, Kevin, Chapman, Mike (LEG), DOH
WSBOH, sheriff@co.clallam.wa.us, mozias@co.clallam.wa.us, rjohnson@co.clallam.wa.us, shahidafatin@gmail.com
Allison 2 (DOHi), Tharinger, Steve
Cc:
Subject: Higher Mortality In Vaxed Vs Unvaxed

External Email

Good Day All,

I have found any contra "vaccine" information, regardless of documentable verification, to be summarily dismissed by most medical practitioners, particularly those holding any authoritative position, with no effort to independently vet that information. No objectivity in vetting drug safety is a huge looming problem that will not go away. Confidence in our health care system has been critically damaged by a lack of acknowledging mistakes made in the "pandemic". It is clear that the medical community was given false information on the COVID "vaccines", treatment protocols and repurposed drugs, but the absence of acknowledging that will self destruct the medical complex. I implore you to stop pretending that promoting these mRNA platform injectable products was or is health positive. These drugs are killing the young and working aged disproportionately.

https://www.theepochtimes.com/health/study-finds-higher-mortality-among-vaccinated-patients-hospitalized-for-covid-19-post-5597490?utm_source=Ccpv&src_src=Ccpv&utm_campaign=2024-03-02&src_cmp=2024-03-02&utm_medium=email&est=AAAAAAAAAAAAAAAAAaes4chIex8Tb%2F5MNsWhaCqduhU0LM8%2FAPpFNrub

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fhealth/study-finds-higher-mortality-among-vaccinated-patients-hospitalized-for-covid-19-post-5597490%3Futm_source%3DCcpv%26src_src%3DCcpv%26utm_campaign%3D2024-03-02%26src_cmp%3D2024-03-02%26utm_medium%3Demail%26est%3DAAAAAAAAAAAAAAAAAaes4chIex8Tb%252F5MNsWhaCqduhU0LM8%2FAPpFNrub>

Not seeking anonymity,

Garry Blankenship

From: Michelle Anderson
Sent: 2/1/2024 5:10:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for the Environmental Health Committee

External Email

Dear Board.

I would just like to remind you that Mandatory COVID shots or testing is unacceptable!

It is now just another virus that we must all deal with!

Just like the FLU, Common Cold or any other Corona Virus (there are a bunch and tests don't tell you WHICH one it is)

We are ADULTS and we can make decisions for our own children!

Government mandates are unnecessary!

Thank you very much for all you do!

From: Garry Blankenship
Sent: 2/24/2024 7:40:04 AM
To: Van De Wege, Kevin, Chapman, Mike (LEG), DOH
WSBOH, sheriff@co.clallam.wa.us, mozias@co.clallam.wa.us, rjohnson@co.clallam.wa.us, shahidafatin@gmail.com
Allison 2 (DOHi)
Cc:
Subject: "Vaccine" Adverse Events

External Email

I can only hope those responsible for promoting and particularly mandating these toxins are held accountable. These injections violate informed consent and the Hippocratic Oath.

https://www.theepochtimes.com/health/a-host-of-notable-covid-19-vaccine-adverse-events-those-backed-by-evidence-5590525?utm_source=Health&src_src=Health&utm_campaign=health-2024-02-24&src_cmp=health-2024-02-24&utm_medium=email&est=AAAAAAAAAAAAAAAAaes4chIex8Tb%2F5MNsWhaCqduhU0LM8%2FAPpFNrub

From: Stuart Halsan
Sent: 2/6/2024 8:07:49 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

For Patty Hayes

I have some genealogical info for you.. You can reach out to me at this email.
Hope all is well.
Stuart Halsan
Sent via the Samsung Galaxy S9+, an AT&T 5G Evolution capable smartphone

From: Karen Spencer
Sent: 3/8/2024 10:05:47 AM
To: DOH WSBOH
Cc:
Subject: Comment: Fluoridation Poisoning

External Email

"Fluoride is capable of producing any number of symptoms. They include drowsiness, profound desire to sleep, dizziness, nasal congestion, sneezing, runny nose, sore throat, coughing, wheezing (asthma), chest pain, hives, and various intestinal symptoms. Most of the information concerning specific reactions to fluoride, as seen in private practice, never reach publication." - Hobart Feldman, MD, American Board of Allergy and Immunology (1979)

Board of Health -

I signed up to make a comment on Wednesday March 13th, but may be unavailable at that time. Therefore, I am sending a written comment for your consideration:

MY PERSONAL STORY:

My name is Karen Spencer. I am a retired analyst and project management consultant who has worked with all levels of Corporate America.

I am angry about what happened to me and my children. I was poisoned by fluoridated water while pregnant in 1981. My normal pregnancy turned difficult overnight. I was ill with chronic dizziness, nausea, bloody stools and rashes beginning the first week of July. I didn't make the connection to water until much later. Fluoridation began on July 1st.

I did not recover after giving birth. Worse, both my children shared my symptoms. It took me until late 1982 to realize tap water was causing our rashes and gastrointestinal problems. My primary care physician who was the Chair of the Board of Health yelled me out of his office in November when I asked if the water could be making us sick. In January '83, an allergist specializing in environmental health recommended I only use spring water in glass bottles for all of our water needs, which alleviated our symptoms.

Since bottled water is expensive, I installed a high-quality under the sink filter in '91. I was diagnosed with Lyme disease about the same time, so I accepted my doctors attribution of my emerging and ongoing arthritis and neurological symptoms to Chronic Lyme. They also diagnosed me with irritable bowel syndrome. I was in my 30s. I developed kidney and liver problems in my 50s.

I switched back to bottled water in 2014 to see if it would have a positive effect on my declining health. It did— within days. My multi-stage system wasn't adequate and never had been. Can you imagine my outrage when I realized, in my 60s, that decades of arthritis, gastrointestinal illness, neurological issues and even concerns over organ failure had been fluoride poisoning?

There is no happy ending for me. The damage to my bones and spinal discs from decades of fluoride poisoning cannot be undone, and neither can the damage to my son who has learning disabilities consistent with what has been validated by developmental neurotoxicity studies.

The chair of my local board of health, a doctor, told me in 2014 that "they" knew some

people would have problematic symptoms from fluoridation, but it was a "greater good" to prevent a cavity or two in poor children. Please don't tell me that my life and the lives of my children are collateral damage. I suggest that ending fluoridation not only provides health equity for susceptible sub-populations, but also serves justice to the grandchildren of my baby-boomer generation who were poisoned by an ill-conceived, immoral medical mandate.

* CAPE ANN STORY WITH REFERENCES: <https://fluoridealert.org/wp-content/uploads/SalemState2016.09.07.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fwp-content%2Fuploads%2FSalemState2016.09.07.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

* ANNOTATED SCIENCE BIBLIOGRAPHY: <https://www.fluoridelawsuit.com/science>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fluoridelawsuit.com%2Fscience>>

For more about me, see my signature.

Regards,

Karen Favazza Spencer
Leominster, MA 01453
978.283.4606

Subscribe on YouTube

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fchannel%2FvZ55u7oKUchQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

See the Call to Action

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.greenmedinfo.com%2Fblog%2Fletter-nutritionists-about-fluoride-deception&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

More power to you if fluoridation doesn't bother you, but not the power to assume it's safe for your neighbor with kidney disease, his pregnant wife or their diabetic daughter!

About Karen: Currently a semi-retired consultant working with software development teams, Karen Spencer is a former analyst and project leader. She is adept at conducting research and analyzing trends. Her special interests include critical thinking, data-driven decision making, and organizational theory. She and others in her family are among the 15% of Americans with chemical sensitivities triggered by exposure to fluoridated food and drink. Karen's publications were featured in:

Medical Hypotheses (2018): <https://pubmed.ncbi.nlm.nih.gov/30396472/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F30396472>>

GreenMed (2019): <https://www.greenmedinfo.com/blog/wetoo-medical-assault-and-battery>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.greenmedinfo.com%2Fblog%2Fwetoo-medical-assault-and-battery&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

Gloucester Times (2022): https://www.gloucestertimes.com/opinion/column-stop-poisoning-gloucester/article_0089c49c-1278-11ed-8a42-fb294218a4fe.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gloucestertimes.com%2Fopinion%2Fcolumn-stop-poisoning-gloucester%2Farticle_0089c49c-1278-11ed-8a42-fb294218a4fe.html&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>

Message to CDC (2022): <https://www.youtube.com/watch?v=PzviupO1cDQ>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Collaborative Activism (2022-current): <https://www.fluoridelawsuit.com/actions>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fluoridelawsuit.com%2Factions>

Bill in MA Legislature (2023): <https://malegislature.gov/Bills/193/S460>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmalegislature.gov%2FBills%2F193>

Document Fraud at CDC (2024):
https://www.researchgate.net/publication/377152337_Document_Fraud_at_CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.researchgate.net%2Fpublication>

From: Garry Blankenship
Sent: 2/17/2024 10:31:07 AM
To: hcinfo.infosc@canada.ca,DOH WSBOH,OADS@cdc.gov,sheriff@co.clallam.wa.us, Van De Wege, Kevin,Chapman, Mike (LEG),mozias@co.clallam.wa.us,rjohnson@co.clallam.wa.us,shahidafatin@gmail.com,gbsjrmd@sisna.com,m Allison 2 (DOHi)
Cc:
Subject: Vaccine Shedding

External Email

Fascinating article and video on shedding. The probability of vaccinated people shedding spike proteins on other people is very real.

https://www.theepochtimes.com/health/covid-vaccine-shedding-is-real-fda-and-pfizer-documents-are-proof-clinicians-5588819?utm_source=Health&src_src=Health&utm_campaign=health-2024-02-17&src_cmp=health-2024-02-17&utm_medium=email&est=AAAAAAAAAAAAAAAAaes4chIex8Tb%2F5MNsWhaCqduhU0LM8%2FAPpFNrub

From: Cheryl Lewis
Sent: 1/23/2024 7:57:12 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\B7B9A7277A0E4E2B_Sledge - BOH Strategies.pdfDept
o_PRDTOOL_NAMETOOLONG.pdf

External Email

Microsoft Edge - ready to share - Presentation and 6 more pages - Personal - Microsoft
Edge - 15 January 2024 - Watch Video

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.loom.com%2Fshare%2F8bc09cd7d30146e6a46991886f25c8c8-00001.jpg>>

<<https://cdn.loom.com/sessions/thumbnails/8bc09cd7d30146e6a46991886f25c8c8-00001.jpg>>

healthcare hygienist!

