

External Email

Washington State Board of Health:

Board members, please consider the article linked here, albeit from the last decade, but even more relevant today respecting the current TSCA lawsuit filed against the EPA:

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fpapers.cfm%3Fabstract_id%3D2491117&data=05%7C02%7Cwsboh%40sbh.wa.gov%7Ca7c5c515a8b046bd911f08dc4437eef3%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638460254225703568%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6IjEkaWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=gl%2FRdBBTKhRCLm2T2hbxtvFSTdTum504HP2XntW5sg%3D&reserved=0

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Please be prepared take appropriate action in the near future, following the federal court's anticipated ruling, based entirely on the science, showing fluoridation poses an unreasonable health risk to the most vulnerable.

Best regards,

John Mueller

(918) 237-5296

From: Laura Breymann
Sent: 3/13/2024 10:11:47 AM
To: DOH WSBOH
Cc:
Subject: Public Comment re: Covid-19 protections

External Email

Hello WA DOH,

Thanks for taking public comment today. Since it was limited to 1:30 minutes, I wanted to send my full public comment.

I'm a practicing Family Physician in Seattle, and I've been closely following the Covid-19 pandemic since the beginning. I'm very concerned about the new CDC guidelines shortening the isolation period to only 1d, when we know most people are quite contagious for at least 5 and often still contagious for 10 days. I am glad that WA DOH guidelines have not changed, and the website states that Covid-19 is a serious threat. THANK YOU for taking this seriously.

From an evidence-based public health standpoint, we should not reduce the isolation period before we have better vaccines and treatments for long Covid, and before our schools, healthcare facilities and workplaces have had time to meet the May 2023 CDC IAQ guidelines, which are the same as the new November 2023 WA DOH IAQ guidelines. We now have overwhelming evidence that long Covid is a real risk to long term health for all ages, as evidenced by the recent Pediatrics journal review that outlined how long Covid is not rare in kids (estimates are 10-20%), and the cognitive risks are very concerning. We currently have no treatments for long Covid. Too many people continue to die from acute Covid as well.

Postacute Sequelae of SARS-CoV-2 in Children | Pediatrics | American Academy of Pediatrics (aap.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.aap.org%2Fpediatrics-sequelae-of-sars-cov-2-in-children%3Fautologincheck%3Dredirected%26fbclid%3DIwAR2AyTQWuIkRuz2E8V5ZVq0Ytp2CJHNdnCEwX>>

We need to continue to educate the public about how Covid is different than the flu or other colds, and encourage a multi-layered approach of testing, staying home when sick, early access to treatment if needed, masking with good masks when indoors especially during times of high transmission, improving IAQ and vaccination. So many people aren't aware of these other mitigations, including my highly educated elderly neighbor who recently asked me if a N95 would protect the wearer from infection. She was under the impression that masks were only to be worn if sick. Most of my patients have never heard of long Covid or that everyone is at risk, yet we're expecting them to make their own "risk assessments".

We also need to continue to educate healthcare providers and healthcare staff, and dentists about the seriousness of this disease both in the short and long term, and encourage if not mandate continuation of masking with high quality masks in healthcare centers as well as ensuring adequate IAQ. I'm very concerned about the general lack of awareness even within healthcare. We recently had a new staff member come to our outpatient clinic actively ill with a new respiratory illness but she had not tested for Covid-19 and she was not wearing a mask. This should never happen.

Improving IAQ can dramatically decrease infection risk. Dr. Ali Boris is an invaluable

resource for this, and WA DOH did a fantastic presentation in November 2023, but many school districts are not meeting these guidelines or have an action plan to do so, including my own LWSD. We need to continue to urge schools and workplaces to update their ventilation systems to MERV-13 filters, or at least get HEPA filters in the areas with poor ventilation, and this includes funding assistance. Post-Pandemic Ventilation Guidance for Schools - DOH SchoolEHS Workshop - 11.7.2023 (wa.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoh.wa.gov%2Fsites%2Fdefault%2F11%2FSchoolEHSWorkshop-PostPandemicVentilationGuidance-2023.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C364445e34f9f489c287008dc43803196%7C11d0>

We need to educate businesses, school staff and teachers about the importance of clean air and what we can do, such as opening windows.

I've held my kindergartener out partially due to Covid transmission risk at school and an outdated HVAC system, and district refusal of HEPA filters.

Our medical clinic has an average of 1.8 ACH (poor!), and I am the only one who is concerned. I am personally following as much research as I possibly can, but many healthcare providers are not simply due to lack of time/ being overwhelmed with patient care, and they aren't implementing these simple tools.

It would be so helpful to have WA DOH create a short PSA about Covid-19 including education about the short and long term complications including the huge burden of long Covid, and multi-layered mitigations (testing, isolation, masking, vaccination, indoor air quality), and both post this on the WA DOH website, but also push it out to anyone with an active medical or dental license. I'd be more than happy to volunteer my time to create content for this.

We need to be advocating for cheaper and more available rapid tests nationally. Why are tests so expensive here when I can buy them in bulk from Europe for \$1 each? People need access to these rapid tests, but ideally better and cheaper molecular tests (such as Metrix, Cue or Lucira), especially for vulnerable populations. I am glad that WA DOH has set up testing kiosks. These could be expanded and include good masks such as 3M Aura and handouts about mitigations and treatment (Paxlovid).

Thank you again for all you do, and I hope we can continue to make evidence-based decisions in WA State. I truly think WA could be a leader in this area, providing clear and science-based guidance and education to our communities to benefit everyone's long term health. I am happy to help in any way I can.

Sincerely,
Laura Breymann, MD

From: Adrian Q.S. Chang
Sent: 3/9/2024 6:31:19 PM
To: DOH WSBOH
Cc:
Subject: SIMPLIFIED TESTIMONY



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External Email

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for Windows

ALOHA FROM HAWAII AGAIN!

My earlier testimony, submitted a few days ago, may have been too technical for the average person to comprehend. The easier reason understand why I am opposed to the fluoridation of drinking water is that sodium fluoride and sodium silicofluoride chemicals were previously used as rodenticide (rat poison) and insecticide (roach and lice poison).

When testing for carcinogenic (cancer) safety, sodium fluoride was the only chemical tested. Sodium silicofluoride and fluorosilicic acid were never tested. I also emphasize, **NO FLUORIDATION CHEMICAL HAS EVER BEEN REVIEWED FOR SAFETY AND EFFECTIVENESS BY THE FDA.** Instead these chemicals were categorized as "water treatment chemicals" and placed under the jurisdiction of the American Water Works Association (AWWA), a trade association. The 1994 AWWA Standards for the three fluoridation chemicals was a committee chaired by the National Fluoridation Engineer from the CDC and other officers were from the chemical manufacturers, a serious conflict of interest

From: Adrian Q.S. Chang
Sent: 3/9/2024 6:27:38 PM
To: DOH WSBOH
Cc:
Subject: SIMPLIFIED TESTIMONY



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for Windows

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My earlier testimony, submitted a few days ago, may have been too technical for the average person to comprehend. The easier reason to understand why I am strongly opposed to the fluoridation of drinking water is that sodium fluoride and sodium silicofluoride chemicals were previously used as rodenticide (rat poison) and insecticide (roach and lice poison).

When testing for carcinogenic (cancer) safety, sodium fluoride was the only chemical tested. Sodium silicofluoride and fluorosilicic acid were never tested. I also emphasize, **NO FLUORIDATION CHEMICAL HAS EVER BEEN REVIEWED FOR SAFETY AND EFFECTIVENESS FOR INGESTION BY THE FDA.** Instead these chemicals were categorized as "water treatment chemicals" and placed under the jurisdiction of the American Water Works Association (AWWA), a trade association. The 1994 AWWA Standards for the three fluoridation chemicals was a committee chaired by the National Fluoridation Engineer from the CDC and other officers were from the chemical manufacturers, a serious conflict of interest.

Knowledge of the above facts places the State and Water companies at high risk for legal liability, especially if an overfeed accident occurs, which has happened several times.

Thank you for your consideration,

Adrian Chang

ONE POUND

SODIUM FLUORIDE

Insecticide

EFFECTIVE AGAINST
COCKROACHES
WATERBUGS *and*
LICE *on* POULTRY

ACTIVE INGREDIENT
SODIUM FLUORIDE, NOT LESS THAN 90%
INERT INGREDIENTS, NOT MORE THAN 10%



POISON



NOT FOR INTERNAL USE

From: John Vernon
Sent: 3/13/2024 2:55:42 PM
To: DOH WSBOH
Cc:
Subject: NITRATES

External Email

Sorry to bother. I do not agree with the Departments stance or issue of permits for the Immigrant housing water well requirements, locations, observations, ignorance of facts, reckless, endangering, life threatening, how you determine who and who is not provided protections and safety from the WA State Dept Health.

Before I proceed further, I want you to be aware of the many complaints, concerns, requests for assistance and being heard with serious, truthful, review of facts that are not questioned but determined final, accurate, unimpeachable.

My aquifer, the state's aquifer, my friends, neighbors and thousands around the state being assaulted with toxic nitrates as a result of DOH regulations or not providing healthy applications of rural Washintonians health and safety.

I have been in contact for many years with Eastern WA DOH, Mostly Dorothy Tibbetts, Kimberly, Moore, Grant Co. Stephane Shopbell. All claim to be the final decider of who is and who is not to be provided protected. Please Check.

Nick Plath, Wa Fruit and Produce, Quail Run Orchard, Rd 5 SW, Quincy, WA 98848. Has fully polluted a nitrate priority area with aid of state and county agencies. Process and permits were not fully accurate and given favor to the Orchard owner. The permit for the well that provides for the immigrant housing was permitted in the danger, nitrate priorit, Grant Co.

There have been several complaints of the deadly nitrates involved with the orchard and operation of the production of apples. As you know, Fertilizers and chemical are poisonous and should be treated as so. Unfortunately, contamination to water sources, life, air, and extreme health issues including death. These contaminated areas create surrounding families the loss of drinkable waters and are told to "fend for themselves" with cleaning their water supplies, financial property loss and the deaths, especially to pregnant women, babies, miscarriages birth defects and cancers in all people of all ages.

DOH claim that water wells that provide drinking water for the immigrant farm workers has to be protected. Even at the cost of surrounding families. The agricultue industry is not regulated, monitored on the use of fertilizers and other chemicals which results in the increased levels of nitrate and other poisons to water. You must know and understand this. Yet, aquifers that provide clean drinking water for the DOH wells become polluted, Nitrate Poisoned. When Nitrate levels reach a MCL of 10, the well water for the migrant workers has to be filtered. Ignoring the others that are also being contaminated. The aquafer is then not a concern of the DOH. As unregulated they do not even consider the effects on those left with dirt water. We No zoninbecome "unpeople." Do you know how many people, families, infants aare determined nonpersons?

The arrogance of the priviledged orchard owners to do as they please with no concern of the few regulation they do not respect for the welfare of those living around their orchards or the agreed managment of their housing complexes. They have no building requirements and place these complexes wherever they please, even on my fence line!! Grant Co provided the the owner of said orchard: "It is his property and he can do what he wants!" No zoning requirements, environmental impact studies, concerns for

neighbors, respect for others "Quiet Enjoyment"." Dangers are ignored! Shame on you for the harm you do.

I am the closest adult to this certain housing complex and to suffer the effects of 96 young men with little or no social life. Now the Orchard Owner has decided it OK, to change occupancy dates from June to Oct, to March to Oct. It is an intrusion to our lives. They should remove those workers as I have requested.

I will also provide by fwd email a letter with those I have contacted.

Thanks, respectfully,

John Vernon

20768 RD 5 SW

Quincy, WA 98848

johnvernon21@yahoo.com

509 398 5170

From: audrey55@comcast.net
Sent: 3/9/2024 1:31:28 PM
To: DOH WSBOH
Cc:
Subject: 3-13-24 Public Comment on Fluoridation - 2007 Letter explaining how fluoridation affects people I know

External Email

Please accept my apologies for the late submission---my disabled husband had a medical emergency.

Dear members of the Board of Health,

I am deeply hopeful that 2024 is the year that members of the BOH hear the public's cry for serious attention to the harms of water fluoridation. I have been communicating about fluoridation to the BOH and countless other agencies for nearly a quarter of century. In 2007 I wrote the letter below to state senators and copied to the BOH later. I have since moved to the 14411 address.

Thank you for listening and caring.

Audrey Adams

14411 150th Ave SE

Renton WA 98059

2007 – My letter to state senators explaining how fluoridation affects people I know

December 13, 2007

Dear Senator,

Thank you ever so much for meeting with us regarding water fluoridation. I am well aware of how valuable your time is and am very grateful that you shared some of that precious commodity with us.

My interest in fluoride is because of the following people, for starters, whose health I cherish:

Kyle - age 22, autism – My son suffers from severe chemical sensitivities, as do many children with autism. Fluoridated water causes hyperactivity and severe headaches for Kyle. Removal of fluoride resulted in tremendous relief of symptoms for Kyle and even my headaches disappeared. Avoidance of fluoride is critical, but common household water filters cannot filter out fluoride.

