From: Jamie Dixon
Sent: 7/14/2024 8:10:37 AM
To: DOH WSBOH
Cc:
Subject: Race should be an option to respond to, not a requirement.

External Email

From: sue coffman
Sent: 6/29/2024 9:07:42 AM
To: DOH WSBOH
Cc:
Subject: A Systematic REVIEW of Autopsy Findings in Deaths After Covid-19 Vaccination (June 21, 2024)

External Email

To all members of the WA state Board of Health:

Please take a moment to read the attached information regarding the Covid injections and their impact upon human health. This journal article is from Forensic Science International, with recent findings about deaths associated with the shots.

https://www.sciencedirect.com/science/article/pii/S0379073824001968?via%3Dihub
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc

It would do you well to understand what scientists are actually finding out about the devastating results of our country's involvement with and absolute love for all things vaccine related.

If is well past the time for you to see through the white-washing that is happening from the CDC and the pharmaceutical conglomerates. They do NOT have our health and wellbeing in mind; they only want to hurt & remove most of us from the planet (making sure there are enough sickly persons left to maintain their profits).

From a sincere and enlightened citizen,

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: Ruth Kagi
Sent: 7/23/2024 5:30:12 PM
To: DOH WSBOH
Cc:
Subject: Introducing The Children's Campaign Fund

External Email

Excited to have your support.
<https://tgef8fcab.cc.rs6.net/on.jsp?ca=af3db7a5-10f2-460f-a0e8-6b7eae2bac44&a=1101855363283&c=fab8cf7a-4927-11ef-922f-fa163e5bf31a&ch=fac73556-4927-11ef-922f-fa163e5bf31a>
☐
<https://files.constantcontact.com/3d092bb8001/eee7cbc4-3eb5-4707-a44a-6404f8fd2a68.png>

Dear Patty,

I hope this message finds you well. As someone dedicated to improving child well being in Washington, I am reaching out to share some exciting news and opportunities from The Children's Campaign Fund (CCF)
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83guutSQ47y_lXKroEmLxLpaCYL0xGEzpXsP5BRE0oUw
J_NA-
zGOkYmTmX32ZbcVYlleqBUW40dsc94xNdvuL_f8ZtDsmk3atMHu1e9iIbFuI%3D%26c%3D0SZH-
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxU
.

You may have heard of The Children's Campaign Fund, but if not, I'd love to introduce you to our mission. With over 30 years of experience, CCF is the state's longest-running, nonpartisan PAC focused on kids. We support and endorse candidates who prioritize children's issues, helping to shape policies that improve the lives of children and their families across Washington. This year one of our major priorities is expanding access to affordable, quality child care.

In 2022, CCF endorsed 84 candidates and contributed $52,000 to their campaigns, with 87% of our supported candidates winning their elections, including 17 first-time legislators. We now have 96 endorsed champions in the legislature. By supporting champions for children in key political races statewide, influencing policy outcomes through strategic legislative activities, and providing comprehensive candidate research and incumbent voting records, we are uniquely positioned to make children a priority in Washington politics.

On September 7th, the Children’s Campaign Fund, in collaboration with Electing Women, will host its annual Meet the Candidates event. Guests will have the chance to engage with and hear directly from candidates (both current legislators and new candidates) who prioritize children's issues. The funds raised through this event will support our efforts to educate and elect pro-kids candidates.

We still have tickets available for Meet the Candidates <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83ghyiUzEx5WtM1rBunsqssg9A_zFfBS4NSjxv14ASnSR8
L2VuPe5Cvye0Cu9tgeSwePI4Jg5OwSVjwJ-ZvTw-
mAiLi2WFDtbyxsCMPvb8bWYECAwrWeesKmLSnzRuo4u4Byo4V83evHOVm-
2QhG_oN6DbLVj4P-AeB_IC81yo6zx6K0Kud-HSc%3D%26c%3D0SZH-
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxUg
, as well as sponsorship and host opportunities for those who wish to play a larger role in this event. In the coming weeks, you will likely hear more about this event as our board members will be reaching out with additional information.