Hello All

I am a dental hygienist who would love to see an improvement in oral care for our community. I believe there are many ways to improve this and ran across this publication on your site (it is at the bottom of the page). It seems to be dated 2013. I am wondering how far we have come since then? I have created a presentation that I would like to share with you. It is about 30 minutes long and I feel it promotes your cause in a different light. I would be honored if you would review it and allow me to be a resource to you in this arena. I have a deep desire to improve the oral care of our facility residents, from the hospital to the long term care facilities. I believe dental hygienist's should be employed as a member of each of these facilities as oral care specialists, not to perform traditional dental cleanings but to improve daily oral care which will improve quality of life. Having a hygienist visit a facility every 3-6 months isn't helping people keep their mouths healthy. Please watch my presentation to gain insight on this. I think we should at the very least, create a certification for caregivers, one that specializes in oral care. Maybe they could have increased training on oral diseases to look for (cancer, gum disease, cavities, dry mouth sores, abscesses). Special training on treatment and prevention of caries and gum disease. This distinction could create value of the caregiver and maybe that could translate to an increase in their wage, which may lead to retention, maybe decrease turnover? If there was a team or even an individual in charge of oral care and only oral care, our dependents would not suffer with dry mouth sores and bleeding gums. Oral care is often the first area to be neglected and a visit from the hygienist 2 times a year is not the way to maintain oral health. We are learning more and more about the bacteria's role in our health and allowing plaque (bacteria) and food to linger for days, weeks, months is not promoting health. Often oral care is left to the resident, unless it is noted on the residents care plan to brush for them.

I know you are busy, but please take a moment (30 minutes or so ☐☐) and consider the change that could be made. It's like a child who drowns in the swimming pool, when everyone is watching, no one is watching. We need a go to, a someone in charge of daily oral hygiene to ensure people are receiving the care they need and deserve. This would not only reduce risk of cavities and gum disease, but aspirated pneumonia, sepsis, and death as well.

I am trying to make change starting at the top (you).

I look forward to hearing from you and thank you sincerely for taking the time to consider this.

Sent from Mail

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

From: Cheryl
Sent: 1/30/2024 6:08:46 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\88C9EC27E025473E_my presentation (1).htm



*attachments\5B71ED4076E84D7A_Sledge - BOH Strategies.pdfDept
o_PRDTOOL_NAMETOOLONG.pdf*

External Email

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I am trying to make change starting at the top (you).

I look forward to hearing from you and thank you sincerely for taking the time to consider this.

Best

Cheryl Lewis RDH

Sent from Mail

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

From: bill teachingsmiles.com
Sent: 2/29/2024 7:31:08 AM
To: DOH WSBOH
Cc:
Subject: March 13 Public Comment

External Email

Dear Washington State Board of Health,

The Legislature has made one of the duties of the Board of Health to assure drinking water is safe, because water is essential for life.

The Legislature does not say the duty is to assure efficacy, because that's the duty of the FDA.

Fluoridation of public water is not safe because, not once did the EPA expert scientists during the two-week trial before the Superior Court of California (January and February 2024) testify that fluoridation was safe, or effective.

Fluoridation of public water is not safe because, it is a highly toxic contaminated scrubbing of manufacturing, a poison, a prescription drug, not FDA approved, misbranded and adulterated.

Fluoridation is not safe because, it violates an individual's consent, freedom to choose, and their doctor's oversight.

Fluoridation is not safe because, fluoride causes dental fluorosis. I, and most dentists, each made and make hundreds of thousands of dollars treating cosmetic and functional dental fluorosis, harm.

Fluoridation is not safe because, fluoride ingestion increases developmental neurotoxicity as measured with lower IQ. Lower IQ increases the rate of special education in schools, lower wage jobs, more unemployment, more divorce, more incarceration, more grief, fewer gifted, and is bad for America, especially minorities.

Fluoridation is not safe because, fluoride ingestion harms the developing fetus, infant and child as measured with increased miscarriage, increased premature birth, and increased infant mortality.

Fluoridation is not safe because, fluoride ingestion is stored in the bones and as the bones remodel the fluoride is given off. Mother's blood concentration of fluoride in the third trimester increases when she has inadequate intake of calcium for her fetus's needs.

Fluoridation is not safe because, fluoride ingestion harms the joints causing rheumatoid and osteoarthritic-like pain.

Fluoridation is not safe because fluoride ingestion harms the thyroid and is an endocrine disruptor, increasing diabetes, obesity and ADHD.

Fluoridation is not safe because fluoride ingestion increases osteosarcoma a rare but lethal bone cancer, mostly in boys drinking fluoridated water during growth spurts.

Fluoridation is not safe because fluoride ingestion harms the kidneys and GI disorders.

Do not let the fluoridation lobby confuse you. The Board's job is to assure safety. The dental lobby's job is to gain FDA CDER approval. They have failed, but you must not.

We look forward to participating in a forum on fluoride ingestion because we and many are being harmed.

Bill Osmunson DDS MPH

Washington Action for Safe Water

From: Melissa Leady
Sent: 3/7/2024 6:13:04 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

IS THE CURRENTLY AUTHORIZED COVID-19 VACCINE EFFECTIVE?

During a recent county board of health meeting, the health director for my county made the claim that there is state data showing that the updated covid-19 vaccine is effective at preventing severe illness, hospitalizations, and deaths; and that it is effective at preventing infection and thereby transmission.

It seems my local health director is out on a limb in making this claim. If DOH has such data on the updated covid-19 vaccine, they have never publicly shared it.

The DOH report on Hospitalizations and Deaths by Vaccination Status (#421-010), which hasn't updated in three months, begins by stating, "PLEASE NOTE: Information about bivalent booster doses (authorized in the fall of 2022) or the updated monovalent booster doses (authorized in September of 2023) is not included in this report."

Is the board recommending the currently authorized updated covid-19 vaccine? If so, do you have Washington state data showing the vaccine's effectiveness? Please share it with the public.



Florida State Surgeon General Calls for Halt in the Use of COVID-19 mRNA Vaccines

Contact:

Communications Office
NewsMedia@flhealth.gov,
850-245-4111

Tallahassee, Fla.— On December 6, 2023, State Surgeon General Dr. Joseph A. Ladapo sent a [letter](#) to the United States Food and Drug Administration (FDA) Commissioner Dr. Robert M. Califf and Center for Disease Control and Prevention (CDC) Director Dr. Mandy Cohen regarding questions pertaining to the safety assessments and the [discovery](#) of billions of DNA fragments per dose of the Pfizer and Moderna COVID-19 mRNA vaccines.

The Surgeon General outlined concerns regarding nucleic acid contaminants in the approved Pfizer and Moderna COVID-19 mRNA vaccines, particularly in the presence of lipid nanoparticle complexes, and Simian Virus 40 (SV40) promoter/enhancer DNA. Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines into human cells and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells. The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into human cells.

In 2007, the FDA published guidance on regulatory limits for DNA vaccines in the [Guidance for Industry: Considerations for Plasmid DNA Vaccines for Infectious Disease Indications \(Guidance for Industry\)](#). In this Guidance for Industry, the FDA outlines important considerations for vaccines that use novel methods of delivery regarding DNA integration, specifically:

- DNA integration could theoretically impact a human’s oncogenes – the genes which can transform a healthy cell into a cancerous cell.
- DNA integration may result in chromosomal instability.
- The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site.

On December 14, 2023, the FDA provided a written response providing no evidence that DNA integration assessments have been conducted to address risks outlined by the [FDA](#) themselves in 2007. Based on the FDA’s recognition of unique risks posed by DNA integration, the efficacy of the COVID-19 mRNA vaccine’s lipid

nanoparticle delivery system, and the presence of DNA fragments in these vaccines, it is essential to human health to assess the risks of contaminant DNA integration into human DNA. The FDA has provided no evidence that these risks have been assessed to ensure safety. **As such, Florida State Surgeon General Dr. Joseph A. Ladapo has released the following statement:**

“The FDA’s response does not provide data or evidence that the DNA integration assessments they recommended themselves have been performed. Instead, they pointed to genotoxicity studies – which are inadequate assessments for DNA integration risk. In addition, they obfuscated the difference between the SV40 promoter/enhancer and SV40 proteins, two elements that are distinct.

DNA integration poses a unique and elevated risk to human health and to the integrity of the human genome, including the risk that DNA integrated into sperm or egg gametes could be passed onto offspring of mRNA COVID-19 vaccine recipients. If the risks of DNA integration have not been assessed for mRNA COVID-19 vaccines, these vaccines are not appropriate for use in human beings.

Providers concerned about patient health risks associated with COVID-19 should prioritize patient access to non-mRNA COVID-19 vaccines and treatment. It is my hope that, in regard to COVID-19, the FDA will one day seriously consider its regulatory responsibility to protect human health, including the integrity of the human genome.”

In the spirit of transparency and scientific integrity, State Surgeon General Dr. Joseph A. Ladapo will continue to assess research surrounding these risks and provide updates to Floridians.

About the Florida Department of Health

The Florida Department of Health, nationally accredited by the [Public Health Accreditation Board](#), works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at [@HealthyFla](#) and on [Facebook](#). For more information about the Florida Department of Health please visit www.FloridaHealth.gov.