According to the National Research Council (NRC), fluoride can damage the brain. Animal studies conducted in the 1990s by EPA scientists found dementia-like effects at the same concentration (1 ppm) used to fluoridate water, while human studies have found adverse effects on IQ at levels as low as 0.9 ppm among children with nutrient deficiencies, and 1.8 ppm among children with adequate nutrient intake.

Lynn - age 44, celiac disease and osteoporosis - Although Lynn is a nurse, she didn't know until recently that drinking her public fluoridated water increased her risk of bone fracture, which is probably her greatest risk for longevity, since her osteoporosis began in her 30's.

According to the NRC, fluoride can diminish bone strength and increase the risk for bone fracture

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F>
. While the NRC was unable to determine what level of fluoride is safe for bones, it noted that the best available information suggests that fracture risk may be increased at levels as low 1.5 ppm, which is only slightly higher than the concentration (0.7-1.2 ppm) added to water for fluoridation.

Jim - age 65, Parkinson's Disease - After retiring from the bank (where I met him in 1973), Jim developed mental and physical degeneration and was diagnosed with Parkinson's, a disease that has been linked to genetics and environmental chemical exposures.

From the NRC report: "Studies of populations exposed to different concentrations of fluoride should be undertaken to evaluate neurochemical changes that may be associated with dementia. Consideration should be given to assessing effects from chronic exposure, effects that might be delayed or occur late-in-life, and individual susceptibility." "On the basis of information largely derived from histological, chemical, and molecular studies, it is apparent that fluorides have the ability to interfere with the functions of the brain and the body by direct and indirect means."

Sheryl - age 52, chronic lung disease – In 2006 my best friend suffered severe gastrointestinal pain, requiring at least 4 trips to the ER, and later discovered that her symptoms were caused by fluoride poisoning from medications. One, Cipro, is extremely high in fluoride and unavoidable because it is the last antibiotic that is effective against her chronic lung infections. Her anti-depressant medication was also very high in fluoride. That same year she was diagnosed with Hashimoto's Disease or Goiter (the endocrinologist didn't know for sure which) of the thyroid, resulting in surgery to remove half her thyroid due to severe chronic swelling.

According to the NRC, fluoride is an "endocrine disrupter."

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F)

Most notably, the NRC has warned that doses of fluoride (0.01-0.03 mg/kg/day) achievable by drinking fluoridated water, may reduce the function of the thyroid among individuals with low-iodine intake. Reduction of thyroid activity can lead to loss of mental acuity, depression and weight gain. Fluoride is so effective at reducing thyroid activity that doctors prescribed it in the past to treat patients with hyperthyroidism.

In addition to the above friends and family, my neighbor's 19 year old son was diagnosed with kidney failure during his first quarter at the University of Washington - he now receives 5 hours a day of kidney dialysis.

People with kidney disease have a heightened susceptibility to fluoride toxicity. The heightened risk stems from an impaired ability to excrete fluoride from the body. As a result, toxic levels of fluoride can accumulate in the bones, intensify the toxicity of aluminum build-up, and cause or exacerbate a painful bone disease known as renal osteodystrophy

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And finally, I have a number of nieces and nephews who are starting families of their own, but who cannot afford to purchase unfluoridated water for their babies.

In November of 2006, the American Dental Association

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fada.org%2Fprof%2Fresources%2F> (ADA) advised that parents should avoid giving babies fluoridated water. Other dental researchers

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F> have made similar recommendations over the past decade. Babies exposed to fluoride are at high risk of developing dental fluorosis

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fdental-fluorosis.htm&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Cf1e47c8c5f8e409deeeb08dc408006bc%7C1> - a permanent tooth defect caused by fluoride damaging the cells which form the teeth.

Other tissues in the body may also be affected by early-life exposures to fluoride.

According to a recent review published in the medical journal The Lancet, fluoride may damage the developing brain, causing learning deficits and other problems.

This is but a short list of people that can be hurt by the fluoride added to our water supply. Not a single one of them had the opportunity to vote on water fluoridation because we all reside outside of the city of Seattle in water districts that purchase from Seattle, or they were not old enough to vote when it appeared on the ballot decades ago. In every single case, my friends and family have medical needs that far surpass any dental needs or benefits that might be realized from fluoride, IF it were determined to be effective when ingested. But the CDC states that fluoride benefits are topical only. We all brush our teeth and have regular dental checkups.

The problem: NO ONE is giving any of us regular medical checkups for the prescription medication that is forced upon us in our water without our consent and there is no consent or even oversight from our personal physicians. The prescribing "doctor" in this case is the Washington State Dept of Health and they have not so much as taken our pulse in 50 years.

The DOH does not know nor consider the health of their patients, yet they recommend

the prescription of a powerful drug to every single one of us, blissfully assuming that there are absolutely no side effects—supposedly no negative effects to anyone, not even the smallest baby or the sickest child or the oldest woman exposed to a lifetime on that same drug. There is no such drug!...and every dentist and doctor understands this principle, yet many have mentally waived this principle for one drug only: Fluoride. And it isn't even the pharmaceutical grade!

Please support the establishment of a workgroup of scientists to review water fluoridation that can help the WSDOH do that long overdue "checkup" as Dr. Osmunson is recommending.

Sincerely,

Audrey Adams

10939 SE 183rd Ct

Renton, WA 98055

425-271-2229

From: sue coffman
Sent: 3/13/2024 9:45:00 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for March 13 meeting

External Email

Hello Board of Health,

Since we were only given one and a half minutes to comment today, here is what I would have said in full:

I'm Sue Coffman and I reside in Clallam County. Today I would like to draw your attention to a statement made a couple of weeks ago by a member of Congress, Senator Ron Johnson, in regard to our country's health. On February 26, 2024, he held a Roundtable discussion in Washington D.C. with other world experts, and memorialized what we have all experienced globally. And I quote:

"The COVID pandemic has opened my eyes to the failure and corruption of the global elite and their institutions, including government. Unfortunately, many eyes remain closed, and the global elite will use all of their power to keep them closed.

"In this case, they overhyped fear over a virus THEY helped create, in order to push a profitable gene therapy platform, and gain greater control over our lives. Along the way, they sabotaged early treatment, denied natural immunity and vaccine injuries, caused trillions of dollars of economic devastation and destroyed an untold number of people's lives." (End quote)

Legislatively, State Bill 6095, in regard to Standing Orders for the Secretary of Health, fills me with fear & dread. The Bill is so wide-open, that the Dept. of Health would be able to drive a TRUCK into people's veins if it's passed as-is. This bill is foundational to the DOH's mission to drug -slash- inject everything that breathes in the name of public health, and goes against our founding concept of Informed Consent. Standing Orders are just one of the nudging techniques they recommend to doctors, to avoid any uncomfortable conversations and increase vaccine uptake, basically bypassing doctor/patient informed consent.

These are just two reasons why the public no longer trusts our corrupt Agencies, Institutions, and Corporations. We realize we have been coerced and cajoled in the name of "Public Health" to accept tyrannical control over our very lives and livelihoods. We The People say: NO MORE. Thanks for your time.

Submitted sincerely,

Sue Coffman

714-337-4331
CHDwa Chapter Co-Leader

<https://wa.childrenshealthdefense.org/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwa.childrenshealthdefense.org%2>

ICWA Team Leader

Legislative District #24

<https://informedchoicewa.org/>

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

From: Grace Hernandez-Johnson
Sent: 3/13/2024 12:59:01 PM
To: DOH WSBOH
Cc:
Subject: New CDC Isolation guidance

External Email

Hello WA DOH,

I am a parent and resident of King County. My family and I are often one of the very few families that are still trying to be as COVID safe as possible, and my child is one of maybe one or two kids still masking in her school.

I am writing you today to personally thank you for taking this pandemic seriously from the start and for actually taking the time to examine the new CDC guidelines instead of automatically following suit. As a parent whose gotten COVID and many other viruses from my kid (who barely gets a fevers), I find that hinging isolation guidelines on a fever to be very concerning, especially when studies show that asymptomatic individuals are just as contagious.

I am urging you to keep the COVID guidelines in WA as-is, at the very least for schools and healthcare settings. We have yet to get air quality to where it should be, we need better vaccines, readily available and easily accessible anti-virals for all ages & those who want it, and better treatments/therapeutics for long covid. I believe that we are getting close to truly being back to "normal" but as it stands we are not there yet.

I hope your decision isn't swayed by those who yell the loudest about getting people back to work/school asap regardless of how sick or contagious they could be or the COVID deniers and anti-vaxers. I hope that it is based on what keeps the most people in the community healthiest.

Thank you for your time,
A very concerned parent

From: M B

Sent: 3/16/2024 2:56:06 PM

To: DOH WSBOH

Cc:

Subject: Please record - Public comment from community member re: isolation period for SARS-Cov2

External Email

Hello WA DOH,

Thanks for taking public comments this past week. Since it was limited to 1:30 minutes, I wanted to send my full public comment.

I'm immunocompromised, and I've been closely following the Covid-19 pandemic since the beginning. I'm very concerned about the new CDC guidelines shortening the isolation period to only 1d, when we know most people are contagious for at least 5 and often for 10 days. I am glad that WA DOH guidelines have not changed, and the website states that Covid-19 is a serious threat. THANK YOU for taking this seriously.

From an evidence-based public health standpoint, we should not reduce the isolation period before we have better vaccines and treatments for long Covid, and before our schools, healthcare facilities and workplaces have had time to meet the May 2023 CDC IAQ guidelines, which are the same as the new November 2023 WA DOH IAQ guidelines. We now have overwhelming evidence that long Covid is a real risk to long term health for all ages, as evidenced by the recent Pediatrics journal review that outlined how long Covid is not rare in kids (estimates are 10-20%), and the cognitive risks are very concerning. We currently have no treatments for long Covid. Too many people continue to die from acute Covid as well.

We need to continue to educate the public about how Covid is different than the flu or other colds, and encourage a multi-layered approach of testing, staying home when sick, early access to treatment if needed, masking with good masks when indoors especially during times of high transmission, improving IAQ and vaccination. So many people aren't aware of these other mitigations, as educating the public on the true risks and mitigation options for covid has been very poor. Most people have never heard of long Covid or that everyone is at risk, yet we're expecting them to make their own "risk assessments".

We also need to continue to educate healthcare providers, healthcare staff and dentists about the seriousness of this disease both in the short and long term, and reinstate universal masking with high quality masks in healthcare centers as well as ensuring adequate IAQ. I'm very concerned about the general lack of awareness even within healthcare. I often have to ask my own health care practitioners to mask, which I should not have to do as a patient.

It would be so helpful to have WA DOH create a short PSA about Covid-19 including education about the short and long term complications including the huge burden of long Covid, and multi-layered mitigations (testing, isolation, masking, vaccination, indoor air quality), and both post this on the WA DOH website, but also push it out to anyone with an active medical or dental license.

We need to be advocating for cheaper and more available rapid tests nationally. Why are tests so expensive here when I can buy them in bulk from Europe for \$1 each? People need access to these rapid tests, but ideally better and cheaper molecular tests (such as Metrix, Cue or Lucira), especially for vulnerable populations. I am glad that WA DOH has set up testing kiosks. These could be expanded and include good masks such as 3M Aura and handouts about mitigations and treatment (Paxlovid).

Thank you again for all you do, and I hope we can continue to make evidence-based decisions in WA State. I truly think WA could be a leader in this area, providing clear and science-based guidance and education to our communities to benefit everyone's long term health. I am happy to help in any way I can.

Sincerely,

Martha Burwell

From: Robert Dickson
Sent: 3/10/2024 5:38:06 AM
To: DOH WSBOH
Cc:
Subject: RE: Artificial Water Fluoridation

External Email

Good day, Washington State policy and decision makers!

My name is Dr. Bob Dickson, from not too far away in colder Canada, but presently escaping in the Canary Islands. I have heard you are making some important decisions around keeping public water safe.

I won't inundate you with science, as I suspect you have more than your share.

But, a very important point—Calgary City Councillors, when they stopped fluoridation in 2011, stated that they are not scientists nor expected to be or become scientists. However, they are well trained and versed in the ethics and morality of keeping their citizens safe and protected, and that is what they based their decision to remove fluoride on, even more than on the accumulating evidence of harm.

But just some quick and hard facts and points to take note of please.

Collusion at the highest levels, to protect an outdated, harmful and failing public health initiative, is unacceptable in our modern world.

I can sum up artificial water fluoridation in a very few words:

- * Lacks common sense
- * Highly unethical, as no informed consent, and no control of dose or dosage
- * Violates the Precautionary Principle
- * Damages kid's brains, especially in impoverished demographics
- * Fluoride is NOT needed for a single body function

The science has and is speaking volumes! 64 of 72 studies in the long delayed NTP Report show neurotoxicity. That is brain damage in any language. And to possibly save 1/2-1 cavity a lifetime?

It's time to put water fluoridation where it belongs—in the Museum of Failed Medical Practices!