To learn more about The Children's Campaign Fund and how you can get involved, please visit our website www.childrenscampaignfund.org <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83goRzU-6ALZRn8-
rm_22xiLYih6g0_fvAmYephoOLe1uo6VpPR2LGEbtK3OaPiNIScp6C-
BkhgBf5tXuKBOsxR1ySBNLeVOUab9Xzl34GiMTexxjcnNdDlSo%3D%26c%3D0SZH-
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxUg
.

Thank you for your dedication to improving the lives of children in Washington. Together, we can make a lasting difference.

Best regards,

Rep Ruth Kagi (Ret.)

The Children's Campaign Fund

☐
<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>

☐
Children's Campaign Fund | Website <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83guutSQ47y_lXKroEmLxLpaCYL0xGEzpXsP5BRE0oUwC
J_NA-
zGOkYmTmX32ZbcVYlleqBUW40dsc94xNdvuL_f8ZtDsmk3atMHu1e9iIbFuI%3D%26c%3D0SZH-
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxUg

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83glMSoFcHL9AhExI5LZQByewyf8XPppTL6OHy9L8x-
bJqk9mdE3TrbXSRM7gLOd7l6Y1fQF8wuMtiCp5qNVx19bO8slVs1dUQIE_UkcYjeNSe7oeFFJHxLce91BH1vgwo
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxUg

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83guhS-
uITSqNEeMUrAB2W8E07rZ4mIaopnJsEE60sKKPtYl1ubOs_iWsUXPhnV-
9h5iQ8qSvjiGdJ1N7dJyks5fTA_ogBw-CBAg%3D%3D%26c%3D0SZH-
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxUg

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftgef8fcab.cc.rs6.net%2Ftn.jsp%3F
1bJOs_K02cJMENEwrPewurGhDUpzH9h71Z5pBCvBk83guNftqyi-
69vMSVUbScHnnU962KVvJkB4_ED3LrtnRGxDD7tEpAgxy8Al_i3N7xU901H06WfLGAS8nm1aHKYIdR_U_oU-
c0VTVv1Jb4edFL9ngVLYG7VPKBs28SYQDSrDQ%3D%3D%26c%3D0SZH-
DkYhoua7rSx1zLMVxjpA5btLWuP5xjmvOnePSfvwsWpw9E9mQ%3D%3D%26ch%3DCV7kghvBKpiWdLhpxUg

Children's Campaign Fund | P.O. Box 19777 | Seattle, WA 98109 US

Unsubscribe
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvisitor.constantcontact.com%2Fdo
4927-11ef-922f-fa163e5bf31a%26ca%3Daf3db7a5-10f2-460f-a0e8-
6b7eae2bac44&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C7a7bb89d34bf47cb423d08dcab77c5b1%7C
| Update Profile
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvisitor.constantcontact.com%2Fdo
4927-11ef-922f-fa163e5bf31a%26ca%3Daf3db7a5-10f2-460f-a0e8-
6b7eae2bac44&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C7a7bb89d34bf47cb423d08dcab77c5b1%7C
| Constant Contact Data Notice
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.constantcontact.com%2Flega
constant-
contact&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C7a7bb89d34bf47cb423d08dcab77c5b1%7C11d0e

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.constantcontact.com%2Fland
10f2-460f-a0e8-
6b7eae2bac44&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C7a7bb89d34bf47cb423d08dcab77c5b1%7C

From: Karl Kanthak
Sent: 6/12/2024 2:25:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comment 6.12.2024 Documents Supporting Appearance

attachments\ACAFEE2592D54C9E_6.12.2024 SBOH Comment.pdf

External Email

“Immunizations are highly effective against the disease, but in Clark County, 22 percent of students are not vaccinated for it, Melnick said.” *This statement is 100% false.*