Recommended Strategies to Improve the Oral Health of Washington Residents

Presented by
Dr. Jim Sledge

Background

Board of Health Addresses Oral Health

- ▶ June 2012 – Briefing – Oral Health Risk Factors and Systemic Connections
- ▶ October 2012 – Briefing – Oral Health in Washington State
- ▶ March 2013 – Board approves implementation of the Oral Health Project
- ▶ November 2013 – Board approves the Oral Health Strategy
- ▶ Summer 2014 – Board held interagency Oral Health workshop
- ▶ April 2015 – Board approves the workshop final report

Oral Health Project

▶ Goal

- Create a Washington State Board of Health set of strategies to improve the oral health of Washington State residents

▶ Purpose:

- To promote strategies that improve the oral health of Washington residents
- To guide Washington State Board of Health (SBOH) rule and policy development activity

Rationale

Oral diseases are costly, painful, debilitating, and widespread in Washington State

- ▶ Dental disease is the most common chronic disease of childhood (NHNES)
 - Nearly 40% of kindergarteners in WA have had tooth decay
 - 77% of WA's Native American kindergarteners have had tooth decay – Washington State Smile Survey 2010
- ▶ Nationally:
 - More than 51 million school hours are lost each year to dental-related issues.
 - Adults lose more than 164 million hours of work due to dental health issues – Report of the Surgeon General, 2000

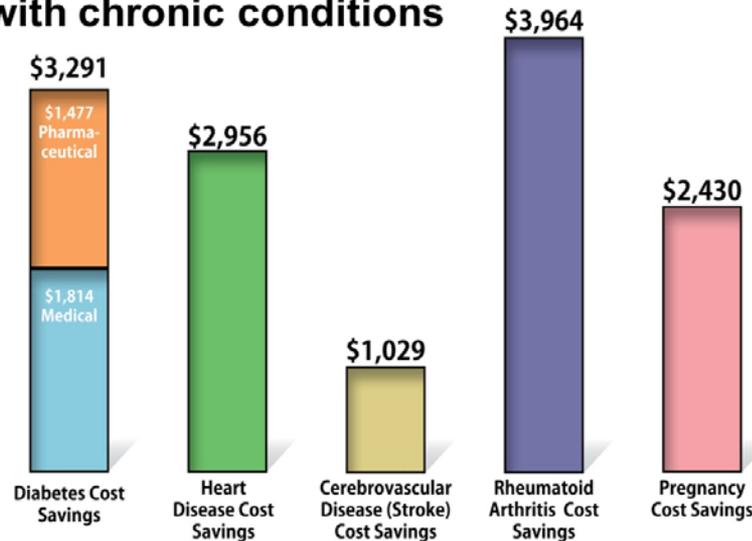
Rationale

- ▶ Poor oral health is costly for Washington residents:
 - Dental pain is the number one reason uninsured adults visited Washington state emergency rooms
 - Dental-related Emergency room charges were over \$36 million in an 18 month period – Washington State Hospital Association, 2010
- ▶ Oral infections are also associated with systemic conditions such as diabetes, heart disease, and aspiration pneumonia

Rationale

- ▶ Strategies that prevent and treat dental disease improve oral health and save money

Periodontal treatment reduces medical costs for people with chronic conditions



Study Conducted by University of Pennsylvania,
School of Dental Medicine for United Concordia
Dental

Rationale

- ▶ In Washington, adults aged 55 years and older rank higher than the national average when it comes to dental insurance
 - However, 20% of adults ages 55 and older reported having a dental issue that needed to be addressed in the next month
 - Nearly 24% of seniors with an annual income under \$25,000 have not seen a dentist in five years or more –
2012 Older Adult Oral Health Survey, Washington Dental Service Foundation
- ▶ Older adults are particularly at-risk due to taking multiple medications that cause dry mouth and can lead to tooth decay

Oral Health Project –Methods

- ▶ Reviewed literature
- ▶ Drafted strategic recommendations
- ▶ Shared proposed strategies with State expert review panel – updated recommendations
- ▶ Consulted with National oral health expert advisory group – updated recommendations

Strategic Recommendations

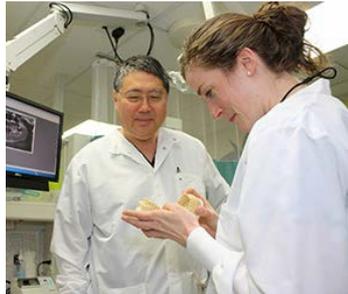
Topic Areas

- ▶ Health Systems
- ▶ Community Water Fluoridation
- ▶ Sealant Programs
- ▶ Interprofessional Collaboration
- ▶ Oral Health Literacy
- ▶ Surveillance
- ▶ Work Force

(not ranked in order of importance)

Health Systems

- ▶ Cost-effective programs allow more people to get the services they need at affordable rates



- ▶ **Recommendation:** Support policies and programs that improve oral health for Washington state residents

Health Systems

Programs working for Washington:

- ▶ Adult Medicaid coverage restored
 - Over 750,000 adults will gain dental coverage in 2014
- ▶ Access to Baby and Child Dentistry (ABCD)
 - Connects Medicaid enrolled children with dental services
 - The program now operates in all 39 Washington counties
 - Percentage of low-income children accessing dental care has more than doubled since 1997– to 51%
- ▶ University of Washington Regional Initiatives in Dental Education (RIDE)
 - Over half of the graduates now work in dental underserved regions of the state

Health Systems

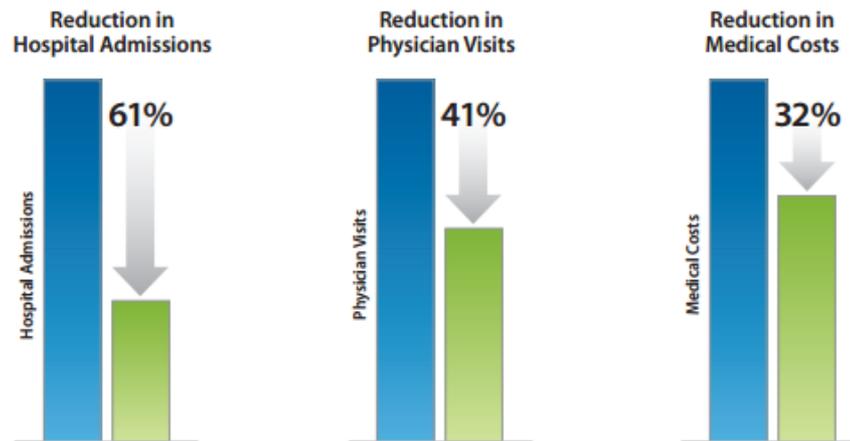
Opportunities remain:

- ▶ Evaluate methods to ensure adequate access to treatment and prevention services with particular attention to:
 - Pregnant women
 - Over 50% of women born in Washington state 2010 were on Medicaid
 - Mothers with healthy teeth are less likely to pass cavity causing bacteria to their children
 - Low-income populations
 - With new coverage available to adults there will be an increasing demand for services

Health Systems

Opportunities remain:

- Diabetes and oral health
 - Collaborate to improve outcomes for people with diabetes



Jeffcoat M., et. al, Periodontal Therapy Reduces Hospitalization and Medical Costs in Diabetes, Abstract, American Association of Dental Research, March 23, 2012

Community Water Fluoridation

- ▶ Access to community water fluoridation benefits the health of everyone: children, adults, and seniors



- ▶ **Recommendation:** Expand and maintain access to community water fluoridation

Community Water Fluoridation

- ▶ CDC has recognized water fluoridation as one of 10 great public health achievements of the 20th century
- ▶ 65% of Washington's residents on public water supplies receive optimally fluoridated water as compared to 74% nationally
- ▶ Washington ranks 35th in the nation for communities receiving fluoridated water

Community Water Fluoridation

- ▶ For water systems serving 20,000 people or more, every \$1 invested in fluoridation saves \$38 in dental treatment costs
- ▶ Water fluoridation reduces tooth decay by about 25 percent over a person's lifetime
- ▶ Community water fluoridation is safe. After 65 years in service and hundreds of studies it continues show its safety
- ▶ Water fluoridation reduces the disparities in tooth decay rates that exist by race, ethnicity and income

Sealant Programs

- ▶ Children with fewer cavities are healthier and better able to learn, grow, and thrive



- ▶ **Recommendation:** Provide school-age children with access to dental sealants to prevent cavities

Sealant Programs

- ▶ Dental sealants are placed on chewing surfaces to create a barrier between teeth and decay-causing bacteria
- ▶ The CDC's Task Force on Community Preventive Services (2002) found that school sealant programs are highly effective at preventing tooth decay
- ▶ According to the Surgeon General's Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70% and are most cost-effective when provided to children who are at highest risk for tooth decay
- ▶ In Washington, the Smile Survey found that 51 percent of third grade children have received sealants

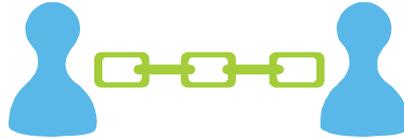
Interprofessional Collaboration:

- ▶ Collaboration between health professions and systems improves patient care



- ▶ **Recommendation:** Incorporate oral health improvement strategies across healthcare professions and systems to improve oral health knowledge and patient care

Interprofessional Collaboration:



- ▶ Dental diseases are highly prevalent, yet largely preventable
- ▶ Clear links exist between oral health and chronic conditions, including diabetes and cardiovascular disease
- ▶ Interprofessional Collaboration is supported by research from the Institute of Medicine to improve patient care

Interprofessional Collaboration:

- ▶ Develops professionals who work together towards a common goal of optimizing patient care
- ▶ Fosters structures that support collaboration