Thank you, and best of luck in your deliberations!

Robert C Dickson MD, CCFP, FCFP

FOUNDER Safe Water Calgary
www.safewatercalgary.com

CHAIR, Fluoride Free Canada
www.fluoridefreecanada.ca

Board, ABC (Asociacion Buen Commune, parent organization for Project Ixcanaan)
www.ixcanaan.com

From: audrey55@comcast.net
Sent: 3/9/2024 12:54:25 PM
To: DOH WSBOH
Cc:
Subject: 3-13-24 Public Comment on Fluoridation - 2007 House Select Comm on Environmental Health

External Email

Please accept my apologies for the late submission---my disabled husband had a medical emergency.

Dear members of the Board of Health,

I have spent decades communicating with the BOH (and every other imaginable local, state and federal agency) about the harms of fluoridation to my autistic son and so many others like him. What was written many years ago is just as valid today and needs revisiting. I am sending these old communications to you again in support of the latest petition to WA-BOH on fluoridation. In case attachments are not allowed, I am sending in the body of this email. Thank you for your conviction to health, even when it goes against the claims of federal agencies.

Audrey Adams

14411 150th Ave SE

Renton WA 98059

2007 – My letter to members of the House Select Committee on Environmental Health and copied to WA-BOH

August 8, 2007

I am asking the assistance of the members of the Washington State Select Committee on Environmental Health in legislating a scientific review of fluoridation.

My interest in fluoridation began when I discovered that my 22 year old son with autism suffers from multiple chemical sensitivities. He experiences headaches, migraines and pain when exposed to chemicals in his food, drink and environment, including fluoride from our tap water. To Kyle's system, fluoride is a toxin that he absolutely must avoid—similar to a medication that, when given to the wrong person or in the wrong dose, has the potential to cause severe negative health effects.

The effect on Kyle of exposure to fluoride varies depending on the combination of other chemical exposures, their synergistic effect and the total amount of all toxins his body must cope with. The pain causes him to react wildly (imagine a 220 lb. Tarzan being attacked by killer bees), increasing his autistic behaviors ten-fold or more. His wild reaction to the pain disables him far more than the autism itself, and threatens every aspect of his life.

Drinking fluoride reduces Kyle's ability to communicate (because he is screaming instead), sabotages his ability to do even small tasks (because intense pain makes him forget everything else), causes people to fear him (his wild pacing, jumping and yelling is misinterpreted as aggressive), deprives our family of sleep (his yelling and pounding can last to 2 AM), and renders him completely unemployable. Needless to say, so that he can enjoy life like you and me, and have a job, I protect him from chemical exposures avidly.

Because fluoride cannot be removed from tap water by household carbon filters, I drive 25 minutes each way twice a month to PCC Market in Issaquah to fill my 36 gallon jugs with deionized water at \$.45/gal. (Reverse osmosis also removes fluoride, but the closest source to me is further yet.) I use deionized water for all cooking as well, and the rest of my family drinks it too, after I realized that my own mild headaches had disappeared.

Purchasing, hauling and handling this fluoride-free water is second-nature to me now that I've been doing it for 8 years, but I'm very concerned for those that aren't even aware of this potential problem. When I see other children (or teens/adults) that are behaving like Kyle once did, I explain to their parents how I finally learned that the source of his problem was right in my own kitchen. But many are young parents or single moms, barely scraping by, and don't have the resources to do what I have, so the vastly undiagnosed chemically sensitive children continue to suffer.

Now that the ADA has issued a health warning against the use of fluoridated water in infant formula, is anyone notifying parents? Is anyone figuring out how to provide fluoride-free water to low-income households with infants? Does anyone regularly review current total intake of fluoride, including all food sources? Has anyone analyzed if the much higher current intake is safe? Does anyone want to know if fluoridation actually results in healthier teeth? Will anyone demand a review of the plethora of scientific studies conducted in the last two decades on fluoridation rather than relying on studies done half a century ago? I'm very hopeful the answer is, or will be, "Yes".

Respectfully,

Audrey Adams

10939 SE 183rd Ct, Renton, WA 98055

425-271-2229

From: Carol Kopf
Sent: 3/8/2024 2:49:07 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments on Fluoridation

External Email

Fluoride is Abundant in Foods, Beverages, Medicines, Absorbed from Dental Products and More Making Fluoridation Unnecessary at Least and Health-Harming at Worst.

It's undisputed that too much fluoride damages bones, brains and children's developing teeth. The level added to drinking water is claimed to be safe. But the concentration of fluoride in drinking water does not equate to an individual's daily dose from all sources. So how can you assure its safety to each and everyone of your constituents when you don't know their total daily intake of fluoride from all sources.

The American Dental Association concurs: "It also is critical that the dentist assess a child's total fluoride exposure from all sources (beverages, food, toothpaste, supplements, topical applications and so forth [before prescribing more]..." (Journal of the American Dental Association

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjada.ada.org%2Faction%2FshowP8177%252814%252960226-9&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C99ca530df4af457ab16308dc3fc1b017%7C11d0e2172642014>>

Fluoride sources are many:

Absent from labels, fluoride is in virtually all foods and beverages

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nal.usda.gov%2Fsites%2Fwp-content%2Fuploads%2Fjadaoct09.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C99ca530df4af457ab16308dc3fc1b017%7C11d0e2172642014>>, including, soda, baby foods

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F24578322/>> and all infant formulas

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsafemama.com%2Fwp-content%2Fuploads%2Fjadaoct09.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C99ca530df4af457ab16308dc3fc1b017%7C11d0e2172642014>>, It's high in tea

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjournals.sagepub.com%2Fdoi%2F10.1177%2F0000486109348155>> (up to 6 mg/L

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fods.od.nih.gov%2Ffactsheets%2FHealthProfessional%2F&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C99ca530df4af457ab16308dc3fc1b017%7C11d0e2172642014>>), ocean fish

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Fcollection%2Fcollection%2Fjournals%2Fpubmed/>> and soy products

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F3587032/>>. And, because of fluoride-containing pesticide residues

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F181445/>>, all grapes and its products (raisins

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubs.acs.org%2Fdoi%2F10.1021%2Facs.est.5b00001>
and inhaled from air pollution
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnap.nationalacademies.org%2Fread%2F5776%2F5776>

Other sources come from feed regimens of animal products, animal products; food storage containers (Teflon-coated containers); and food packaging (migration of perfluorochemicals into food).

Paper straws

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tandfonline.com%2Fdoi%2F10.1080/10937796.2015.1058888>
even contain fluorinated compounds.

How much is too much?

According to the National Academy of Sciences

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nap.edu%2Fread%2F5776%2F5776>
, "without causing unwanted side effects including moderate dental fluorosis," (yellow splotched teeth), the adequate daily intake of fluoride, from all sources, should not exceed: (But does)

-- 0.01 mg/day for 0 – 6-month-olds (which is in every infant formula – concentrated or not)

-- 0.5 mg/day for 7 through 12 months

-- 0.7 mg/day for 1 – 3-year-olds

-- 1.1 mg/day for 4 – 8 year olds

The US Department of Health and Human Services (1991)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcenterforinquiry.org%2Fwp-content%2Fuploads%2Fsites%2F33%2Fquackwatch%2Fpfs_1991.pdf&data=05%7C02%7Cwsboh%40sboh
estimated that total fluoride exposure in fluoridated communities ranges from 1.6 to 6.6 mg/day

Respectfully Submitted

Carol Kopf

From: audrey55@comcast.net
Sent: 3/9/2024 11:37:21 PM
To: DOH WSBOH
Cc:
Subject: 3-13-24 Public Comment on Fluoridation - 2024 Fluoridated water is STILL harming my son

External Email

Please accept my apologies for the late submission---my disabled husband had a medical emergency.

Dear members of the Board of Health,

It has been 25 years since I discovered my autistic son's hyper-sensitivity to fluoride. When Fluoride Action Network read my son's tragic story of pain and suffering from fluoride and fluoridated water, I was asked to be a plaintiff in the petition to EPA that is now pending Judge Chen's decision. I can only hope that science finally wins over industry's politics and money.

My son is now 38. As I age and care for my disabled husband with Parkinson's and advanced dementia, I must seek other care for my son. This is an extremely complex task due to his food allergies and chemical sensitivities---the thought of teaching a future caregiver to faithfully avoid fluoride exposures for my son is mind-numbing. Because fluoridated water is everywhere, the pervasiveness of potential fluoride contamination in products is limitless. When I explain to a potential new caregiver how to avoid fluoridated water for drinking, cooking and showering, they get a glazed "you can't possibly expect me to do all that" look in their eyes. I don't blame them---it's hard and it's expensive.

Yet, there is no pain-free life for my son unless it is fluoride-free. Fluoride, even at 0.7ppm in water, is absolutely NOT safe for everyone.

How much did fluoridated water contribute to my son's developmental disability? We will never know. Being hyper-sensitive to chemicals, as I also am, he would have likely been more vulnerable to fluoride than the average baby. And being more vulnerable, it was absolutely not safe for my son to be bottle-fed using fluoridated tap water 38 years ago. But nobody warned me.

Even the EPA's witnesses in our court case did not claim that fluoridated water is safe for anyone, especially not babies. They didn't because they couldn't---they were under oath to tell the truth.

Please consider this new petition with an independent mind. Please follow the science rather than the politics. Please be brave. Please do the right thing.

Audrey Adams

14411 150th Ave SE

Renton WA 98059

From: jfmjr66@gmail.com
Sent: 3/13/2024 11:04:17 AM
To: DOH WSBOH
Cc:
Subject: Unedited 3-minute (+/-) public comment for March 13 public meeting



attachments\8DBE752F6C084EFE_Washington State Public meeting 3-13-2024.docx

External Email

To the Washington State Board of Health:

The attached file is the script I had prepared to present orally at today's meeting. I had tailored it to take about three minutes of speaking, but had to select only the most essential to fit within the 01:30 minute limitation.

Please take this information into consideration, along with the volumes of currently available science of fluoride's risk to public health, and realize fluoridation needs to be relegated to the history books.

As a state public health agency, you have the authority to act accordingly. Please help set an example, and do so for the health benefits and well-being of the citizens of Washington, particularly the fetuses of pregnant moms and the youngest children who will be the future contributors to our society. "The mind is a terrible thing to waste."

Thank you.

John Mueller

(918) 237-5296

My name is John Mueller, and I am a retired professional civil engineer with more than 25 years e in public works engineering, primarily water resources and water treatment – both drinking water and wastewater.

I first started learning about water fluoridation about 15 years ago, after having recently transferred to the senior engineer position in the water supply division of the municipal water utility where I was employed. I learned that the chemical product added at our large drinking water treatment plants for public consumption, purportedly to help prevent childhood tooth decay, was actually a hazardous waste from the smokestack scrubbers at phosphate mining and fertilizer manufacturing industry. That product is fluorosilicic acid (FSA). It is an unpurified, contaminated, industrial pollutant, but when shipped in tanker trucks or other containers for sale and distribution to water utilities, it is no longer a hazardous waste, but a product on the open market.

When I learned that, my objection was mostly limited to the fact that we were knowingly adding the carcinogenic contaminant arsenic, in diluted but measured concentrations, for public consumption, which is a violation of the spirit and intent of the federal Safe Drinking Water Act and, most egregiously, a violation of the public trust. The EPA's established but unenforceable Maximum Contaminant Level Goal (MCLG) for arsenic was zero. EPA's definition of the MCLG is:

“the maximum level of a contaminant in drinking water at which no known or anticipated adverse effect on the health of persons would occur.”

In the fifteen years since that time, I have learned a great deal more about the absurdities of water fluoridation, particularly the harmful effects on early childhood brain development. Also there has been the realization that consuming a substance to treat a medical condition, in this case fluoride, defines the term medication, so fluoridation is also mass medication without informed consent. I also realized that, as a state certified water treatment plant operator, my participation in administering the addition of a medicine to the drinking water for public consumption was no different than prescribing medicine without a license to practice.

Also more recently as an anti-fluoridation activist, I have watched both trials in the lawsuit petitioning the EPA to impose more strict regulation of fluoride in drinking water respecting the risk of harm to the public health. That lawsuit is the TSCA lawsuit seeking to end the practice of Community Water Fluoridation, which I believe will be won by the plaintiffs.

Thank you very much for the opportunity to share my professional, and purely objective experience.

From: audrey55@comcast.net
Sent: 3/9/2024 1:17:02 PM
To: DOH WSBOH
Cc:
Subject: RE: 3-13-24 Public Comment on Fluoridation - 2009 Linda Martin's letter to WA Supreme Court

External Email

Please accept my apologies for the late submission---my disabled husband had a medical emergency.

Dear members of the Board of Health,

Over the years and decades, many Washington citizens have tried to inform governing agencies about the harms of fluoridation. Linda Martin is one of them and hers is a very tragic story. This 2009 letter was an affidavit submitted to the Washington State Supreme Court. A few years after the letter below, she became homeless because she couldn't find housing outside of a fluoridated area that was close enough to get to work. She was a single mom of a son with autism.