As Count Reaches 23, Health Experts Expect Measles Outbreak To Hit Oregon

By Kristian Foden-V

Portland, Ore. Jan. 22, 20

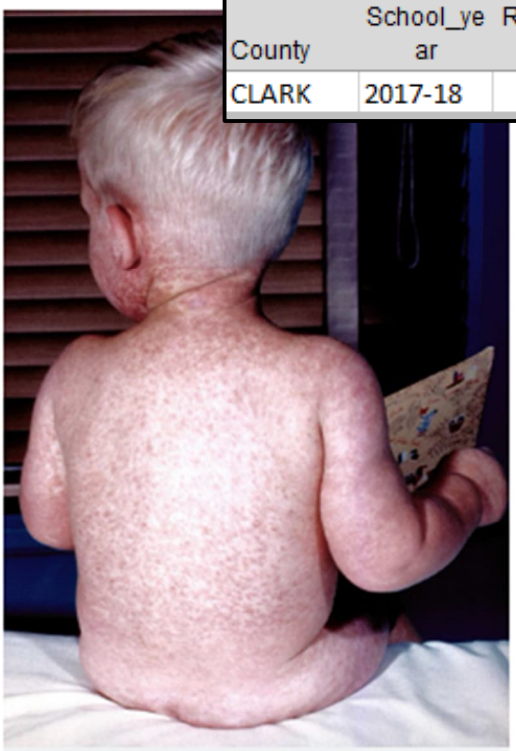
0:00 / 5:18

CIS Excel reports

Clark County K-12	School year	Reported_ enrollment	Percent_wit h_medical_ exemption	Percent_w ith_person al_exempt ion	Percent_w ith_religio us_exemp tion	Percent_w ith_religio us_memb ership_ex emption	Percent_e xempt_for _diphtheri a_tetanus	Percent_e xempt_for _pertussi	**Percent exempt for measles mumps rubella**	Percent_e xempt_for _polio	Percent_e xempt_for _Hepatitis B	Percent_e xempt_for _varicella
CLARK	2017-18	73,849	0.8%	5.8%	0.6%	0.2%	5.5%	5.2%	**5.3%**	5.2%	5.0%	5.9%

CIS Excel reports

County	School_ye ar	Reported_e nrollment	Percent_c omplete_f or_diphthe ria_tetanu s	Percent_c omplete_f or_pertus sis	**Percent complete for MMR**	Percent_c omplete_f or_polio	Percent_c omplete_f or_Hepatit isB	Percent_c omplete_f or_varicell a
CLARK	2017-18	6,455	67.3%	67.8%	**93.2%**	93.1%	93.2%	92.1%



The third day of a measles rash on a baby boy back in 1963.

Centers For Disease Control And Prevention

“We wouldn’t be a bit surprised to see people with measles in Oregon," said Dr. Richard Leman, a public health physician with the Oregon Health Authority. "Getting vaccinated is perhaps the very best way to protect yourself against this.”

Authorities know someone with measles attended the Jan. 11 Trail Blazers game at the Moda Center, and they are tracking other potential exposures.

Clark County, Washington has already declared a public health emergency. Dr. Alan Melnick, the county public health director, said the strain on resources may lead to a statewide declaration as well. That would allow Washington to request federal help.

If untreated, measles can cause pneumonia and swelling in the brain that can lead to deafness. Immunizations are highly effective against the disease, but in Clark County, 22 percent of students are not vaccinated for it, Melnick said.