Trained collaborative
Dental, Medical, &
Allied Professionals



Improved
Understanding



A focus on high
risk groups



Diabetes



Pregnancy



HIV/AIDS



Pneumonia

Improved outcomes &
reduced treatment
costs for Washington
residents



Interprofessional Collaboration:

- ▶ Medical providers have regular consistent contact with patients
 - Already doing prevention and looking in the mouth
 - Well-positioned to address oral health
- ▶ The National Interprofessional Initiative on Oral Health 2012 Report compared 4 states
 - Two-thirds of Washington programs included some oral health material



Physician Curriculum by State	Includes Oral Health
Colorado	40%
New York	29%
Virginia	62%
Washington	67%

Oral Health Literacy

- ▶ Clear and accessible oral health information empowers people to make good choices for themselves and their families



- ▶ **Recommendation:** Improve the capacity of people to obtain, understand, and use health information in order to increase their acceptance and adoption of effective oral health focused preventive practices

Surveillance

- ▶ Understanding the burden of oral disease for Washington residents allows programs to identify needs, work to achieve the biggest impact and measure progress and success



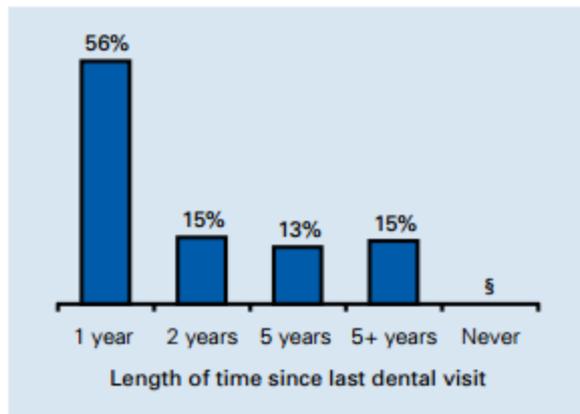
- ▶ **Recommendation:** Monitor trends in oral health indicators to ensure policies and programs are advancing the oral health of Washington residents, including those most at risk for poor oral health outcomes

Surveillance

Sustain Data-based monitoring and decision making tools, like:

▶ [The Impact of Oral Disease on the Lives of Washingtonians](#)

Figure 30: Dental visits among adult smokers, 2004 WA BRFSS.



Note: 5 - Numbers too small to report.

- Report provides an overview of the burden of dental diseases on all Washingtonians
- Compares WA to nationally comparable objectives
- Includes data from the Behavioral Risk Factor Surveillance System (BRFSS) and the Washington State Oral Disease Surveillance System
- Published by the Department of Health, Oral Health Program

Surveillance

Maintain the Washington State Smile Survey for pre-school and elementary school children

▶ Washington State Smile Survey:



- Assesses the oral health of school children every five years
- Provides benchmarks to compare with the Centers for Disease Control's Health People 2020 goals for oral health
- Completed in partnership with:
 - Washington State Department of Health
 - Washington Dental Service Foundation
 - Washington State Department of Early Learning
 - Superintendent of Public Instruction

Surveillance

- ▶ Incorporate oral health measures in surveillance tools, BRFSS, Pregnancy Risk Assessment Management (PRAMS), etc.
- ▶ Develop and implement surveillance systems for vulnerable populations, e.g. Medicaid
- ▶ Maximize community data sources:
 - Dental Workforce Report, Washington State Dental Association, 2012
 - Oral Health Senior Survey, Washington Dental Services Foundation, 2012
 - Emergency Room Use Report, Washington State Hospital Association, 2010

Work Force

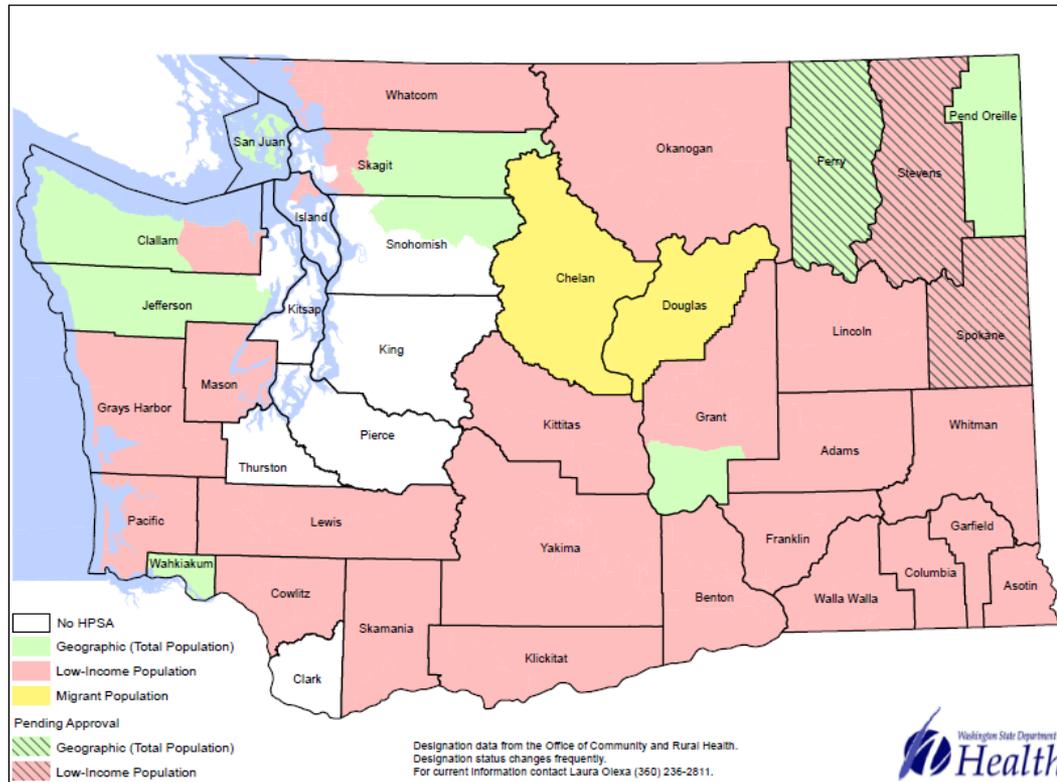
- ▶ Health disparities decrease when all Washington residents are able to access dental care



- ▶ **Recommendation:** Develop health professional policies and programs which better serve the dental needs of underserved populations

Work Force

- ▶ Federally Designated Health Professional Shortage Areas for Dental Care, July 2013



Work Force

- ▶ Find Opportunities to develop a workforce that provides care to the dental underserved regions in our state
 - Partner with academic institutions
 - Recruit professionals:
 - From communities that face the highest incidence of tooth decay
 - To serve populations that currently lack access to dental services, including:
 - Rural communities
 - Low-Income families
 - Communities of color

Summary

SBOH Strategic Recommendations on Oral Health:

- ▶ Improve Health Systems
- ▶ Expand Community Water Fluoridation
- ▶ Promote Sealant Programs
- ▶ Build Interprofessional Collaboration
- ▶ Improve Oral Health Literacy
- ▶ Sustain Surveillance programs
- ▶ Develop Work Force

Questions?

From: Christi Ellefson
Sent: 1/17/2024 11:59:52 AM
To: DOH WSBOH
Cc:
Subject: Important vaccine information



attachments\55A4B10E46FE4306_20240103-halt-use-covid19-mrna-vaccines.pr.pdf

External Email

https://www.floridahealth.gov/_documents/newsroom/press-releases/2024/01/20240103-halt-use-covid19-mrna-vaccines.pr.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2F_documents%2F2024%2F01%2F20240103-halt-use-covid19-mrna-vaccines.pr.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Cfabdfcb1158547af321008dc17965613%7C>

From: Scott Shock

Sent: 1/7/2024 2:07:20 AM

To: DOH Secretary's Office,DOH Office of the Chief of Staff,DOH Office of Innovation and Technology,DOH Office of Prevention Safety and Health,DOH Office of Strategic Partnerships,DOH Office of Health and Science,DOH Office of Public Affairs and Equity,DOH OS Executive Office of Policy Planning and Evaluation,DOH Office of Resilience and Health Security,DOH WSBOH,AGOOmbuds@atg.wa.gov,Ferguson, Bob (ATG)

Cc:

Subject: Call for a Halt to the Use of COVID-19 mRNA Vaccines



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External Email

I'm still looking forward to responses on what actions the WSDOH, WSBOH, and WA AG are taking to protect the people of Washington State against these unsafe products, and to gain justice for those injured by these products. Here is more for your consideration.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fsummary-of-the-evidence-against%3Fr%3Dtaogl%26utm_campaign%3Dpost%26utm_medium%3Demail&data=05%7C02%7Cwsboh>

A summary of the evidence against the COVID vaccines

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fsummary-of-the-evidence-against%3Fr%3Dtaogl%26utm_campaign%3Dpost%26utm_medium%3Demail&data=05%7C02%7Cwsboh>

open.substack.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fsummary-of-the-evidence-against%3Fr%3Dtaogl%26utm_campaign%3Dpost%26utm_medium%3Demail&data=05%7C02%7Cwsboh>

Here is a short list of reasons that everyone should be concerned about the COVID vaccine. This is not an exhaustive list.

1. Doctors are told to trust the FDA and CDC, but not verify, when prescribing vaccines. All the post-marketing safety data is kept hidden by health authorities so not even doctors can look at the data themselves to find out if any vaccine is safe. Doctors

have to trust the authorities. They are essentially told: "trust, do not verify."

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2. The CDC itself doesn't have the data to make a post-marketing independent vaccine safety assessment and they are not interested in obtaining the data either! The CDC relies on the FDA who relies on the manufacturer to test the product. The CDC could ask states for vaccination records tied to death records, but they don't want to even ask because if they did an analysis, it could be discovered in a FOIA request. The CDC basically has no interest whatsoever in verifying what the actual safety data is.