In case attachments are not allowed, I am sending Linda's letter in the body of this email. Thank you for your open mind and willingness to learn.

Audrey Adams

14411 150th Ave SE

Renton WA 98059

2009 - Linda Martin's letter to WA Supreme Court

July 11, 2009

Washington Supreme Court

Linda Martin

P.O. Box 558 (current address unknown)

Snoqualmie, WA 98065

Dear Judges,

Fluoridation harms me and my family and deprives me of my home.

The Fifth Amendment to the US Constitution guarantees that I will not be deprived of property without due process of law. However, I have been forced to move when governments have fluoridated water going to my home. I have not had money to appeal to the Courts, so I have sold my belongings, uprooted my family, and moved to a community which does not fluoridate the water.

If they start fluoridating the valley where I live now, it will be devastating. I will have to move further away from the only family I have, who help me support my autistic son, and will have even more difficulty finding work. Basically, what this all boils down to is a lack of freedom, poverty, unavoidable pain and social isolation.

I can't live where I want to. I can't drink what I want to. I can't eat what I want to. I can't settle down and get comfortable anywhere because I don't know when governments will start fluoridating my water. Even food, which is often high in fluoride, gives me long-term health problems due to the fact that I'm very sensitive to fluoride. I cannot bathe in fluoridated water either. I have skeletal pain, joint pain, skin rashes, gastro-intestinal, vision, memory and thyroid problems when exposed to fluoride.

For example, during a work potluck on April 24th my heel started aching. I limped out of there, and I'm still limping today. I ate at the potluck because I was afraid of insulting my employer who was anxious for me to try the food and was sitting there watching me eat. If I tell people I can't handle fluoride, they think I'm a nut. This affects all my relationships, and in general has turned me into a hermit. I am having major health issues due to fluoridation, and I can't mention it to anyone. So naturally, they think I'm weird because I can't explain why I make the decisions I do.

I have to live in a rural area far from my relatives and my work, which is very expensive, time-consuming and exhausting. I have to spend a lot of time trying to figure out what food and drink is safe. I send countless emails and make countless phone calls to find out water sources for companies that manufacturer food and drink so I can check the fluoride status. If I can't get answers, or they use multiple manufacturing sites, I can't take the chance. My diet is somewhat monotonous as a result. I buy a lot of local farm produce which I'm sure did not get watered or manufactured with fluoridated water.

Please take action to prevent the spread of fluoridation. People like me need somewhere to live and thrive.

Thank you for your consideration.

Sincerely,

Linda Martin

From: audrey55@comcast.net
Sent: 3/9/2024 1:39:22 PM
To: DOH WSBOH
Cc:
Subject: 3-13-24 Public Comment on Fluoridation - 2007 Letter explaining how fluoridation affects people I know

External Email

Please accept my apologies for the late submission---my disabled husband had a medical emergency.

Dear members of the Board of Health,

I am deeply hopeful that 2024 is the year that members of the BOH hear the public's cry for serious attention to the harms of water fluoridation. I have been communicating about fluoridation to the BOH and countless other agencies for nearly a quarter of century. In 2007 I wrote the letter below to state senators and copied the BOH. Seventeen years ago we already had the science strongly questioning the safety of fluoridation, but here we are STILL trying to be heard.

Thank you in advance for bravely standing up for the people in spite of the politics.

Audrey Adams

14411 150th Ave SE

Renton WA 98059

2007 – My letter to state senators explaining how fluoridation affects people I know

December 13, 2007

Dear Senator,

Thank you ever so much for meeting with Dr. Osmunson and I regarding water fluoridation. I am well aware of how valuable your time is and am very grateful that you shared some of that precious commodity with us.

My interest in fluoride is because of the following people, for starters, whose health I cherish:

Kyle - age 22, autism – My son suffers from severe chemical sensitivities, as do many children with autism. Fluoridated water causes hyperactivity and severe headaches for Kyle. Removal of fluoride resulted in tremendous relief of symptoms for Kyle and even my headaches disappeared. Avoidance of fluoride is critical, but common household water filters cannot filter out fluoride.

According to the National Research Council (NRC), fluoride can damage the brain. Animal studies conducted in the 1990s by EPA scientists found dementia-like effects at the same concentration (1 ppm) used to fluoridate water, while human studies have found adverse effects on IQ at levels as low as 0.9 ppm among children with nutrient deficiencies, and 1.8 ppm among children with adequate nutrient intake.

Lynn - age 44, celiac disease and osteoporosis - Although Lynn is a nurse, she didn't know until recently that drinking her public fluoridated water increased her risk of bone fracture, which is probably her greatest risk for longevity, since her osteoporosis began in her 30's.

According to the NRC, fluoride can diminish bone strength and increase the risk for bone fracture

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F>
. While the NRC was unable to determine what level of fluoride is safe for bones, it noted that the best available information suggests that fracture risk may be increased at levels as low 1.5 ppm, which is only slightly higher than the concentration (0.7-1.2 ppm) added to water for fluoridation.

Jim - age 65, Parkinson's Disease - After retiring from the bank (where I met him in 1973), Jim developed mental and physical degeneration and was diagnosed with Parkinson's, a disease that has been linked to genetics and environmental chemical exposures.

From the NRC report: "Studies of populations exposed to different concentrations of fluoride should be undertaken to evaluate neurochemical changes that may be associated with dementia. Consideration should be given to assessing effects from chronic exposure, effects that might be delayed or occur late-in-life, and individual susceptibility." "On the basis of information largely derived from histological, chemical, and molecular studies, it is apparent that fluorides have the ability to interfere with the functions of the brain and the body by direct and indirect means."

Sheryl - age 52, chronic lung disease – In 2006 my best friend suffered severe gastrointestinal pain, requiring at least 4 trips to the ER, and later discovered that her symptoms were caused by fluoride poisoning from medications. One, Cipro, is extremely high in fluoride and unavoidable because it is the last antibiotic that is effective against her chronic lung infections. Her anti-depressant medication was also very high in fluoride. That same year she was diagnosed with Hashimoto's Disease or Goiter (the endocrinologist didn't know for sure which) of the thyroid, resulting in surgery to remove half her thyroid due to severe chronic swelling.

According to the NRC, fluoride is an "endocrine disrupter."

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F)

Most notably, the NRC has warned that doses of fluoride (0.01-0.03 mg/kg/day) achievable by drinking fluoridated water, may reduce the function of the thyroid among individuals with low-iodine intake. Reduction of thyroid activity can lead to loss of mental acuity, depression and weight gain. Fluoride is so effective at reducing thyroid activity that doctors prescribed it in the past to treat patients with hyperthyroidism.

In addition to the above friends and family, my neighbor's 19 year old son was diagnosed with kidney failure during his first quarter at the University of Washington - he now receives 5 hours a day of kidney dialysis.

People with kidney disease have a heightened susceptibility to fluoride toxicity. The heightened risk stems from an impaired ability to excrete fluoride from the body. As a result, toxic levels of fluoride can accumulate in the bones, intensify the toxicity of aluminum build-up, and cause or exacerbate a painful bone disease known as renal osteodystrophy

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F)

osteodystrophy.html&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ccc9f2ac48f3840cf319908dc40815ba

And finally, I have a number of nieces and nephews who are starting families of their own, but who cannot afford to purchase unfluoridated water for their babies.

In November of 2006, the American Dental Association

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fada.org%2Fprof%2Fresources%2F>

(ADA) advised that parents should avoid giving babies fluoridated water. Other dental researchers

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fhealth%2F)

have made similar recommendations over the past decade. Babies exposed to fluoride are at high risk of developing dental fluorosis

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2Fdental-fluorosis.htm&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ccc9f2ac48f3840cf319908dc40815ba0%7C1>

- a permanent tooth defect caused by fluoride damaging the cells which form the teeth.

Other tissues in the body may also be affected by early-life exposures to fluoride.

According to a recent review published in the medical journal The Lancet, fluoride may damage the developing brain, causing learning deficits and other problems.

This is but a short list of people that can be hurt by the fluoride added to our water supply. Not a single one of them had the opportunity to vote on water fluoridation because we all reside outside of the city of Seattle in water districts that purchase from Seattle, or they were not old enough to vote when it appeared on the ballot decades ago. In every single case, my friends and family have medical needs that far surpass any dental needs or benefits that might be realized from fluoride, IF it were determined to be effective when ingested. But the CDC states that fluoride benefits are topical only. We all brush our teeth and have regular dental checkups.

The problem: NO ONE is giving any of us regular medical checkups for the prescription medication that is forced upon us in our water without our consent and there is no consent or even oversight from our personal physicians. The prescribing "doctor" in this case is the Washington State Dept of Health and they have not so much as taken our pulse in 50 years.

The DOH does not know nor consider the health of their patients, yet they recommend the prescription of a powerful drug to every single one of us, blissfully assuming that there are absolutely no side effects—supposedly no negative effects to anyone, not even the smallest baby or the sickest child or the oldest woman exposed to a lifetime on that same drug. There is no such drug!...and every dentist and doctor understands this principle, yet many have mentally waived this principle for one drug only: Fluoride. And it isn't even the pharmaceutical grade!

Please support the establishment of a workgroup of scientists to review water fluoridation that can help the WSDOH do that long overdue "checkup" as Dr. Osmunson is recommending.

Sincerely,

Audrey Adams

10939 SE 183rd Ct

Renton, WA 98055

425-271-2229

From: audrey55@comcast.net
Sent: 3/9/2024 12:45:49 PM
To: DOH WSBOH
Cc:
Subject: 3-13-24 Public Comment on Fluoridation - Kyle Adams 2012 testimony to BOH

External Email

Please accept my apologies for the late submission---my disabled husband had a medical emergency.

Dear member of the Board of Health,

I have spent decades communicating with the BOH (and every other imaginable local, state and federal agency) about the harms of fluoridation to my autistic son and so many others like him. What was written many years ago is just as valid today and needs revisiting. I am sending these old communications to you again in support of the latest petition to WA-BOH on fluoridation. In case attachments are not allowed, I am sending in the body of this email. Thank you for your conviction to health, even when it goes against the claims of federal agencies.

Audrey Adams

14411 150th Ave SE

Renton WA 98059

2012 – My son Kyle Adams' testimony to the BOH on Nov 14, 2012

My name is Kyle Adams

My address is 10939 SE 183rd Court, Renton 98055 (now at above address)

I have autism.

I get very bad headaches from chemicals.

Showers with fluoride give me a headache.

Food with fluoride gives me a headache too.

I work on a computer at Highline Community College.

It's hard for me to work when I have a headache.

When I was a boy I couldn't talk.

I talk better now since I don't have fluoride.

When I was a boy nobody knew how much the water hurt me.

Mom figured it out after a very long time.

When I hurt at school I couldn't learn.

I hurt every day and at night.

I was sent home sick a lot because I had headaches.

It made me sad and frustrated.

I feel better now so I can work.

I don't scream from hurting now.

I sleep better now.

I don't know why fluoride hurts my head.

I don't know why it doesn't hurt your head.

Maybe it hurt my head when I was a baby too.

I don't want other kids to hurt as bad as I did.

Nobody knew how bad fluoride hurt me.

From: Sara Cohen
Sent: 3/15/2024 12:15:17 PM
To: DOH WSBOH
Cc:
Subject: Public health protections for airborne viruses

External Email

Hello WA DOH,

I am a Washington resident, parent, and work at an engineering firm. I've been closely following the Covid-19 pandemic since the beginning. I'm very concerned about the new CDC guidelines shortening the isolation period to only 1d, when we know most people are quite contagious for at least 5 and often still contagious for 10 days or longer. I am glad that WA DOH guidelines have not changed, and the website states that Covid-19 is a serious threat. THANK YOU for taking this seriously. It is critical that this message is strongly reiterated to healthcare, education, and transportation providers.

From an evidence-based public health standpoint, we should not reduce the isolation period before we have better vaccines and treatments for long Covid, and before our schools, healthcare facilities and workplaces have had time to meet the May 2023 CDC IAQ guidelines, which are the same as the new November 2023 WA DOH IAQ guidelines. We now have overwhelming evidence that long Covid is a real risk to long term health for all ages, as evidenced by the recent Pediatrics journal review that outlined how long Covid is not rare in kids (estimates are 10-20%), and the cognitive risks are very concerning. We currently have no treatments for long Covid. Too many people continue to die from acute Covid as well.

We need to continue to educate the public about how Covid is different than the flu or other colds, and encourage a multi-layered approach of testing, staying home when sick, early access to treatment if needed, masking with good masks when indoors especially during times of high transmission, improving IAQ and vaccination.

We also need to continue to educate healthcare providers, healthcare staff and dentists about the seriousness of this disease both in the short and long term, and encourage if not mandate continuation of masking with high quality masks in healthcare centers as well as ensuring adequate IAQ. I'm very concerned about the general lack of awareness even within healthcare. Our family is not able to safely access dental care, cancer screenings and other appointments where we must unmask since providers aren't in N95 (or any) masks and others in the facility aren't masking. While we can mask for some healthcare we are often treated poorly by staff and harassed by the public. Infants and those with disabilities who are unable to mask need universal masking for safe access to healthcare.