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

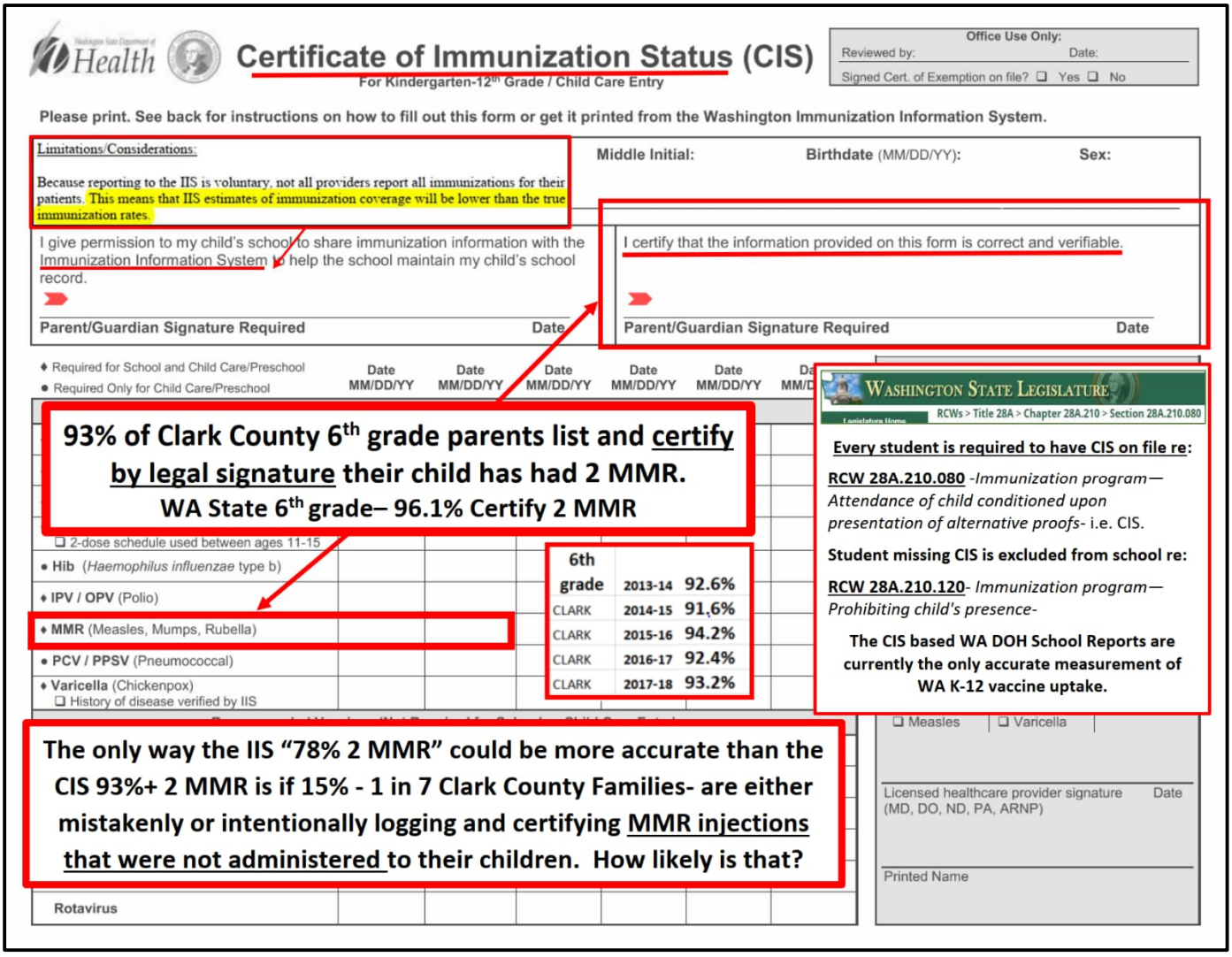
False Clark County MMR Vaccination Rate Claims

"Only 78% MMR in Clark Co K-12", is not a School Report.

From the first press releases concerning the measles outbreak to current date the WA and Clark County Departments of Health and all associated personnel have been falsely misrepresenting that the Clark County K-12 school system has an only, "78% two dose MMR coverage". This statistic is not from the legally required, hard copy school registration vaccination records called the CIS, but from a voluntary online database called the Immunization Information System, IIS.

This false rate IIS statistic was then improperly linked to 1) the availability of non-medical exemptions in Washington state, and 2) as evidence and justification for legislation to restrict the right to exempt from school attendance vaccine requirements.

The WA DOH Certificate of Immunization Status, CIS, Clark County reports show that only 5.3% of students use an exemption to be less than two MMR, and 93% plus of parents list the dates that their children received MMR injections. The only way the lower, "78%" online database IIS rate could be correct is if 15% of Clark parents are listing, certifying, and submitting hard copy records of MMR injections that their children never received. This is a wild claim.