3. Lack of transparency by health authorities. Not a single health authority anywhere in the world has ever released anonymized record-level patient data for independent researchers to assess the safety of any vaccine. There isn't any paper in a peer-reviewed journal showing that health outcomes are improved if public health data is kept secret.

4. Lack of interest in data transparency by the medical community. Can you name a single high-profile pro-vaccine member of the medical community who has called for data transparency of public health data? Time-series cohort analyses can be easily produced by health authorities and published for everyone to see. These would show safety signals and do not jeopardize patient privacy. These are all kept hidden.

5. We aren't allowed to see even the simplest of charts. Wouldn't it be great to define two cohorts on July 1, 2021: COVID vaccinated vs. COVID unvaccinated. Then you simply record the deaths from that point forward and plot them. Why isn't this being published?

6. Misinformation is deemed to be a problem, but the people making these statements are unwilling to take any steps to stop the so-called misinformation. These steps include: open public discussion to resolve differences of opinion and making public health data available/public in a way that preserves privacy. For example, HHS (as well as every state health department) should welcome all of us with open arms and invite us to query their databases (such as VSD and Medicare in the case of HHS) and publish whatever we find. Why does this information need to be hidden? The numbers tell the story, not the individual records.

7. No response from health authorities to reasonable requests. I've sent emails to Sarah Caul of the UK ONS on four ways the ONS can increase data transparency. There was no response.

8. No response when asked to explain damaging evidence. When credible scientists receive government data that shows very troubling safety signals, there is a total unwillingness of any health authority to discuss the matter and resolve it.

9. The US Medicare data clearly shows mortality increases after people take the jab. Is there any epidemiologist who can explain why deaths rose during a period in time when they should have been falling (per the Medicare death data)?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F1e2cd25-47f2-9c53-1f9b1b3fd807%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7>>

For the first 120 days after the shots given in March 2021, death rates overall were falling. But if you got the vaccine, your death rates went up. We know from data from other vaccines that the baseline death rate of 81-year olds in Medicare is 3.85%, so the baseline death rate of this group is <800 deaths a day. These deaths climb far above baseline after you took the COVID shot.

10. The patient-level data released from NZ data confirms that mortality increases after the shots are given despite the fact that most of the shots were given during time periods when deaths were falling

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NZ data: Doses 2 and 4 were given while background mortality was falling, dose 3 while rising. So we'd expect the slope to fall in the first 6 months after vaccination. It does the opposite.

11. Anecdotes such as the one from Jay Bonnar

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F33ac373-4b28-b55c-d90cae2b6e57%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7>>

who lost 15 of his DIRECT friends unexpectedly since the shots rolled out. Four of the 15 died on the same day as that vaccine was given. Before the shots rolled out, Jay had lost only one friend unexpectedly. The probability this happened by chance is given by $\text{poisson.sf}(14, .25)$ which is $5.6e-22$. So this can't happen by chance. SOMETHING killed Jay's friends and 4 of the 15 died on the same day as they were vaccinated. Is there a more plausible explanation for what killed Jay's friends? All of them who died were vaccinated with the COVID vaccines.

12. Well done studies like the one done by Denis Rancourt

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F8fb7d4e4-4eec-bce1-99237cda9de5%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7>>

showing 1 death per 800 shots on average. Jay Bonnar estimates he has around 14,000 friends so Jay's numbers are consistent with Rancourt's results.

13. Survey data like Skidmore

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fb2c6f7a-420b-a525-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fb2c6f7a-420b-a525-325379d1e6da%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

325379d1e6da%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7 and Rasmussen Reports

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F48567aa-4d85-818e-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F48567aa-4d85-818e-422a5362a138%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

422a5362a138%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7 showing that hundreds of thousands of Americans have been killed by the COVID shots.

There have never been any counter surveys published showing this not to be the case.

14. The lack of any success stories. It appears that “vaccine success stories” where COVID infection fatality ratios dropped or that myocarditis cases plummeted do not exist.

The US Nursing home data

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F6fab881-48d4-ab92-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F6fab881-48d4-ab92-b38a07406cd8%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

b38a07406cd8%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7

shows that the infection fatality rate (IFR) increased after the vaccine rolled out. There is nobody using that data making the claim it reduced the IFR.

15. Anecdotes from healthcare are extremely troubling. One nurse

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F9b6f4c-4e32-b913-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F9b6f4c-4e32-b913-8a8057b3f865%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

8a8057b3f865%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7

reported a hospital admission rate that was 3X higher than anything in the 33-year history of the hospital after the COVID vaccines rolled out. Symptoms rarely ever seen were common after vaccines rolled out in that age group.

16. Lack of autopsies in clinical trials and post-marketing. The CDC doesn’t request anyone to do autopsies even for people who die on the same day as they got the vaccine. Don’t they want to know what killed those people... just to be sure?

17. Young people dying in sleep. There are way too many cases of young people who die in their sleep after being vaccinated. Doctors say this is a rare event. Now it is much more common. If the shots are safe, why is this happening?

18. I have direct personal experience with the vaccine: two people I know were killed by the vaccine, none from COVID. I know many people who are vaccine injured from the COVID vaccine.

19. Ed Dowd’s book statistics. This very popular book (“Cause Unknown”

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F15cc0d0-49b8-b054-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F15cc0d0-49b8-b054-b3c76b9b9d2b%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7)

b3c76b9b9d2b%3Fj%3DeyJ1IjoidGFvZ2wifQ.6dRNRWa0LFC4PLtNGoJqvfmMd1pcH-6zh1fnBKsOnmQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Caacf7d1c246240cc3f3408dc0f6811e4%7

) listed 500 who died unexpectedly. Ed didn’t know how many were unvaccinated. Only one person has come forward saying that one of the people in the book who died after the vaccines rolled out was unvaccinated.

20. Prominent doctor/scientists switching sides. Paul Marik is one of the top intensivists in the world. After seeing many COVID vaccine injured patients, he changed his mind about the safety of vaccines. When he was not allowed to practice medicine consistent with his Hippocratic Oath, he resigned his position.

21. The corruption with COVID protocols. The COVID hospital protocols likely caused

my family)? I look forward to your responses.

Scott Shock
Seattle

Joseph A. Ladapo, MD, PhD on X: "I am calling for a halt to the use of mRNA COVID-19 vaccines. <https://t.co/olg8VTh6gB>" / X (twitter.com)

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

Florida State Surgeon General

Calls for Halt in the Use of

COVID-19 mRNA Vaccines

Tallahassee, Fla. – On December 6, 2023, State Surgeon General Dr. Joseph A. Ladapo sent a letter

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s)

[Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s)

to the United States Food and Drug Administration (FDA) Commissioner Dr. Robert M.

Califf and Center for Disease Control and Prevention (CDC) Director Dr. Mandy Cohen

regarding questions pertaining to the safety assessments and the discovery

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosf.io%2Fpreprints%2Fosf%2Fmjd>

[of billions of DNA fragments per dose of the Pfizer and Moderna COVID-19 mRNA vaccines.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosf.io%2Fpreprints%2Fosf%2Fmjd)

The Surgeon General outlined concerns regarding nucleic acid contaminants in the approved Pfizer and Moderna COVID-19 mRNA vaccines, particularly in the presence of lipid nanoparticle complexes, and Simian Virus 40 (SV40) promoter/enhancer DNA. Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines into human cells and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells. The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into human cells.

In 2007, the FDA published guidance on regulatory limits for DNA vaccines in the Guidance for Industry: Considerations for Plasmid DNA Vaccines for Infectious Disease Indications (Guidance for Industry)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667>

[. In this Guidance for Industry, the FDA outlines important considerations for vaccines that use novel methods of delivery regarding DNA integration, specifically:](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667)

- * DNA integration could theoretically impact a human's oncogenes – the genes which can transform a healthy cell into a cancerous cell.
- * DNA integration may result in chromosomal instability.
- * The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site.

On December 14, 2023, the FDA provided a written response providing no evidence that DNA integration assessments have been conducted to address risks outlined by the FDA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667>

[themselves in 2007. Based on the FDA's recognition of unique risks posed by DNA](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667)

integration, the efficacy of the COVID-19 mRNA vaccine's lipid nanoparticle delivery system, and the presence of DNA fragments in these vaccines, it is essential to human health to assess the risks of contaminant DNA integration into human DNA. The FDA has provided no evidence that these risks have been assessed to ensure safety. As such, Florida State Surgeon General Dr. Joseph A. Ladapo has released the following statement:

"The FDA's response does not provide data or evidence that the DNA integration assessments they recommended themselves have been performed. Instead, they pointed to genotoxicity studies – which are inadequate assessments for DNA integration risk. In addition, they obfuscated the difference between the SV40 promoter/enhancer and SV40 proteins, two elements that are distinct.

DNA integration poses a unique and elevated risk to human health and to the integrity of the human genome, including the risk that DNA integrated into sperm or egg gametes could be passed onto offspring of mRNA COVID-19 vaccine recipients. If the risks of DNA integration have not been assessed for mRNA COVID-19 vaccines, these vaccines are not appropriate for use in human beings.

Providers concerned about patient health risks associated with COVID-19 should prioritize patient access to non-mRNA COVID-19 vaccines and treatment. It is my hope that, in regard to COVID-19, the FDA will one day seriously consider its regulatory responsibility to protect human health, including the integrity of the human genome."

In the spirit of transparency and scientific integrity, State Surgeon General Dr. Joseph A. Ladapo will continue to assess research surrounding these risks and provide updates to Floridians.

On September 13, 2023, State Surgeon General Dr. Joseph A. Ladapo provided guidance <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffloridahealthcovid19.gov%2Fwp-content%2Fuploads%2F2023%2F09%2F20230913-booster-guidance-final.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40sboh> against COVID-19 boosters for individuals under 65 and younger. In addition to aforementioned concerns, providers and patients should be aware of outstanding safety and efficacy concerns outlined in the State Surgeon General's previous booster guidance released in September.