Improving IAQ can dramatically decrease infection risk. Dr. Ali Boris is an invaluable resource for this, and WA DOH did a fantastic presentation in November 2023, but many school districts are not meeting these guidelines or have an action plan to do so, including my own LWSD. We need to continue to urge schools and workplaces to update their ventilation systems to MERV-13 filters, or at least get HEPA filters in the areas with poor ventilation, and this includes funding assistance. Post-Pandemic Ventilation Guidance for Schools - DOH SchoolEHS Workshop - 11.7.2023 (wa.gov). Our local school district used CARES funds "creatively" (their words) and refused my offers for volunteer led and/or class projects and STEM education on CR box mass builds and air monitoring with education on actions to improve when air quality reaches levels that impair cognition.

We need to educate businesses, school staff and teachers about the importance of clean air and what we can do, such as opening windows, turning HVAC on (vs auto), using portable air cleaners, measuring CO2, etc. My students are no longer at in-person school due to Covid transmission risk at school, an outdated HVAC system, district refusal of HEPA filters, and lack of understanding of air quality and illness impacts on learning.

It would be so helpful to have WA DOH create a short PSA about Covid-19 including education about the short and long term complications including the huge burden of long Covid, and multi-layered mitigations (testing, isolation, masking, vaccination, indoor air quality), and both post this on the WA DOH website, but also push it out to anyone with an active medical or dental license as well as schools. There is great information available and we have many volunteers who would help assemble this for your use.

We need to be advocating for cheaper and more available rapid tests nationally. Why are tests so expensive here when I can buy them in bulk from Europe for \$1 each? People need access to these rapid tests, but ideally better and cheaper molecular tests (such as Metrix, Cue or Lucira), especially for vulnerable populations. I am glad that WA DOH has set up testing kiosks. These could be expanded and include good masks such as 3M Aura and child-size KN95, and handouts about mitigations and treatment (Paxlovid).

Thank you again for all you do, and I hope we can continue to make evidence-based decisions in WA State. I truly think WA could be a leader in this area, providing clear and science-based guidance and education to our communities to benefit everyone's long term health.

Sincerely,
Sara

From: lisa@informedchoicewa.org
Sent: 3/13/2024 1:43:34 PM
To: DOH WSBOH
Cc:
Subject: for SBOH member materials--today's meeting



attachments\7E9746CB494745EF_image002.png

External Email

Dear Members of the Board,

My public comment today was cut off at 90 seconds, as you know, so I'm sending you additional food for thought. I hope this will "inoculate" you regarding the mounting measles scare with its attendant scapegoating of parents. Thank you for reading.

Excerpts from a recent article by James Lyons-Weiler, PhD, and Alison Fujito:

The issue of vaccine "hesitancy" is complex; the perspective differs between those considering only population-wide numbers and those who have personally experienced or observed vaccine injury and the ensuing — and frightening — lack of medical, community, and government support. Historically, policy has focused on numbers, ignoring the possibility of manipulation of those numbers, and also ignoring or dismissing the human beings who were on the losing end of those numbers. With the failure of Covid vaccines

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becoming progressively more apparent, objectivity in news reporting is crucial.

...

Back to Measles - How often is "often?"

For example, in the first paragraph of {Amy Maxmen's} SF Chronicle article [How fringe anti-science views infiltrated mainstream politics, and what it means in 2024

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F7f31eb7-4b55-a219-b1317168e946%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8FIWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4>
, it says — with no source quoted — that measles "often leads to hospitalization."

Exploring the frequency of hospitalizations due to measles reveals varied data. The CDC's historical records suggest a 1.2 to 1.4 percent hospitalization rate before the vaccine's introduction. Contemporary estimates indicate a higher rate, with about 1 in 5 cases leading to hospitalization, also according to the CDC.

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This wide discrepancy from the same source invites a deeper investigation into the

factors influencing these figures, including changes in medical practices and public health policies.

Is the analysis of these data "anti-science" or "fringe?" Remember, Galileo, Semmelweis, Mendel, and others were once considered "fringe." There's a wonderful quote about critical thinking and science, from a Cambridge blog

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: "A good scientist never stops asking why things happen, or how things happen. Science makes progress when we find data that contradicts our current scientific ideas."

INQUIRY: Is measles more severe today than it was before we vaccinated for it?

Our understanding - with an eye on all of the evidence - is that "vaccine hesitancy" has nothing to do with measles cases and outbreaks. Specifically, the alleged "rise" is not a rise. It's a 3-4 year cycle, which occurs naturally and is also due to vaccine failure and the loss of passive immunity in infants and toddlers from pregnant and breastfeeding women.

From 1977: "Persistence of maternal antibody in infants beyond 12 months: Mechanism of measles vaccine failure"

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Passive immunity was thought to be essential all the [way] up to 1986.

See "Maternally derived measles immunity in era of vaccine-protected mothers"

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So why give any infant or toddler who is breastfeeding the MMR? And what can humanity do to stop the vaccine from destroying passive immunity to wild-type measles via mothers whose immune systems are MMR-vaccine mistrained?

Are we more susceptible to complications from measles than previous generations? This 2013 study

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concluded, "Children of mothers vaccinated against measles and, possibly, rubella have lower concentrations of maternal antibodies and lose protection by maternal antibodies at an earlier age than children of mothers in communities that oppose vaccination. This increases the risk of disease transmission in highly vaccinated populations."

So that could mean that there is an increased risk of hospitalization compared to past generations of younger children with measles, especially if their mothers and even grandmothers never had measles themselves.

Ms. Maxmen writes, "In recent weeks, an infant and two young children have been hospitalized amid an ongoing measles outbreak in Philadelphia that spread to a daycare center."

This is consistent with the ending of passive immunity via breastfeeding in the vaccinated

mothers.

INQUIRY: Was hospital care truly necessary in these cases, or were the patients hospitalized primarily for observation?

According to the Cleveland Clinic

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, there is no cure for measles. The virus must run its course, which usually takes about 10-14 days." Thanks to our increasingly litigious society, doctors today may be hospitalizing people far more often than they used to, to be "safe," which is ironic, considering that this study

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found nearly one in four hospitalized patients experienced harm while in the hospital. Of course, no one promoting MMR vaccines will point to the World Health Organization's two-high-dose Vitamin A protocol for people infected by the measles virus to reduce the severity of the symptoms. That falls to us. (See WHO'S VITAMIN A PROTOCOL.

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)

INQUIRY: Are 3 hospitalizations for measles more troubling than the 213,536 reports to VAERS

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The phrase 'safe and effective' is commonly used to describe vaccines. However, it is important to delve into the nuances of vaccine efficacy and safety, acknowledging both the successes and the limitations. Providing detailed evidence and context behind this phrase could prevent further decay in the public trust of public health

It would be ludicrous to see science articles claiming "pills approved by the FDA and prescribed by doctors are safe and effective." Which pills? How safe? How effective? And based on what criteria? What about the pills that sailed through the approval process only to cause enough harm to warrant a black box warning, or even be recalled?

The truth is that some vaccine recipients do have terrible adverse reactions, and so clearly, it wasn't safe for them. Many citations are available here

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and also here <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F856301b-4fe3-9cee-d43dc7f7dadb%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4

. These kinds of reactions are not exclusive to infants and children; cases of especially severe reactions that were quietly conceded and compensated by the US Department of Health and Human Services include many adults, like this middle-aged woman

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who suffered encephalopathy and permanent brain damage after being given "travel"

vaccines, and this healthy 23-year-old man

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given vaccines at basic training for Officers Candidate School at the US Marine Corps, who suffered post-vaccination encephalitis. There are many, many more such cases.

While there is a government compensation program

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meant to compensate such victims (or their surviving families), it is widely considered a failure

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, characterized by "lengthy delays and adversarial tone

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," which effectively discourages many patients from filing claims — and may also discourage physicians from advocating for their patients in this venue. Lawyers who take vaccine injury cases report

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that the majority of the calls they get are from people who didn't even learn of the existence of this program until the short 3-year statute of limitations has passed. One of us (JLW) quit the program where he had been serving as an expert witness - and pulled his invoices for compensation - after a special master attempted to bribe him to change his testimony about aluminum reactogenicity.

It appears there's an opportunity for a more nuanced discussion in Ms. Maxmen's article regarding the effectiveness and safety of certain vaccines, including the mRNA Covid vaccines, to fully explore their clinical impacts

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and limitations.

The article prompts important questions about the role of journalism in science communication and the balance between reporting and advocating. Rather than offering us a discussion of conflicting scientific conclusions, or even arguments between scientists with differing perspectives, the article has a single focus: it is an aggressively negative communications campaign against critics of vaccination policies. Individuals expressing valid concerns are labeled by Ms. Maxmen as "a dangerous shift driven by a critical mass of people who now reject decades of science backing the safety and effectiveness of childhood vaccines."

The implication seems to be that "established science" has never been wrong. But when "decades of science" reach incorrect conclusions, shouldn't that be rejected? Imagine if nobody had been allowed to question the "scientific consensus

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" that opioids were safe and nonaddictive. Every recalled medication was originally deemed "safe and effective" when first licensed; remember the Vioxx scandal

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23ee-4830-b8c5-7ce4adf01bec%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4?

In this day of “personalized medicine,” why is a one-size-fits-all intervention considered the best solution? When we all know that the risk/benefit balance can be wildly different depending on the individual, aren’t we owed frank and thoughtful discussion, rather than being dismissed as cranks? It is troubling that “established science” is presented as something infallible, or worse, something to worship.

Science thrives on inquiry, debate, and the continuous testing of ideas. By embracing a process that encourages questioning and open discussion, <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F84aebb2-4af0-98f4-d852a6a8e103%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> we can collectively navigate the complexities of science and policy. Engaging with diverse perspectives not only strengthens our understanding but also our society's resilience in facing new and increasingly complex challenges.

The article’s title and content paint vaccine-hesitant people, regardless of reason, as an “infiltrating” organized political movement. But in fact, the exact opposite is true: vaccination mandate proponents, including vaccine manufacturers, are not only an “organized political movement;” US state vaccine policies are actually driven by well-funded national political organizations like Immunization Coalition, which counts 10 vaccine manufacturers among their “corporate members <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fd0e935d-427b-b635-8f588a59774b%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4,” whose state groups advertise that they meet with their state legislators <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F148853a-4d66-9ffc-570d166042d3%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> to advocate for stricter vaccination laws. Pfizer and other vaccine manufacturers have donated to the campaigns <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F54b83bd-4301-a9ad-7eaa7bc66759%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> of at least one state senator <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F4d2c1d5-496d-8847-903506cd4a6d%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> who proposed a state bill to require all children <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F0627943-4688-9080-c3f1f978b544%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> to be vaccinated against Covid.

Should journalists quote their favorite scientist, or present multiple perspectives and let people make up their own minds?

In discussing the viewpoints of three highly-credentialed scientists <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F7a36bc8-476a-8644-0e3caafc6e8b%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0ThI9eDCCbgvwNp-3D31celhwx6xF8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> who proposed alternative Covid public health policies, the SF Chronicle article could further benefit from a more inclusive approach to differing perspectives, ensuring a richer exploration of the subject matter. Quoting only a vaccine developer (in this case, Peter Hotez, MD) on vaccine hesitancy is like asking a tobacco company scientist to comment

on people who dislike cigarettes.

Dr. Hotez is, in fact, another example of "vaccine champions" infiltrating politics; he had previously claimed in a CNBC interview

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that people did not get vaccinated due to political ideology. We note that, by May 2023, only 20% of US residents over age 18

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had gotten the widely available (and no-cost) updated Covid booster

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F6b39224-4adf-86c7-f67fbf56c573%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4>
— clearly a bipartisan response, debunking Hotez's claim.

The perspectives not fully explored in the article, including those of various professionals

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and experts

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, present an opportunity for a broader discussion

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that could enrich the conversation with diverse viewpoints. The truth is, there are some very troubling issues when it comes to vaccine safety

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, efficacy

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F3d47e60-48ce-92f1-d795e5704486%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4>
, and policy

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fc952762-40ef-80c2-9e7b95a520c0%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4>
. "Trust the science" seems to be the goal of Amy Maxmen's article, but refusing to look at valid and grave concerns does not engender trust, nor does mocking and denigrating skeptics and critics. Identifying and addressing problems is never "anti-science," and shooting the messenger protects neither science nor community. "Anti-scientism" is combatted by shining light on all views, not by demeaning opponents.

Surprising Facts

Surprising Fact #1: Before the measles vaccine, there were 7 times as many deaths from syphilis as measles, and 100 times as many car accidents. Today, there are 50-450 times more deaths from drug overdoses than there were for measles before the vaccine.

Millions are spent on measles vaccine messaging while real public health crises loom. In 1962 (before the first measles vaccine), deaths from measles in the US were reported by the CDC

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as 0.2 per 100,000. The same year, 1.5 per 100,000 died of syphilis, and 22 per 100,000 died in car accidents.