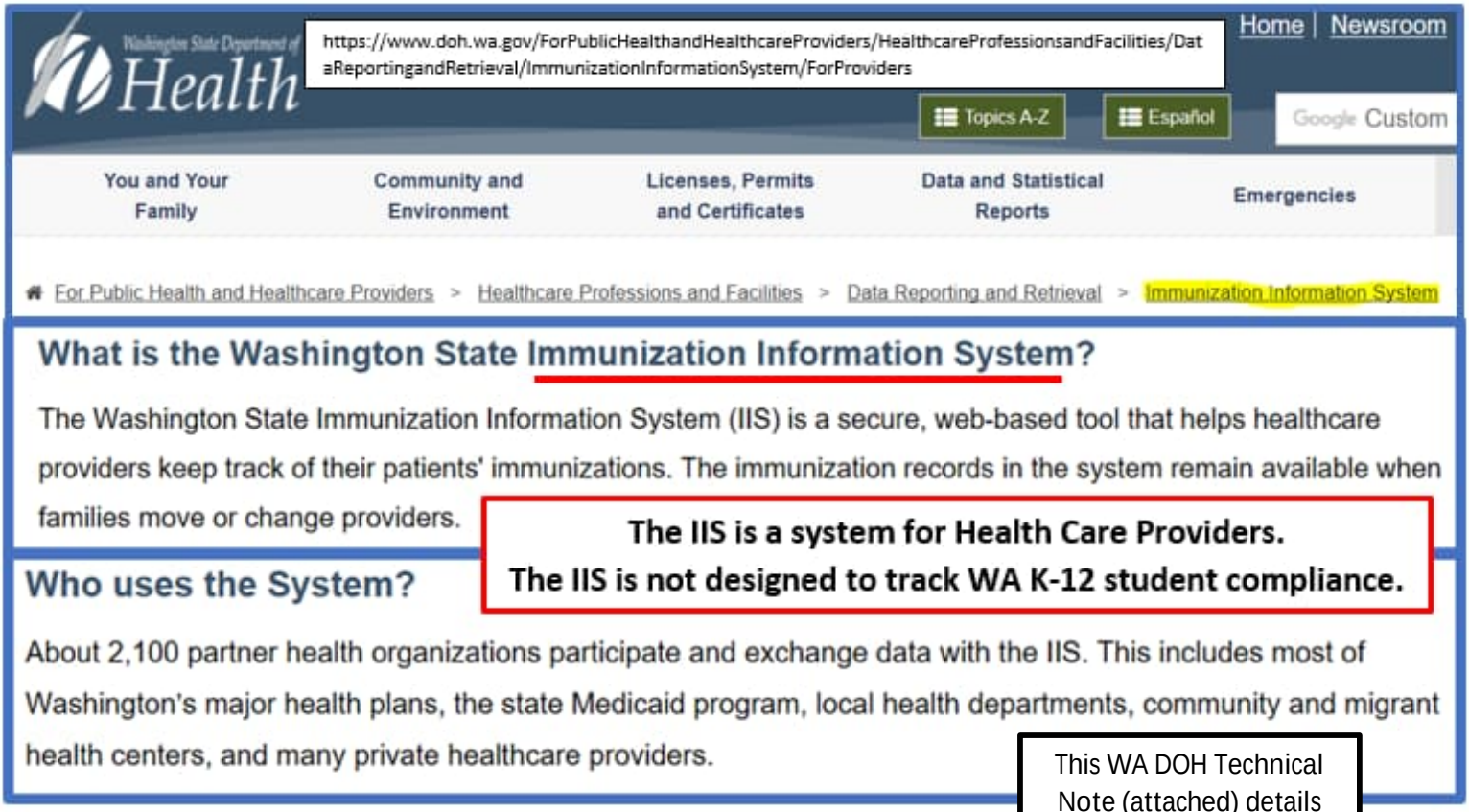
WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