From: Arne Christensen
Sent: 1/17/2024 11:09:22 AM
To: DOH WSBOH
Cc:
Subject: lonely people walking in the rain wearing face masks

External Email

The health department needs to stop lying to us about the effectiveness of face masks, vaccines, and social distancing for protecting people against covid. I just saw a man with a flimsy blue plastic mask walking outdoors, by himself, in the cold rain. He is only doing this because public health agencies have lied about masks for 4 years, and have inexplicably failed to advise people that masks don't work when wet.

From: bill teachingsmiles.com
Sent: 1/8/2024 8:32:17 AM
To: DOH WSBOH
Cc:
Subject: Public Comment 1/10/2024 Osmunson

External Email

Dear Washington State Board of Health,

I am requesting to provide public comment for the January 10, 2024 Board of Health Meeting.

My comments:

The Board of Health is the highest health authority in Washington State. Overhearing one Board member say, "but we are not supposed to have to look at the science." My jaw dropped almost to the floor. If the Board does not read science, what does the Board use to determine "health" policy such as fluoridation? Gossip? Rumors? Industry? The Dental Lobby?

In effect, the Board trusts the dental lobby and disregards inconvenient empirical factual evidence, laws and authorities such as:

I. The Washington State Board of Pharmacy, who determined that fluoride is a "legend drug." However, the Board of Health disagrees and trusts the dental lobby. The Board of Pharmacy was disbanded in part because they agreed with the law and science that fluoride ingested with intent to prevent disease is a prescription drug. Are you Board of Health doctors willing to put your license on the line prescribing the drug for everyone in Washington State without their consent or being patients of record? That would be unethical. Pharmacists have more training and expertise with toxins, dosage, adverse reactions and inter reactions of toxins than any other licensed profession. What empirical evidence does the Board of Health have which disagrees with the Board of Pharmacy? None. The Board of Health is violating science and laws of health.

See: Krzeczkowski JE, et al. Prenatal fluoride exposure, offspring visual acuity and autonomic nervous system function in 6-month-old infants.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>
Environment International. 2023

II. U.S. Congress which has authorized the Food and Drug Administration Center for Drug Evaluation and Research (FDA CDER) to determine the efficacy, dosage, safety and label of substances used to prevent disease. No, the Board trusts the dental lobby.

III. FDA CDER warns, "Do Not Swallow". Instead, the Board trusts the dental lobby and promotes mandated fluoride ingestion for everyone without patient consent, without patient dosage control, without the Doctor as legal intermediary, without regard for age or health of the patient. FDA CDER has determined fluoride ingestion lacks evidence of efficacy. And the FDA has given warnings to bottled water manufacturers (not FDA CDER approved) the fluoridated water must not be marketed to those under two years of age. The Board of Health is harming the public by disagreeing with authorized regulatory agencies.

IV. The Environmental Protection Agency scientists finding over two decades ago that fluoridation borders on a criminal Act because of toxicity and lack of current benefit. The Safe Drinking Water prohibits the EPA from adding anything to water to treat humans, so the Board trusts the dental lobby. And the EPA Dose Response Analysis and Relative Source Contribution of 2010 reporting that most or all infants and toddlers are ingesting too much fluoride.

V. The National Research Council 2006 report for the EPA that EPA's Maximum Contaminant Level for fluoride was not protective and harms most if not all cells and systems of the body. Instead, the Board of Health trusts the dental lobby. Fluoride is a contaminant the Board recommends adding to water.

VI. The National Toxicology Program reporting fluoride is a presumed developmental neurotoxin with 55 human studies, 52 reported IQ loss a 95% consistency. And their meta-analysis reports IQ loss. But no. The Board would rather trust the dental lobby rather than toxicologists for toxicity. Not everyone has the same sensitivity to drugs/toxins or the same health or the same ability to handle drugs/toxins. Some individuals had much more IQ loss and some were probably unaffected. The mean is not protective or representative of each individual. The Board must protect everyone, not just the healthiest and wealthiest.

"This January, Birnbaum

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fen.wikipedia.org%2Fwiki%2FLinda> issued a scathing legal declaration as part of the lawsuit, writing, 'The decision to set aside the results of an external peer review process based on concerns expressed by agencies with strong policy interests on fluoride suggests the presence of political interference in what should be a strictly scientific endeavor.' Birnbaum said she issued the legal declaration in part over concerns the report might never be publicly released... the science proves there is 'no real benefit' from ingesting fluoride. 'The benefit from fluoride is from topical applications,' she said." - Capital and Main (March 14, 2023)

VII. Only one RCT (randomized controlled trial, the highest quality of research) of fluoride ingestion has been published and it report no statistical benefit from ingesting the fluoride. That's right. NO, NONE, ZERO quality studies reporting dental benefit of fluoride ingestion. No wonder the FDA said the evidence of efficacy is incomplete.

VIII. The lack of mechanism of action. Fluoride cannot go from the blood to the tooth pulp chamber through the calcium rich dentin and enamel to the outside of the tooth where the dental caries are forming and active. Fluoride during swallowing of water is short term and little gets to the lower teeth and the theoretical slight increase of fluoride in saliva with water at 0.7 ppm is too dilute to have an effect. Research has not reported a benefit at 700 ppm let alone 0.7 ppm.

IX. 97% of Europe does not fluoridate their water. And their dental caries are a similar rate as fluoridated communities and states not fluoridated.

X. CDC has known since the publication of the 2006 National Research Council (NRC) report to the EPA, that there is no safety data for susceptible sub-populations and significant scientific evidence of probable harm. In 2018, Mr. Casey Hannan of the CDC admitted under oath in a deposition for the trial in federal court expected to wrap up in February 2024 that the CDC accepts the 2006 NRC conclusions. Mr. Hannan also admitted that the CDC has no safety data specific to pre- and post-natal exposure. We understand Mr. Hannan decided to retire before commencement of that trial.

XI. Public Health Service (PHS) researchers advised the PHS in 1956 and 1961 that a portion of the allergic population would experience significant and acute ill effects from fluoridation programs with no pragmatic recourse to avoid the irritant. Other researchers in that decade advised that the placentas of women living in 'optimally' fluoridated

communities were saturated with fluoride at twice the concentration of the water they drank. They opined that although they didn't know the fetal impact, the mothers would probably be fine. (Feltman 1956; Feltman & Kosel 1961; Gardner et al. 1952)

PHS lowered fluoridation concentration recommendation from 0.7-1.2 mg/L to 0.7 mg/L. However, no studies on efficacy have been done at current lower concentrations.

Once again, I am calling for the Board to remove their endorsement of fluoridation from your web site and protect the fetus and infants from known harm.

Current evidence is alarming on fluoride's contribution not just to lower IQ, but also to preterm birth and infant mortality.

See also <https://www.fluoridelawsuit.com/science>

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

Once again, I am calling for the Board to remove their endorsement of fluoridation from your web site and protect the fetus and infants from known harm.

Bill Osmunson DDS MPH

From: Arne Christensen
Sent: 2/6/2024 1:21:14 PM
To: DOH WSBOH
Cc:
Subject: alleged Taiwan face mask death

External Email

You need to read this article from January, "Infant dies after allegedly suffocating on mask at New Taipei daycare":

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffocustaiwan.tw%2Fsociety%2F2024>

It begins: "Authorities in New Taipei on Wednesday said they are investigating the death of an 11-month-old boy at a public daycare center, which the child's family allege happened when he suffocated on a mask a teacher forced him to wear."

After reading it, do you still think face masks are just an inconvenience? I don't accept the reply that public health authorities never said infants should have to wear masks. Normalizing and requiring masks on toddlers was going to lead to requiring masks on infants somewhere in the world.

From: Garry Blankenship
Sent: 2/5/2024 8:15:15 AM
To: hcinfo.infosc@canada.ca,DOH
WSBOH,dhsmoh@yahoo.com,secretary@health.gov.bz, Van De Wege, Kevin, Chapman,
Mike
(LEG),sheriff@co.clallam.wa.us,mozias@co.clallam.wa.us,rjohnson@co.clallam.wa.us,shahidafatin@gmail.c
Allison 2 (DOHi)
Cc:
Subject: The NOP BOH Needs Introspection

External Email

I do not doubt the BOH intentions, but recommending, promoting and mandating these mRNA injections was and remains a colossal mistake. Denying the naturally immune public access was worse. The Federal, State and local pandemic management record is without exception an abject failure. I request the Board make the effort to insure mistakes like this never repeat.

https://www.theepochtimes.com/health/for-every-life-saved-mrna-vaccines-caused-nearly-14-times-more-deaths-study-5579794?utm_source=Ccpv&src_src=Ccpv&utm_campaign=2024-02-05&src_cmp=2024-02-05&utm_medium=email&est=0Y%2F9GSyc74a%2FdwbERhO%2FTk2D8BeBhXgQlredhB%2Fte85A4PYzcUd

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fhealth/for-every-life-saved-mrna-vaccines-caused-nearly-14-times-more-deaths-study-5579794%3Futm_source%3DCcpv%26src_src%3DCcpv%26utm_campaign%3D2024-02-05%26src_cmp%3D2024-02-05%26utm_medium%3Demail%26est%3D0Y%252F9GSyc74a%252FdwbERhO%252FTk2D8BeBhXgQlredh>

Sincerely,

Garry Blankenship

From: patrice tullai
Sent: 1/5/2024 6:34:20 PM
To: DOH WSBOH
Cc:
Subject: Racism is a public health crisis

External Email

Hello, and good day to you,
When I was a child all children played together no matter race or color or religion, the policies that are being inflamed are creating more division among people, not less. I see division and victim mentality being pushed to the forefront, this does not help our children, youth, or society, this is dividing people. We need to come together. The problems come from classthe poor suffer. I would like to encourage you to not act under the idea, or create policies that racism is a public health problem ,
Thank you
I hope you and 2024 work to bring humanity together not divided,
Patrice Tullai
PateiceTullai@gmail.com

From: DOH WSBOH
Sent: 3/8/2024 11:51:33 AM
To: DOH WSBOH
Cc:
Subject: FW: My Public Comments

Forwarding as this email has the same subject line as her email from 3/7 and the system would not accept a duplicate.