In 2021, deaths from drug overdoses

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ranged from 11.7 per 100,000 (Nebraska) to 90.9 per 100,000 (West Virginia).

Surprising Fact #2: Several vaccines widely used in the last 50 years fail to prevent transmission of the targeted infection.

In 1972, scientists concluded

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that diphtheria herd immunity could not be achieved through vaccination.

In 2007, the "Cuba study"

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showed that children vaccinated for polio still colonized high amounts of live polio virus in their feces (polio is spread through infected feces).

In 2012, Mayo Clinic doctors authored a study

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noting both primary and secondary failure in measles vaccination, and suggested that a better vaccine might be necessary, due to a "surprising" number of cases in vaccinated individuals.

In 2013, the FDA posted a news release

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stating that pertussis vaccination does not prevent transmission.

Surprising Fact #3: Historically, US vaccination rates against measles have been quite low, even through the decades when measles outbreaks were almost nonexistent.

According to the CDC

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, vaccine coverage for measles has almost always been much lower than it is today, from 60% in the 1970's to around 85% through the 1980's. From 1986 to 1990, the CDC

didn't even bother to collect MMR vaccine coverage rate data. Apparently, it wasn't a priority.

More recently, in 2012, MMR vaccine coverage was 90.6%, and in 2018/19, according to the CDC

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Ff34d556-4289-9793-fca658d1ace7%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> and 2022/2023

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F430d911-48eb-b2ee-50508b1dd913%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4> school years. This thoroughly refutes any claims of a "dangerous shift" (or any shift), a new movement driving it, and "political infiltration."

Surprising fact #4: Vaccine-induced measles immunity declines quickly. Thus boosters. (Sound familiar?)

"Current evidence suggests that immunity after the disease is life-long, whereas the response after two doses of measles-containing vaccine declines within 10-15 years...Among the 611 students and residents who were tested, 94 (15%) had no detectable protective anti-measles IgG." <https://pubmed.ncbi.nlm.nih.gov/33502929/>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fc1b52d4-4ed0-a117-81166ff24fc4%3Fj%3DeyJ1IjoiMTdzZnZrIn0.0Thl9eDCCbgvwNp-3D31celhwx6x8IWe_1VhotoXfM&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C09a9ac472d0d4f79faa4>

We cannot expect herd immunity in even a completely vaccinated population from failed vaccines.

Please let me know if you're not able to click on the above links to bring up pages. Thank you for your attention.

Sincerely,

Lisa Templeton

Director

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From: Adrian Q.S. Chang
Sent: 3/8/2024 9:10:30 PM
To: DOH WSBOH
Cc:
Subject: FW: TESTIMONY REGARDING FLUORIDATION of WASHINGTON STATE



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External Email

Aloha from Hawaii,

I am submitting my testimony opposing community water fluoridation and explaining why, from an engineering viewpoint, it is not safe. I have attached a law enacted by the City and County of Honolulu which I helped to prepare in support of pure, as possible, drinking water. The chemical restrictions listed should a state law mandate fluoridation is based solely on PUBLIC SAFETY. Please note that Hawaii is the only state that does not fluoridate its drinking water with the exception of military bases which is under federal jurisdiction. As a result, Hawaii is the State for several decades have been considered as the healthiest or among the top healthiest states of the U.S. Even though I am not a resident of your State, I am sending this email because I care about people, especially the vulnerable such as the elderly, young children, infants and the unborn fetus. This is the right thing to do. The best part is, as a retired nuclear engineer, I am totally objective with no conflict of interest.

Prior to 1999, I also thought how lucky I was to work on a military base which had fluoridated drinking water. Only when my child's holistic dentist asked me to help him stop them from fluoridating the water did I finally get involved. As a retired career electrical/USN nuclear engineer with 3 additional years of environmental/OSHA experience, I researched the subject for about 24 years. I still do because I had a Chinese study of aborted human fetuses translated that revealed the difference in stunting of brain neurons for fluoridated exposed babies compared to controls. Knowing this fact, I could not stop researching since I have young children and grand-children that could be affected. Currently, a major lawsuit against the EPA to halt fluoridation based on a National Toxicology Profile study that considered fluoride to be a "presumed neurotoxin," similar to and perhaps even worse than lead, has just concluded. As an OSHA trained engineer, I find it shocking that an industrial-grade chemical which would be considered as HAZARDOUS MATERIAL and labeled TOXIC, POISON, or CORROSIVE during shipping or HAZARDOUS WASTE during disposal, would magically be safe to an

entire population when added to the water and ingested. Upon reviewing the 1994 American Water Works Association Quality Standards for fluoridation chemicals, I am surprised that the maximum limit for heavy metals for sodium fluoride (NaF) is 0.04% (or 400ppm). This is contrary to the purity of NaF for US pharmaceutical grade of 0.003% (or 30ppm). Worst yet, the 0.04% limit, significantly exceeds the NaF heavy metal samples used for carcinogenic (cancer) testing in the 1990 National Toxicology Profile (NTP) which was about 40-50 ppm. Thus, it is very obvious that the NTP carcinogen study can not be used to validate safety against cancer, since it did not do WORST-CASE TESTING + SAFETY FACTOR, which is a common practice in engineering.

Also, not only are we the healthiest State, but I find it strange that according to CDC statistics on edentulism or complete loss of teeth, Hawaii has the lowest rate. Is it not better to have about 2 more cavities than to lose all your teeth? It is my opinion that fluoridation results in increased gum disease which eventually results in tooth loss. This also applies to chronic joint problems and sudden cardiac deaths. If you are going to be a copy cat because of mandatory fluoridation of other states, you need to ask yourself – Is it not wiser to copy the healthiest state?

When reviewing Honolulu's County law, it is important to focus on the quality control chemical requirements should the State mandate fluoridation. These requirements were created purely based on public safety for the entire population, especially those in the subset that with more vulnerable immune systems or chronic diseases such as the unborn child, the elderly, cancer, end stage renal disease, arthritis, etc. Also critical is the clause which prohibits adding a chemical that forms calcium compounds in the body which will amplify and bio-accumulate the effects of xrays or gamma rays and result in positive charged holes or free radicals. Only because of my nuclear training was I made aware of this fact because the radiation dosimetry equipment we used contained a fluoride chip known as a thermoluminescent phosphor (TLP). Unfortunately, most MDs and DDSs, by focusing only on teeth, are totally unaware of the scientific principle of TLPs and its reactions in the body. Calcium fluoride and fluoroapatite are TLPs which readily forms in bones, teeth, breasts, kidneys, pineal glands in the brain and other parts of the body containing calcium deposits. It is my opinion that the activation of fluorapatite TLP in women's breasts by xrays from dental, mammograms and CT scans, could possibly explain why breast cancers are the highest incidence of new cancers and the second highest for cancer mortalities. During my radiological training as a nuclear engineer, I was taught that radiation exposure is bio-accumulative in your life-time. The activation of TLPs in your body to form free radicals clearly explains why this is so.

In conclusion, it is my engineering opinion, that fluoridation is not safe and there are better and safer alternatives such as continuous dental education (especially immigrants), toothpaste, dental sealants, etc. Better yet, if your tap water is fluoride-free, those individual desiring fluoride only needs to fill a quart or gallon bottle with tap water, then add a pharmaceutical-grade fluoride tablet with the appropriate dosage in it. This insures much more accurate dosage control, free of heavy metals, targets only the young children, and will not impact the water delivery system by leaching lead and other metals. With miles and miles of drinking water pipes made out of a mixture of cast iron, galvanized iron, copper piping and lead-brass fittings, I assure you that metallurgically, corrosion will Finally, diet is very important and if you really want to prevent cavities, mandate a warning on all carbonated beverages such as colas with a acidity pH of about 2.39, be labeled as harmful to children under 12 who still have baby teeth. See study by A. Reddy et al, on acidity pH of common beverages published in Journal of American Dental Assn, 2016April, 147(4): 255-263. Although there are many causes of dental

caries such as baby-bottle-teeth decay, giving a child a carbonated cola is probably a significant root cause of damage to primary teeth.

I know this is a lot of information to digest. Thank you for your time and feel free to contact me if you have any questions,

Adrian Chang

Email: aqschang@gmail.com <mailto:aqschang@gmail.com>

Ph: 808-395-6198

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TABLE 2 – Industrial Chemicals Known To Cause Developmental Neurotoxicity in Human Beings in 2006 and 2013, According to Chemical Group

Chemical Group	Known in 2006	Newly Identified
Metals & Inorganic Compounds	Arsenic and Arsenic Compounds, Lead, and Methylmercury	<u>FLUORIDE</u> and Manganese
Organic Solvents	(Ethanol) Toluene	Tetrachloroethylene
Pesticides	None	Chlorpyrifos and DDT/DDE
Other Organic Compounds	Polychlorinated biphenyls	Brominated diphenyl ethers
Total	6*	6

DDT = dichlorodiphenyltrichloroethane. DDE = dichlorodiphenyldichloroethylene

*including ethanol

Reference:

P Grandjean, MD – Department of Environmental Medicine, University of Southern Denmark, Odense, Denmark; Department of Environmental Health, **Harvard School of Public Health**, Boston, MA.

PJ Landrigan, MD – Icahn School of Medicine at Mount Sinai, New York, NY, USA

Lancet Neurol. 2014 March; 13(3): 330-338. Neurobehavioral Effects of Developmental Toxicity

Prepared by: A. Chang, Honolulu, Hawaii 11/11/2023

1999 RATES OF SUDDEN CARDIAC DEATH PER 100,000 POPULATION – ASCENDING ORDER

STATE	ALL CARDIAC DEATHS	SCD % OF ALL CDs	AGE-ADJUSTED SCD RATE	% FLUORIDATED-2000
HAWAII	2,420	57.2	114.6	9.0
ALASKA	571	67.3	126.0	55.2
MINNESOTA	9,595	68.9	133.8	98.2
UTAH	2,830	72.1	139.1	2.0
COLORADO	6,476	71.3	140.1	76.9
WASHINGTON	11,590	67.0	145.1	57.8
OREGON	7,306	71.0	146.8	22.7
KANSAS	7,013	61.8	146.9	62.5
MONTANA	2,055	69.6	149.9	22.2
MASSACHUSETTS	15,907	65.8	150.7	55.8
VIRGINIA	15,401	59.3	152.4	93.3
ARIZONA	10,870	66.1	154.8	55.5
FLORIDA	51,608	60.5	155.0	62.6
NORTH DAKOTA	1,844	66.1	155.5	95.4
NEW MEXICO	3,486	68.1	156.2	76.7
NEW JERSEY	23,581	57.6	156.8	15.5
VERMONT	1,349	69.5	156.8	54.2
NEBRASKA	4,517	66.6	156.9	77.7
IOWA	8,724	66.1	160.3	91.3
WYOMING	1,013	69.2	160.3	30.3
IDAHO	2,558	72.2	160.3	45.4
NORTH CAROLINA	18,299	61.0	161.3	83.3
SOUTH DAKOTA	2,031	69.8	161.7	88.4
TEXAS	43,717	59.5	162.1	65.7
NEW HAMPSHIRE	2,759	68.0	164.3	43.0
CALIFORNIA	72,360	64.8	164.8	28.7
MAINE	3,436	66.5	165.3	75.4
CONNECTICUT	9,169	70.5	170.0	88.8
RHODE ISLAND	3,015	70.0	170.7	85.1
ARKANSAS	8,358	57.5	171.9	59.9
INDIANA	16,750	61.3	175.3	95.3
TOTAL/AVERAGE	728,743	63.4	175.4	65.8
SOUTH CAROLINA	10,028	62.3	175.5	91.2
NEVADA	4,255	62.7	177.6	65.9
WISCONSIN	13,891	72.9	179.0	89.3
MARYLAND	12,144	69.2	180.8	90.7
ILLINOIS	33,561	65.4	182.2	93.4
GEORGIA	17,713	63.4	182.7	92.9
LOUISIANA	12,080	50.3	183.2	53.2
KENTUCKY	12,162	58.4	184.1	96.1
NEW YORK	59,199	60.2	184.6	67.8
TENNESSEE	16,358	60.2	184.6	94.5
OHIO	33,338	64.5	185.3	87.6
DELAWARE	2,020	66.1	185.3	80.9
OKLAHOMA	11,308	58.5	186.1	74.6
PENNSYLVANIA	41,838	66.1	189.5	54.2
DISTRICT OF COLUMBIA	1,661	65.7	191.3	100.0
WEST VIRGINIA	6,860	59.0	193.7	87.0
ALABAMA	13,489	62.9	194.1	89.2
MICHIGAN	27,804	67.8	196.6	90.7
MISSOURI	18,052	65.5	198.9	80.5
MISSISSIPPI	9,374	59.7	212.2	46.0

REF: CDC MMWR FEB 15, 2002; 51(06); 123-6 – STATE-SPECIFIC MORTALITY FROM SCD – UNITED STATES, 1999

COMPARISON OF pH INCREMENTS vs %FLUORINE & %HF

pH	% FLUORINE IONS	% HF MOLECULES	REMARKS
7.0	100.0	0.0	
5.0			
4.2		Negligible	Approx. First Detectable HF.
4.0			
3.5			
3.14	50.0	50.0	
3.0			Stomach acid upper limit = 3.0
2.5			
2.0	8.0	92.0	
1.5			
1.0			Stomach acid lower limit = 1.2.
0.0		100	

NOTES: 1. Data from R. Sauerheber, Physiologic Conditions Affect Toxicity of Ingested Industrial Fluoride. J Environ Public Health, 439-490; 2013 and calculations using Henderson Hasselbach equation. Per Sauerheber, as HF, fluoride gains entry into the bloodstream because HF is a neutral small molecule, comparable in size to the water molecule, and is freely permeable through the biologic membrane. Also, as a small molecule and weak acid, HF is the most penetrating corrosive. Its assimilation is most efficient at stomach pH in the absence of substantial calcium.