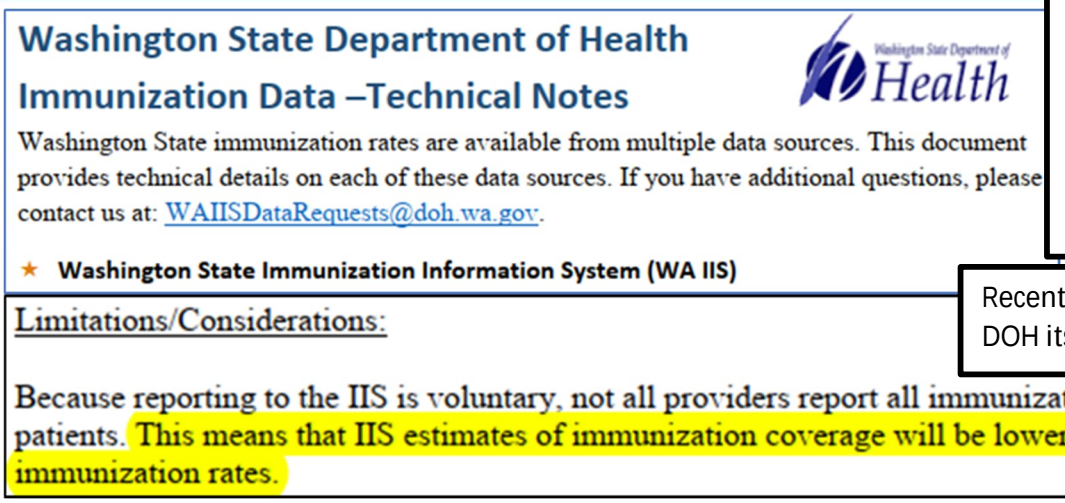
There are several vaccination measurement systems in Washington, with different criteria:

The system to track school requirements is the Certificate of Immunization Status, CIS. The CIS is mandated by law and is a hard copy vaccination record kept on file at the school the student attends. The CIS tracks & follows every student in every school, down to the individual injection or exemption. CIS is the only appropriate data source to consider School legislation.

Another source with different criteria that is not designed to measure school requirements is the Immunization Information System, IIS. The IIS is an incomplete online database of WA providers only that does not include all students, does not track children for their compliance to WA enrollment requirements, or track exemptions, and does not measure schools or districts.

There is no credible reason to use IIS statistics when the CIS data is available.





This WA DOH Technical Note (attached) details that the IIS is not a measure of WA K-12 School rates and is only an attempt to estimate the rates of the populations it does track.

Recently obtained internal email shows DOH itself does not trust IIS, attached.

Washington State Department of Health
Immunization Data –Technical Notes

Washington State Department of Health

DOH 348-565 May 2019

Washington State immunization rates are available from multiple data sources. This document provides technical details on each of these data sources. If you have additional questions, please contact us at: WAIISDataRequests@doh.wa.gov.

Pertinent Tech Note excerpts- full document linked below.

★ **Washington State Immunization Information System (WA IIS)**

Methodology:

Healthcare providers, including hospitals, primary care providers and healthcare plans voluntarily report immunizations for their patients to the WA IIS. Providers can manually make contact with the IIS. The IIS contains records for 128% of the adolescent population as determined by the US Census. The IIS overestimates the adolescent population of the state because not all adolescents who have moved out of the state have been marked inactive by their healthcare providers. The IIS contains at least one immunization record for 70% of the

Limitations/Considerations:

Because reporting to the IIS is voluntary, not all providers report all immunizations for their patients. This means that IIS estimates of immunization coverage will be lower than the true immunization rates.

Coverage in the IIS is calculated using the total population within a given age group as the denominator. This means that the issues described above affect coverage estimates. Coverage to the IIS. Adolescent coverage as calculated by the IIS is an underestimate of true coverage. The adolescent population in the IIS is inflated, which increases coverage denominators and under-reporting of administered immunizations artificially shrinks numerators. Adult coverage as calculated using the IIS is also unreliable due to numerator and denominator issues.

This WA DOH Technical note clearly describes that the IIS does not measure
WA K-12 School Students compliance to the school vaccine schedule and is "unreliable" .
This note clearly details how and why the IIS estimates will be "*lower than true rates*".
Should data from a system that is not designed to measure school compliance,
be used to consider legislation concerning vaccine exemptions?
How could a responsible county or state employee consider this a superior data set?

https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-565-ImmunizationDataTechnicalNotes.pdf

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

Calculating a percentage is using a numerator over a denominator.