From: Melissa Leady <melleady@yahoo.com>
Sent: Friday, March 8, 2024 11:11 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: My Public Comments

External Email

As part of the PEAR Plan Development, will the Department of Health (DOH) be conducting a pandemic policy review, looking at some of the unintended negative impacts of covid policies? Pandemic policy in Washington state disproportionately impacted lower-income families and people of color.

Loss of in-person learning at schools resulted in lower test scores. In Vancouver, for example, the city is providing \$500,000 to the Vancouver Public School District to address covid learning loss at elementary schools in the Fourth Plain corridor. These are among the most ethnically diverse and economically challenged schools in the district. For the students in these schools, the cost of covid learning loss could be felt for their lifetimes, according to a UN study on children living in learning poverty.

Covid job loss also disproportionately impacted low wage jobs, as the "laptop class" quickly transitioned to working from home. At my last county board of health meeting, my local health director mentioned that the covid job loss often resulted in loss of health insurance. Has there been any assessment of the effects of pandemic policy-related job loss on access to healthcare?

During the pandemic, the public was told to isolate and parks and outdoor recreation were closed. The obesity rate in Washington state increased 2%. Obesity is closely linked to a wide variety of negative health outcomes, including diabetes, heart disease, cancer, and covid death. According to the CDC, the current obesity rates in Washington state by race are: 10% Asian, 30% white, 36% Black, 36% Hispanic, and 43% Native American. Will the PEAR Plan Development be looking at differing rates of obesity by race as part of their efforts to understand differing rate of covid deaths by race?

These are just a few examples. Other areas to explore include : impacts on small businesses and restaurants, school enrollment, mental health, anxiety, depression,

substance abuse, drug overdoses, domestic violence, housing and housing affordability, food insecurity, and loss of cultural events and religion gatherings.

In addition, has there been an assessment of the impacts of the Washington state vaccine mandate? A recent study comparing states with vaccine mandates and states banning vaccines mandates showed 1) no comparable difference in vaccine uptake; and 2) reduced rates of flu and booster uptake in states that imposed mandates.

Does DOH attribute the low 2023-2024 rates for flu vaccination (30%) and covid vaccination (18%) to "blow back" from the vaccine mandates? What was the impact of the mandates of jobs and healthcare? In Clark County, for example, there was a 10% drop in hospital beds after the mandate took effect, when some hospital staff chose to quit instead of getting vaccinated. Eventually that difference was made up by employing traveling nurses at an increased cost, driving up costs locally.

I hope that DOH will take the time to assess the "collateral damage" of covid policy decisions, as former NIH director Francis Collins recently termed it. Perhaps this could be done in conjunction with the PEAR Impact Assessment.

Sincerely,

Melissa Leady

Clark County Resident

From: Garry Blankenship
Sent: 3/2/2024 8:22:24 AM
To: Van De Wege, Kevin, Chapman, Mike (LEG), DOH
WSBOH, sheriff@co.clallam.wa.us, mozias@co.clallam.wa.us, rjohnson@co.clallam.wa.us, shahidafatin@gmail.com
Allison 2 (DOHi), Tharinger, Steve
Cc:
Subject: Higher Mortality In Vaxed Vs Unvaxed

External Email

Good Day All,

I have found any contra "vaccine" information, regardless of documentable verification, to be summarily dismissed by most medical practitioners, particularly those holding any authoritative position, with no effort to independently vet that information. No objectivity in vetting drug safety is a huge looming problem that will not go away. Confidence in our health care system has been critically damaged by a lack of acknowledging mistakes made in the "pandemic". It is clear that the medical community was given false information on the COVID "vaccines", treatment protocols and repurposed drugs, but the absence of acknowledging that will self destruct the medical complex. I implore you to stop pretending that promoting these mRNA platform injectable products was or is health positive. These drugs are killing the young and working aged disproportionately.

https://www.theepochtimes.com/health/study-finds-higher-mortality-among-vaccinated-patients-hospitalized-for-covid-19-post-5597490?utm_source=Ccpv&src_src=Ccpv&utm_campaign=2024-03-02&src_cmp=2024-03-02&utm_medium=email&est=AAAAAAAAAAAAAAAAaes4chIex8Tb%2F5MNsWhaCqduhU0LM8%2FAPpFNrub

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fhealth/study-finds-higher-mortality-among-vaccinated-patients-hospitalized-for-covid-19-post-5597490%3Futm_source%3DCcpv%26src_src%3DCcpv%26utm_campaign%3D2024-03-02%26src_cmp%3D2024-03-02%26utm_medium%3Demail%26est%3DAAAAAAAAAAAAAAAAaes4chIex8Tb%252F5MNsWhaCqduhU0LM>

Not seeking anonymity,

Garry Blankenship

From: Michelle Anderson
Sent: 2/1/2024 5:10:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for the Environmental Health Committee

External Email

Dear Board.

I would just like to remind you that Mandatory COVID shots or testing is unacceptable!

It is now just another virus that we must all deal with!

Just like the FLU, Common Cold or any other Corona Virus (there are a bunch and tests don't tell you WHICH one it is)

We are ADULTS and we can make decisions for our own children!

Government mandates are unnecessary!

Thank you very much for all you do!

From: Garry Blankenship
Sent: 2/24/2024 7:40:04 AM
To: Van De Wege, Kevin, Chapman, Mike (LEG), DOH
WSBOH, sheriff@co.clallam.wa.us, mozias@co.clallam.wa.us, rjohnson@co.clallam.wa.us, shahidafatin@gmail.com
Allison 2 (DOHi)
Cc:
Subject: "Vaccine" Adverse Events

External Email

I can only hope those responsible for promoting and particularly mandating these toxins are held accountable. These injections violate informed consent and the Hippocratic Oath.

https://www.theepochtimes.com/health/a-host-of-notable-covid-19-vaccine-adverse-events-those-backed-by-evidence-5590525?utm_source=Health&src_src=Health&utm_campaign=health-2024-02-24&src_cmp=health-2024-02-24&utm_medium=email&est=AAAAAAAAAAAAAAAAaes4chIex8Tb%2F5MNsWhaCqduhU0LM8%2FAPpFNrub

From: Stuart Halsan
Sent: 2/6/2024 8:07:49 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

For Patty Hayes

I have some genealogical info for you.. You can reach out to me at this email.
Hope all is well.
Stuart Halsan
Sent via the Samsung Galaxy S9+, an AT&T 5G Evolution capable smartphone

From: Karen Spencer
Sent: 3/8/2024 10:05:47 AM
To: DOH WSBOH
Cc:
Subject: Comment: Fluoridation Poisoning

External Email

"Fluoride is capable of producing any number of symptoms. They include drowsiness, profound desire to sleep, dizziness, nasal congestion, sneezing, runny nose, sore throat, coughing, wheezing (asthma), chest pain, hives, and various intestinal symptoms. Most of the information concerning specific reactions to fluoride, as seen in private practice, never reach publication." - Hobart Feldman, MD, American Board of Allergy and Immunology (1979)

Board of Health -

I signed up to make a comment on Wednesday March 13th, but may be unavailable at that time. Therefore, I am sending a written comment for your consideration:

MY PERSONAL STORY:

My name is Karen Spencer. I am a retired analyst and project management consultant who has worked with all levels of Corporate America.

I am angry about what happened to me and my children. I was poisoned by fluoridated water while pregnant in 1981. My normal pregnancy turned difficult overnight. I was ill with chronic dizziness, nausea, bloody stools and rashes beginning the first week of July. I didn't make the connection to water until much later. Fluoridation began on July 1st.

I did not recover after giving birth. Worse, both my children shared my symptoms. It took me until late 1982 to realize tap water was causing our rashes and gastrointestinal problems. My primary care physician who was the Chair of the Board of Health yelled me out of his office in November when I asked if the water could be making us sick. In January '83, an allergist specializing in environmental health recommended I only use spring water in glass bottles for all of our water needs, which alleviated our symptoms.

Since bottled water is expensive, I installed a high-quality under the sink filter in '91. I was diagnosed with Lyme disease about the same time, so I accepted my doctors attribution of my emerging and ongoing arthritis and neurological symptoms to Chronic Lyme. They also diagnosed me with irritable bowel syndrome. I was in my 30s. I developed kidney and liver problems in my 50s.

I switched back to bottled water in 2014 to see if it would have a positive effect on my declining health. It did— within days. My multi-stage system wasn't adequate and never had been. Can you imagine my outrage when I realized, in my 60s, that decades of arthritis, gastrointestinal illness, neurological issues and even concerns over organ failure had been fluoride poisoning?

There is no happy ending for me. The damage to my bones and spinal discs from decades of fluoride poisoning cannot be undone, and neither can the damage to my son who has learning disabilities consistent with what has been validated by developmental neurotoxicity studies.

The chair of my local board of health, a doctor, told me in 2014 that "they" knew some

people would have problematic symptoms from fluoridation, but it was a "greater good" to prevent a cavity or two in poor children. Please don't tell me that my life and the lives of my children are collateral damage. I suggest that ending fluoridation not only provides health equity for susceptible sub-populations, but also serves justice to the grandchildren of my baby-boomer generation who were poisoned by an ill-conceived, immoral medical mandate.