2. The pH of stomach acid (Hydrochloric acid) range from 1.2 to 3.0.

pH of POPULAR SODA BEVERAGES

EXTREMELY EROSIVE (pH ≤ 3)

EROSIVE (3 < pH ≤ 4)

MINIMALLY EROSIVE (4 < pH ≤ 6)

7UP Cherry	2.98	Pepsi	2.39	7UP	3.24	Izze Pomegra.	3.01	A&W RoorBeer	4.27
Canada Dry		Pepsi Max		7UP Diet	3.48	Mountain Dew		A&W RoorBeer Diet	
Ginger Ale	2.82	2.74				Voltage	3.05	4.57	
Coca Cola		Pepsi Wild Cherry		A&W Cream Soda		Mountain Dew		Barq's Root Beer	
Caffeine Free	2.34	2.41		3.86		Diet		4.11	
						3.18			
Coca Cola		RC Cola	2.32	Coca Cola Caffeine		Mug Root Beer		Canada Dry Club	
Cherry	2.38			Free Diet	3.04	3.88		Soda	5.24
Coca Cola		Schweppes Tonic		Coca Cola Diet	3.10	Pepsi Diet	3.02	IBC Root Beer	
Classic	2.37	Water	2.54					4.10	
Dr Pepper	2.88	Sunkist Orange		Dr Pepper Cherry		Sierra Mist			
		2.98		3.06		3.09			
Fanta Grape	2.67	Tab	2.72	Dr Pepper Diet		Sprite Zero			
				3.20		3.14			

Hansen's Pomegranate 2.55	Sunkist Peach 2.89	Fresca 3.08	Welch's Grape Juice 3.11		
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Ref: A. Reddy, The pH of Beverages in the United States, Journal of American Dental Assn. 2016

COMPARISON OF pH vs %FLUORINE & %HF INCREMENTS

pH	% FLUORINE IONS	% HF MOLECULES	REMARKS
7.0	100.0	0.0	
4.2		Negligible	Approx. First Detectable HF.
		5.0	
		10.0	
		20.0	
		30.0	
		40.0	
3.14	50.0	50.0	
		60.0	
		70.0	
		80.0	
		90.0	
2.0		92.0	
1.0	0.0	100.0	

NOTE: Data from R. Sauerheber, Physiologic Conditions Affect Toxicity of Ingested Industrial Fluoride. J Environ Public Health, 439-490; 2013 and calculations using Henderson Hasselbach equation. Per Sauerheber, as HF, fluoride gains entry into the bloodstream because HF is a neutral small molecule, comparable in size to the water molecule, and is freely permeable through the biologic membrane. Also, as a small molecule and weak acid, HF is the most penetrating corrosive. Its assimilation is most efficient at stomach pH in the absence of substantial calcium.

OFFICE OF THE MAYOR
CITY AND COUNTY OF HONOLULU

530 SOUTH KING STREET, ROOM 300 • HONOLULU, HAWAII 96813
TELEPHONE: (808) 523-4141 • FAX: (808) 527-5552 • INTERNET: www.co.honolulu.hi.us

RECEIVED
CITY CLERK
C&C OF HONOLULU

FEB 12 8 35 AM '04

JEREMY HARRIS
MAYOR



February 9, 2004

Ms. Denise C. De Costa
City Clerk
Office of the City Clerk
City and County of Honolulu
Honolulu, Hawaii 96813

Dear Ms. De Costa:

Re: APPROVED BILLS

The following Bills are approved and returned herewith:

Bill 66 (2003) RELATING TO WATER.
CD-1

Bill 70 (2003) PEARL CITY ZONE CHANGE.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Harris", written over a large, stylized flourish.

JEREMY HARRIS
Mayor

JH:aa

Attachment



CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

ORDINANCE 04 - 01

BILL 66 (2003), CD1

A BILL FOR AN ORDINANCE

RELATING TO WATER.

BE IT ORDAINED by the People of the City and County of Honolulu:

SECTION 1. Since ancient times, Hawaiians have treasured water as the spiritual fount of all life and as a precious resource that must be preserved for the benefit of all. The council finds that Oahu's drinking water is a vital necessity of life and should be maintained free of any chemical additives, except those necessary to make it safe and potable for human consumption. Drinking water should not be used as a means for delivery of chemicals for medical or dental purposes when other alternatives are available. The purpose of this ordinance is to prohibit the introduction of unnecessary chemical additives, considered to be medication, into Oahu's drinking water supply.

Using the drinking water system for delivery of chemical additives for medication purposes is neither cost effective nor environmentally sound since more than 99 percent of the chemicals are not ingested and will be discharged into the environment when washing cars, watering yards, flushing toilets, etc., thereby wasting tax dollars.

It should not be the role of government to override an individual's freedom of choice, or right to informed consent, or compel individuals to purchase purified water to protect their own health or have peace of mind. Article XI, Section 9, of the Hawaii State Constitution guarantees the individual's right to a clean and healthy environment.

SECTION 2. Chapter 30, Revised Ordinances of Honolulu 1990, is amended by adding a new Article to be appropriately designated and to read as follows:

"Article __. Medication in Drinking Water

Sec. 30-__1 Prohibition.

No person shall add any product, substance, or chemical to the public water supply, except federally-owned and operated water systems, such as military facilities, for the purpose of treating or affecting the physical or mental functions of the body of any person, rather than to make the water safe or potable. This prohibition shall not apply to water treatment chemicals used to make the water potable and safe to drink, such as chlorination and anti-corrosion chemical to reduce lead.



A BILL FOR AN ORDINANCE

Sec. 30-__2 Product safety.

Should any state law mandate using the drinking water system to dispense medication for treating the physical or mental function of a person's body, the chemical additive used shall meet the following quality control and safety requirements:

- (1) All chemical additives purchased shall be pharmaceutical grade or equivalent; industrial grade chemical additives shall not be used.
- (2) The chemical additive shall not contain any contaminants which would exceed the maximum contaminant level goals established by (A) the U.S. Environmental Protection Agency or (B) the State of Hawaii Department of Health, whichever is lower.
- (3) The chemical additive shall not increase corrosion of the water piping system material components or increase leaching of heavy metals such that another chemical additive will be required to minimize corrosion.
- (4) The chemical additive shall have been tested and approved for safety and effectiveness by the U.S. Food and Drug Administration.
- (5) The chemical additive shall have been tested using the following additional safety tests if not already done by the U.S. Food and Drug Administration:
 - (A) The chemical additive shall have been tested for safety using worst-case conditions for any contaminants allowed by specifications with a safety factor to cover all ranges of unrestricted consumption.
 - (B) If the chemical additive, in combination with body minerals, becomes a thermoluminescent phosphor material which is known to become electrically charged when exposed to radiation and X-rays, testing shall have been done to determine any adverse effects. Thermoluminescent phosphor material examples are calcium fluoride, lithium fluoride, lithium bromide, and calcium sulphate.



CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

ORDINANCE 04 - 01

BILL 66 (2003), CD1

A BILL FOR AN ORDINANCE

Sec. 30-__3 Severability.

Section 30-3.1 shall apply to this article."

SECTION 3. This ordinance shall take effect upon its approval.

INTRODUCED BY:

Rod Tam

Ann Kobayashi

Romy M. Cachola

Donovan Dela Cruz

Barbara Marshall

DATE OF INTRODUCTION:

September 18, 2003

Honolulu, Hawaii

Councilmembers

APPROVED AS TO FORM AND LEGALITY:

Deputy Corporation Counsel

APPROVED this 12th day of February, ~~2003~~ 2004

JEREMY HARRIS Mayor
City and County of Honolulu

(OCS/102103/mg)

SUMMARY OF MANUFACTURER'S MSDS HEALTH EFFECTS for SODIUM FLUORIDE, SODIUM FLUOROSILICATE, FLUOROSILICIC ACID

ACUTE EXPOSURE – May cause severe mucous membrane irritation and burns. Effects may not be immediately apparent, especially with dilute solutions. Can cause severe irritation to the lungs, nose and throat. **If swallowed, can cause severe damage to throat and stomach.**

CHRONIC OR PROLONGED EXPOSURE –

Bone changes, increased bone density, brittleness of bones, osteosclerosis, weakness & stiffness of joints, crippling skeletal fluorosis, dental fluorosis.

Anorexia, weight loss, wasting, cachexia.

Corrosive effect on mucous membranes and ulceration of nose, throat.

Pulmonary edema, pulmonary fibrosis, ulceration of bronchial tubes, cough.

Enzyme system effects, low blood calcium levels, anemia, internal bleeding.

Tremors, convulsions, blurred vision, coma, shock, death.

MSDS SPECIAL PRECAUTIONS & WARNINGS -

1. **WARNING:** This product contains detectable amounts of a chemical known to the state of California to cause **cancer/birth defects or other reproductive harm.**
2. The substance is toxic to kidneys, lungs, the nervous system and mucous membranes. Repeated or prolonged exposure can produce **target organs damage**, general deterioration of health by accumulation in one or many human organs, or chronic respiratory irritation.
3. **MEDICAL CONDITIONS WHICH COULD BE AGGRAVATED:** Any skin condition and/or pre-existing respiratory disease, including **asthma and emphysema.**
4. **CONDITIONS AND MATERIALS TO AVOID:** Reactive metals, glass, stoneware, alkali and strong concentrated acids. **Contact with strong acids will produce hydrogen fluoride.**
5. **HAZARDOUS DECOMPOSITION PRODUCTS:** When heated to decomposition temperature (>227°F for fluorosilicic acid), it releases highly toxic and corrosive fumes of hydrogen fluoride gas, silica tetrafluoride (extremely toxic), and hydrogen gas. Other byproducts are sodium oxide gas, hydrofluoric acid, and fluorine.
6. **HEALTH HAZARD RATINGS & LABELS:** EXTREME DANGER. For hydrofluoric acid which could be found up to 1% in fluorosilicic acid, rating is DEADLY. Label for acid is CORROSIVE. Sodium fluoride is labeled POISON, TOXIC, or AVOID CONTACT WITH FOOD.

Refs: MSDSs from LCI Ltd, Chemtech Products, Inc., Spectrum Chemicals Mfg Corp.