The CIS Numerator uses the actual number of students who have the day, month, and year of two MMR injections listed on the hard copy vaccination record required for school registration.

The CIS Denominator uses the actual, official school, district, county, or state enrollment.

In the 2017/2018 school year, 6006 Clark County 6th grade students, out of a total 6th grade enrollment of 6445, had CIS listing complete for 2 MMR, for a rate of 93.2%.

County	School_year	Reported_enrollment	Percent_complete_for_diphtheria_tetanus	Percent_complete_for_pertussis	**Percent complete for MMR**	Percent_complete_for_polio	Percent_complete_for_HepatitisB	Percent_complete_for_varicella
CLARK	2017-18	6,455	67.3%	67.8%	**93.2%**	93.1%	93.2%	92.1%

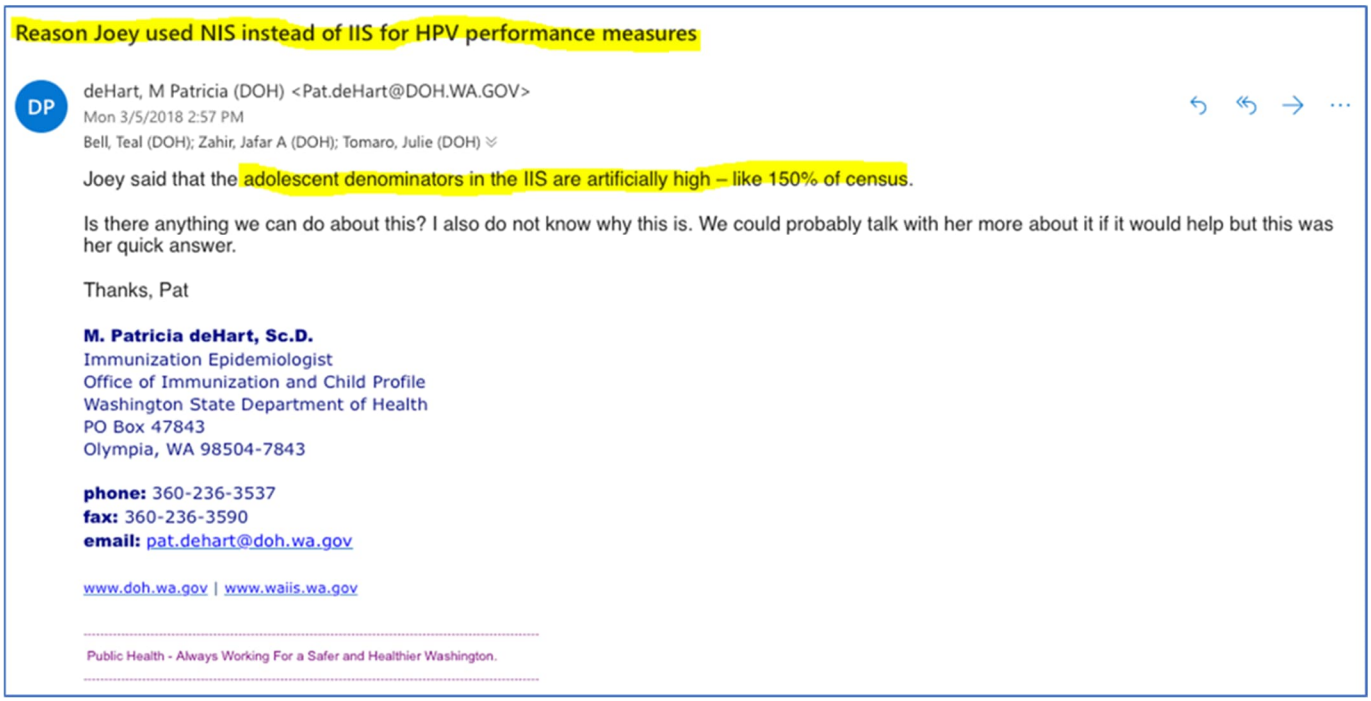
The only way the lower, "78%" IIS estimate could be more accurate than the CIS numbers is if over 15%, (900), of the hard copy vaccination records in student files at their schools list the day, month, and year of phantom, MMR injections never administered to those students.