* CAPE ANN STORY WITH REFERENCES: <https://fluoridealert.org/wp-content/uploads/SalemState2016.09.07.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fwp-content%2Fuploads%2FSalemState2016.09.07.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

* ANNOTATED SCIENCE BIBLIOGRAPHY: <https://www.fluoridelawsuit.com/science>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fluoridelawsuit.com%2Fscience>>

For more about me, see my signature.

Regards,

Karen Favazza Spencer
Leominster, MA 01453
978.283.4606

Subscribe on YouTube

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fchannel%2FvZ55u7oKUchQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

See the Call to Action

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.greenmedinfo.com%2Fblog%2Fletter-nutritionists-about-fluoride-deception&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

More power to you if fluoridation doesn't bother you, but not the power to assume it's safe for your neighbor with kidney disease, his pregnant wife or their diabetic daughter!

About Karen: Currently a semi-retired consultant working with software development teams, Karen Spencer is a former analyst and project leader. She is adept at conducting research and analyzing trends. Her special interests include critical thinking, data-driven decision making, and organizational theory. She and others in her family are among the 15% of Americans with chemical sensitivities triggered by exposure to fluoridated food and drink. Karen's publications were featured in:

Medical Hypotheses (2018): <https://pubmed.ncbi.nlm.nih.gov/30396472/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F30396472/>>

GreenMed (2019): <https://www.greenmedinfo.com/blog/wetoo-medical-assault-and-battery>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.greenmedinfo.com%2Fblog%2Fwetoo-medical-assault-and-battery&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>>

Gloucester Times (2022): https://www.gloucestertimes.com/opinion/column-stop-poisoning-gloucester/article_0089c49c-1278-11ed-8a42-fb294218a4fe.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gloucestertimes.com%2Fopinion%2Fcolumn-stop-poisoning-gloucester%2Farticle_0089c49c-1278-11ed-8a42-fb294218a4fe.html&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C684f7f0a9660495d62fd08dc3f99f847%7C11d0e2>

Message to CDC (2022): <https://www.youtube.com/watch?v=PzviupO1cDQ>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Collaborative Activism (2022-current): <https://www.fluoridelawsuit.com/actions>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fluoridelawsuit.com%2Factions>

Bill in MA Legislature (2023): <https://malegislature.gov/Bills/193/S460>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmalegislature.gov%2FBills%2F193>

Document Fraud at CDC (2024):
https://www.researchgate.net/publication/377152337_Document_Fraud_at_CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.researchgate.net%2Fpublication>

From: Garry Blankenship
Sent: 2/17/2024 10:31:07 AM
To: hcinfo.infosc@canada.ca,DOH WSBOH,OADS@cdc.gov,sheriff@co.clallam.wa.us, Van De Wege, Kevin,Chapman, Mike (LEG),mozias@co.clallam.wa.us,rjohnson@co.clallam.wa.us,shahidafatin@gmail.com,gbsjrmd@sisna.com,m Allison 2 (DOHi)
Cc:
Subject: Vaccine Shedding

External Email

Fascinating article and video on shedding. The probability of vaccinated people shedding spike proteins on other people is very real.

https://www.theepochtimes.com/health/covid-vaccine-shedding-is-real-fda-and-pfizer-documents-are-proof-clinicians-5588819?utm_source=Health&src_src=Health&utm_campaign=health-2024-02-17&src_cmp=health-2024-02-17&utm_medium=email&est=AAAAAAAAAAAAAAAAaes4chIex8Tb%2F5MNsWhaCqduhU0LM8%2FAPpFNrub

From: Cheryl Lewis
Sent: 1/23/2024 7:57:12 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\B7B9A7277A0E4E2B_Sledge - BOH Strategies.pdfDept
o_PRDTOOL_NAMETOOLONG.pdf

External Email

Microsoft Edge - ready to share - Presentation and 6 more pages - Personal - Microsoft
Edge - 15 January 2024 - Watch Video

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.loom.com%2Fshare%2F8bc09cd7d30146e6a46991886f25c8c8-00001.jpg>>

<<https://cdn.loom.com/sessions/thumbnails/8bc09cd7d30146e6a46991886f25c8c8-00001.jpg>>

healthcare hygienist!

Hello All

I am a dental hygienist who would love to see an improvement in oral care for our community. I believe there are many ways to improve this and ran across this publication on your site (it is at the bottom of the page). It seems to be dated 2013. I am wondering how far we have come since then? I have created a presentation that I would like to share with you. It is about 30 minutes long and I feel it promotes your cause in a different light. I would be honored if you would review it and allow me to be a resource to you in this arena. I have a deep desire to improve the oral care of our facility residents, from the hospital to the long term care facilities. I believe dental hygienist's should be employed as a member of each of these facilities as oral care specialists, not to perform traditional dental cleanings but to improve daily oral care which will improve quality of life. Having a hygienist visit a facility every 3-6 months isn't helping people keep their mouths healthy. Please watch my presentation to gain insight on this. I think we should at the very least, create a certification for caregivers, one that specializes in oral care. Maybe they could have increased training on oral diseases to look for (cancer, gum disease, cavities, dry mouth sores, abscesses). Special training on treatment and prevention of caries and gum disease. This distinction could create value of the caregiver and maybe that could translate to an increase in their wage, which may lead to retention, maybe decrease turnover? If there was a team or even an individual in charge of oral care and only oral care, our dependents would not suffer with dry mouth sores and bleeding gums. Oral care is often the first area to be neglected and a visit from the hygienist 2 times a year is not the way to maintain oral health. We are learning more and more about the bacteria's role in our health and allowing plaque (bacteria) and food to linger for days, weeks, months is not promoting health. Often oral care is left to the resident, unless it is noted on the residents care plan to brush for them.

I know you are busy, but please take a moment (30 minutes or so ☐☐) and consider the change that could be made. It's like a child who drowns in the swimming pool, when everyone is watching, no one is watching. We need a go to, a someone in charge of daily oral hygiene to ensure people are receiving the care they need and deserve. This would not only reduce risk of cavities and gum disease, but aspirated pneumonia, sepsis, and death as well.

I am trying to make change starting at the top (you).

I look forward to hearing from you and thank you sincerely for taking the time to consider this.

Sent from Mail

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

From: Cheryl
Sent: 1/30/2024 6:08:46 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\88C9EC27E025473E_my presentation (1).htm



*attachments\5B71ED4076E84D7A_Sledge - BOH Strategies.pdfDept
o_PRDTOOL_NAMETOOLONG.pdf*

External Email

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Best

Cheryl Lewis RDH

From: bill teachingsmiles.com
Sent: 2/29/2024 7:31:08 AM
To: DOH WSBOH
Cc:
Subject: March 13 Public Comment

External Email

Dear Washington State Board of Health,

The Legislature has made one of the duties of the Board of Health to assure drinking water is safe, because water is essential for life.

The Legislature does not say the duty is to assure efficacy, because that's the duty of the FDA.

Fluoridation of public water is not safe because, not once did the EPA expert scientists during the two-week trial before the Superior Court of California (January and February 2024) testify that fluoridation was safe, or effective.

Fluoridation of public water is not safe because, it is a highly toxic contaminated scrubbing of manufacturing, a poison, a prescription drug, not FDA approved, misbranded and adulterated.

Fluoridation is not safe because, it violates an individual's consent, freedom to choose, and their doctor's oversight.

Fluoridation is not safe because, fluoride causes dental fluorosis. I, and most dentists, each made and make hundreds of thousands of dollars treating cosmetic and functional dental fluorosis, harm.

Fluoridation is not safe because, fluoride ingestion increases developmental neurotoxicity as measured with lower IQ. Lower IQ increases the rate of special education in schools, lower wage jobs, more unemployment, more divorce, more incarceration, more grief, fewer gifted, and is bad for America, especially minorities.

Fluoridation is not safe because, fluoride ingestion harms the developing fetus, infant and child as measured with increased miscarriage, increased premature birth, and increased infant mortality.

Fluoridation is not safe because, fluoride ingestion is stored in the bones and as the bones remodel the fluoride is given off. Mother's blood concentration of fluoride in the third trimester increases when she has inadequate intake of calcium for her fetus's needs.

Fluoridation is not safe because, fluoride ingestion harms the joints causing rheumatoid and osteoarthritic-like pain.

Fluoridation is not safe because fluoride ingestion harms the thyroid and is an endocrine disruptor, increasing diabetes, obesity and ADHD.

Fluoridation is not safe because fluoride ingestion increases osteosarcoma a rare but lethal bone cancer, mostly in boys drinking fluoridated water during growth spurts.

Fluoridation is not safe because fluoride ingestion harms the kidneys and GI disorders.

Do not let the fluoridation lobby confuse you. The Board's job is to assure safety. The dental lobby's job is to gain FDA CDER approval. They have failed, but you must not.

We look forward to participating in a forum on fluoride ingestion because we and many are being harmed.

Bill Osmunson DDS MPH

Washington Action for Safe Water

From: Melissa Leady
Sent: 3/7/2024 6:13:04 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

IS THE CURRENTLY AUTHORIZED COVID-19 VACCINE EFFECTIVE?

During a recent county board of health meeting, the health director for my county made the claim that there is state data showing that the updated covid-19 vaccine is effective at preventing severe illness, hospitalizations, and deaths; and that it is effective at preventing infection and thereby transmission.

It seems my local health director is out on a limb in making this claim. If DOH has such data on the updated covid-19 vaccine, they have never publicly shared it.

The DOH report on Hospitalizations and Deaths by Vaccination Status (#421-010), which hasn't updated in three months, begins by stating, "PLEASE NOTE: Information about bivalent booster doses (authorized in the fall of 2022) or the updated monovalent booster doses (authorized in September of 2023) is not included in this report."

Is the board recommending the currently authorized updated covid-19 vaccine? If so, do you have Washington state data showing the vaccine's effectiveness? Please share it with the public.