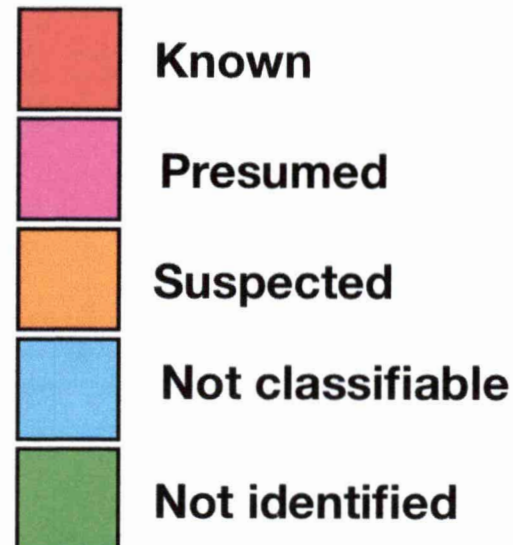
NTP Confirmation

Fluoride exposure can harm brains

“NTP’s conclusion that fluoride is **presumed to be a cognitive neurodevelopmental hazard to humans** is based on consistent evidence from 26 lower risk-of-bias studies that evaluated fluoride exposure and effects on children’s IQ and other cognitive effects.” - *National Toxicology Program “Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects” (Sept 16, 2020)*

“A few studies also support the possibility of **heightened sensitivities to the detrimental cognitive effects of fluoride exposures in individuals** with certain polymorphisms in dopamine receptor D2, or catechol-O-methyltransferase (Cui *et al.* 2018, Zhang *et al.* 2015b), impacting dopamine catabolism and receptor sensitivity. Differential exposures to fluoride and **genetic susceptibilities of children to fluoride** appear to warrant further research.” - *National Toxicology Program “Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects” (Sept 16, 2020)*

“based on scientific judgement as to the **robustness** of the **body of evidence** that supports moderate confidence in the human data and consideration of the potential impact of additional studies” - NTP 2019



FLUORIDATION (2000) VS PERCENT EDENTULISM (1995-1998) - (COMPLETE TOOTH LOSS)

Ref: www.cdc.gov/nohss/ListV.asp MMWR Mar 19, 1999/48(10);206-210, Total Tooth Loss Among Persons Aged ≥65 Years – Selected States, 1995-199 = ASCENDING ORDER

United States	2000 – 65.8% % Fluoridated	Percent Edentulism 1995-1997	Percent Edentulism 1995-1998
Hawaii	9.0	13.9	13.9
California	28.7	16.2	16.2
Oregon	22.7	16.5	16.5
Arizona	55.5	18.5	19.3
Wisconsin	89.3	19.4	19.4
Michigan	90.7	20.6	20.6
Delaware	80.9	No Data	20.9
New Jersey	15.5	21.8	21.1
Washington	57.8	21.5	21.5
Florida	62.6	21.9	21.9
Massachusetts	55.8	22.0	22.0
Utah	2.0	22.8	22.1
Connecticut	88.8	22.3	22.3
Texas	65.7	24.7	22.5
Maryland	90.7	29.2	22.7
New Mexico	76.7	22.7	22.7
Colorado	76.9	23.0	23.0
Nevada	65.9	24.1	24.1
Virginia	93.3	24.1	24.1
Alaska	55.2	25.1	25.1
Illinois	93.4	28.3	26.0
New York	67.8	26.0	26.0
South Carolina	91.2	No Data	26.1
Ohio	87.6	26.1	27.2
New Hampshire	43.0	27.4	27.4
Idaho	45.4	28.7	28.7
Indiana	95.3	28.8	28.8
Nebraska	77.7	30.0	30.0
Pennsylvania	54.2	30.2	30.2
Missouri	80.5	30.4	30.4
Montana	22.2	30.4	30.4
Rhode Island	85.1	25.6	25.6
North Dakota	95.4	32.5	31.1
Wyoming	30.3	31.5	31.5
Kansas	62.5	31.8	31.8
Iowa	91.3	32.7	32.7
South Dakota	88.4	33.2	33.2
Vermont	54.2	34.8	34.8
Mississippi	46.0	35.3	35.3
Tennessee	94.5	35.3	35.3
Georgia	92.9	36.1	36.1
Oklahoma	74.6	36.2	36.2
Alabama	89.2	36.0	36.6
Maine	75.4	37.8	37.8
Arkansas	59.9	39.2	39.2
Louisiana	53.2	43.0	41.5
Kentucky	96.1	44.0	44.0
West Virginia	87.0	47.9	47.9
D.C.	100.0	No Data	No Data
Minnesota	98.2	No Data	No Data
North Carolina	83.3	No Data	No Data

FLUORIDATION 2000* vs ARTHRITIS/CHRONIC JOINT SYMPTOMS 2001 – ASCENDING BY % JOINT SYMPTOMS

United States Total PWS Fluoridated = 65.8%	% Fluoridated of Total PWS Population	Prevalence % w/ Arthritis/CJS	RANKING (#1 is Highest)
Hawaii	9.0	Lowest 17.8	51
California	28.7	28.0	50
District of Columbia	100.0	28.7	49
Nebraska	77.7	29.1	47
Alaska	55.2	29.1	48
Maryland	90.7	29.6	46
Texas	65.7	29.9	45
New Jersey	15.5	30.1	44
Massachusetts	55.8	30.3	43
New Hampshire	43.0	30.5	42
Connecticut	88.8	30.6	41
Colorado	76.9	30.8	40
North Dakota	95.4	31.3	39
Wyoming	30.3	31.5	38
New Mexico	76.7	31.6	37
South Dakota	88.4	31.7	36
Utah	2.0	31.9	35
Louisiana	53.2	32.0	34
New York	67.8	32.1	33
Georgia	92.9	32.2	32
North Carolina	83.3	32.4	31
Virginia	93.3	32.6	30
Iowa	91.3	32.8	28
Vermont	54.2	32.8	29
Illinois	93.4	32.9	27
Arizona	55.5	33.3	26
South Carolina	91.2	33.5	25
Florida	62.6	33.7	24
Nevada	65.9	33.8	23
Minnesota	98.2	34.3	22
Delaware	80.9	34.4	19
Kansas	62.5	34.4	20
Washington	57.8	34.4	21
Rhode Island	85.1	34.9	18
Ohio	87.6	35.4	17
Tennessee	94.5	35.6	16
Pennsylvania	54.2	35.9	15
Oregon	22.7	36.0	14
Maine	75.4	36.1	13
Oklahoma	74.6	36.3	10
Mississippi	46.0	36.3	11
Idaho	45.4	36.3	12
Indiana	95.3	37.0	9
Missouri	80.5	37.2	8
Montana	22.2	37.3	7
Wisconsin	89.3	38.4	6
Michigan	90.7	38.7	5
Arkansas	59.9	39.1	4
Alabama	89.2	40.5	3
Kentucky	96.1	41.1	2
West Virginia	87.0	Highest 42.6	1
Puerto Rico	62.5*	28.7	Territory

+Hawaii is only State w/ No Added Fluoridation, except for Military Bases

Reference: MMWR Weekly, Prevalence of Self-Reported Arthritis or Chronic Joint Symptoms Among Adults -United States, 2001. Oct 25, 2002/52(42);948-950.

www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a2.htm

From: Cristin Mattione
Sent: 3/15/2024 12:17:00 PM
To: DOH WSBOH
Cc:
Subject: Public comment re: CDC guidelines

External Email

Good morning WA DOH,

I'm very concerned about the new CDC guidelines shortening the isolation period to only 1 day, when we know most people are quite contagious for at least 5 and often still contagious for 10 days. I am glad that WA DOH guidelines have not changed, and the website states that Covid-19 is a serious threat. THANK YOU for taking this seriously.

From an evidence-based public health standpoint, we should not reduce the isolation period before we have better vaccines and treatments for long Covid, and before our schools, healthcare facilities and workplaces have had time to meet the May 2023 CDC Indoor Air Quality (IAQ) guidelines, which are the same as the new November 2023 WA DOH IAQ guidelines. We now have overwhelming evidence that long Covid is a real risk to long term health for all ages, as evidenced by the recent Pediatrics journal review that outlined how long Covid is not rare in kids (estimates are 10-20%), and the cognitive risks are very concerning. We currently have no treatments for long Covid. Too many people continue to die from acute Covid as well.

We need to continue to educate the public about how Covid is different than the flu or other colds, and encourage a multi-layered approach of testing, staying home when sick, early access to treatment if needed, masking with KN-95's or better when indoors especially during times of high transmission, and improving IAQ and vaccination. So many people aren't aware of these other mitigations, and I only know about them because I have sought out the information. There are mutual aid organizations out here trying to get N95 respirators to people who can't afford them, but people don't even realize how beneficial they are.

We also need to continue to educate healthcare providers, healthcare staff and dentists about the seriousness of this disease both in the short and long term, and encourage if not mandate continuation of masking with N95 respirators in healthcare centers as well as ensuring adequate IAQ. I'm very concerned about the general lack of awareness even within healthcare. Immunocompromised patients can't go to the dentist without great risk. One cannot mask while receiving dental care, so staff need to be wearing N95 respirators.

Improving IAQ can dramatically decrease infection risk. Dr. Ali Boris is an invaluable resource for this, and WA DOH did a fantastic presentation in November 2023, but many school districts are not meeting these guidelines or have an action plan to do so, including my own LWSD. We need to continue to urge schools and workplaces to update their ventilation systems to MERV-13 filters, or at least get HEPA filters in the areas with poor ventilation, and this includes funding assistance. Post-Pandemic Ventilation Guidance for Schools - DOH SchoolEHS Workshop - 11.7.2023 (wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwa.gov%2F&data=05%7C02%7Cw>
)

We need to educate businesses, school staff and teachers about the importance of clean air and what we can do, such as opening windows. I've held my kindergartener out partially due to Covid transmission risk at school and an outdated HVAC system, and district refusal of HEPA filters.

Our medical clinic has an average of 1.8 ACH (poor!), and I am the only one who is concerned. I am personally following as much research as I possibly can, but many healthcare providers are not simply due to lack of time/ being overwhelmed with patient care, and they aren't implementing these simple tools.

It would be so helpful to have WA DOH create a short PSA about Covid-19 including education about the short and long term complications including the huge burden of long Covid, and multi-layered mitigations (testing, isolation, masking, vaccination, indoor air quality), and both post this on the WA DOH website, but also push it out to anyone with an active medical or dental license. I'd be more than happy to volunteer my time to create content for this. And please be sure future graphics show people wearing N95 respirators, not surgical or cloth masks. COVID is airborne and people need to understand this.

We need to be advocating for cheaper and more available rapid tests nationally. Why are tests so expensive here when I can buy them in bulk from Europe for \$1 each? People need access to these rapid tests, but ideally better and cheaper molecular tests (such as Metrix, Cue or Lucira), especially for vulnerable populations. I am glad that WA DOH has set up testing kiosks. These could be expanded and include good masks such as 3M Aura and handouts about mitigations and treatment (Paxlovid).

Thank you for all you do, and I hope we can continue to make evidence-based decisions in WA State. I truly think WA could be a leader in this area, providing clear and science-based guidance and education to our communities to benefit everyone's long term health.

Sincerely,

Cristin Mattione, O.D. (she/her)

"shame lives in should. swap guilt with grace. see what happens." - ALOK

From: Jennifer and Robert Martin
Sent: 3/15/2024 12:29:25 PM
To: DOH WSBOH
Cc:
Subject: F42656FE-B866-4DE6-A755-3B451324EB76

External Email

Dear WA DOH,

I have a Masters in Public Health and I've been closely following the Covid-19 pandemic since the beginning. I'm very concerned about the new CDC guidelines shortening the isolation period to only 1d, when we know most people are quite contagious for at least 5 and often still contagious for 10 days. I am glad that WA DOH guidelines have not changed, and the website states that Covid-19 is a serious threat. THANK YOU for taking this seriously.

From an evidence-based public health standpoint, we should not reduce the isolation period before we have better vaccines and treatments for long Covid, and before our schools, healthcare facilities and workplaces have had time to meet the May 2023 CDC IAQ guidelines, which are the same as the new November 2023 WA DOH IAQ guidelines. We now have overwhelming evidence that long Covid is a real risk to long term health for all ages, as evidenced by the recent Pediatrics journal review that outlined how long Covid is not rare in kids (estimates are 10-20%), and the cognitive risks are very concerning. We currently have no treatments for long Covid. Too many people continue to die from acute Covid as well.

We need to continue to educate the public about how Covid is different than the flu or other colds, and encourage a multi-layered approach of testing, staying home when sick, early access to treatment if needed, masking with good masks when indoors especially during times of high transmission, improving IAQ and vaccination. So many people aren't aware of these other mitigations.

We also need to continue to educate healthcare providers, healthcare staff and dentists about the seriousness of this disease both in the short and long term, and encourage if not mandate continuation of masking with high quality masks in healthcare centers as well as ensuring adequate IAQ. I'm very concerned about the general lack of awareness even within healthcare. I ended up in the ER last week and had a better mask/respirator than everyone else there, even doctors and nurses and EMTs and medics. This should never happen.

Improving IAQ can dramatically decrease infection risk. Dr. Ali Boris is an invaluable resource for this, and WA DOH did a fantastic presentation in November 2023, but many school districts are not meeting these guidelines or have an action plan to do so, including my own LWSD. We need to continue to urge schools and workplaces to update their ventilation systems to MERV-13 filters, or at least get HEPA filters in the areas with poor ventilation, and this includes funding assistance. Post-Pandemic Ventilation Guidance for Schools - DOH SchoolEHS Workshop - 11.7.2023 (wa.gov)

We need to educate businesses, school staff and teachers about the

importance of clean air and what we can do, such as opening windows.

I held my kids out of public school till this year to keep them safe and we still had our 11 year old get asymptomatic COVID from a terrible classroom outbreak in November and so many kids and families we know are very sick again even in mid-March too.

It would be so helpful to have WA DOH create a short PSA about Covid-19 including education about the short and long term complications including the huge burden of long Covid, and multi-layered mitigations (testing, isolation, masking, vaccination, indoor air quality), and both post this on the WA DOH website, but also push it out to anyone with an active medical or dental license.

We need to be advocating for cheaper and more available rapid tests nationally. Why are tests so expensive here when I can buy them in bulk from Europe for \$1 each? People need access to these rapid tests, but ideally better and cheaper molecular tests (such as Metrix, Cue or Lucira), especially for vulnerable populations. I am glad that WA DOH has set up testing kiosks. These could be expanded and include good masks such as 3M Aura and handouts about mitigations and treatment (Paxlovid).

Thank you again for all you do, and I hope we can continue to make evidence-based decisions in WA State. I truly think WA could be a leader in this area, providing clear and science-based guidance and education to our communities to benefit everyone's long term health. I am happy to help in any way I can.

Sincerely,

Jennifer Martin MSPH