For the entire K-12 system to be at "78%" requires 10,000 plus students list phantom injections.

The IIS does not use student origin numbers for numerator or denominator. IIS numerator is only whatever injections it captures in its system, over a population estimate denominator.

IIS simply cannot be a more accurate data point than CIS when measuring school compliance.

Joey said that the adolescent denominators in the IIS are artificially high – like 150% of census.



Reason Joey used NIS instead of IIS for HPV performance measures

DP

deHart, M Patricia (DOH) <Pat.deHart@DOH.WA.GOV>
Mon 3/5/2018 2:57 PM
Bell, Teal (DOH); Zahir, Jafar A (DOH); Tomaro, Julie (DOH)

Joey said that the adolescent denominators in the IIS are artificially high – like 150% of census.

Is there anything we can do about this? I also do not know why this is. We could probably talk with her more about it if it would help but this was her quick answer.

Thanks, Pat

M. Patricia deHart, Sc.D.
Immunization Epidemiologist
Office of Immunization and Child Profile
Washington State Department of Health
PO Box 47843
Olympia, WA 98504-7843

phone: 360-236-3537
fax: 360-236-3590
email: pat.dehart@doh.wa.gov

www.doh.wa.gov | www.waiis.wa.gov

Public Health - Always Working For a Safer and Healthier Washington.

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

The IIS is by design structurally incapable of providing a more accurate measure of WA or Clark County K-12 vaccination rates than the CIS.

Design Structure	CIS	IIS	Result
Mandatory participation to enroll in WA K-12 schools, regardless of place of birth?	Yes	No	CIS has all students. Only IIS "members" are included in the IIS estimate.
Mandatory reporting of receipt or non-receipt of specific vaccines required to enroll in K-12 schools, regardless of place of birth, provider, or in what state the vaccines were administered?	Yes	No	CIS absolutely measures student compliance to WA K-12 requirements. IIS does not require its "members" to report compliance to WA K-12 requirements.
Penalty for failure to report receipt or non-receipt of required vaccine doses?	Yes	No	Students w/o CIS are excluded from school. IIS is voluntary.
Uses actual Clark County K-12 enrollment as the denominator when calculating percentage reports.	Yes	No	CIS is the measure of currently enrolled students. IIS denominator is based on a county census estimate.
Is a dose not recorded in the system "proof" it has not been administered?	No	No	IIS "estimates" cannot "disprove" CIS reports.

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

RCW requires all students enrolled in WA school to have a CIS vaccination record, and / or a Certificate of Exemption (COE) for any missing doses to register for school. RCW prohibits attendance for failure to provide these "proofs" within 30 days of enrollment. Very few students lack these documents, mostly transient homeless, or undocumented immigrants. The hard copy CIS/COE forms are kept on file at the school the student attends.

WASHINGTON STATE LEGISLATURE

RCWs > Title 28A > Chapter 28A.210 > Section 28A.210.080

(1) The attendance of every child at every public and private school in the state and licensed day care center shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school or center, of proof of either (a) full immunization, (b) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (c) a certificate of exemption as provided for in RCW 28A.210.090.

(2) RCW 28A.210.120 It shall be the duty of the chief administrator of every public and private school and day care center to prohibit the further presence at the school or day care center for any and all purposes of each child for whom proof of immunization, certification of exemption, or proof of compliance with an approved schedule of immunization has not been provided in accordance with RCW 28A.210.080 and to continue to prohibit the child's presence until such proof of immunization, certification of exemption, or approved schedule has been provided.

To enroll in any grade in Washington the parent submits a hard copy of the CIS, which has a chart of school vaccine injections where the parents record the dates of injections.

During enrollment and Kindergarten "round ups", parents carefully transcribe the records from pediatrician office printouts, or their WA 'green book' vaccination passport. These forms are not prepared haphazardly.

After completing the form, parents apply their legal signature to a box stating,

I certify that the information provided on this form is correct and verifiable.

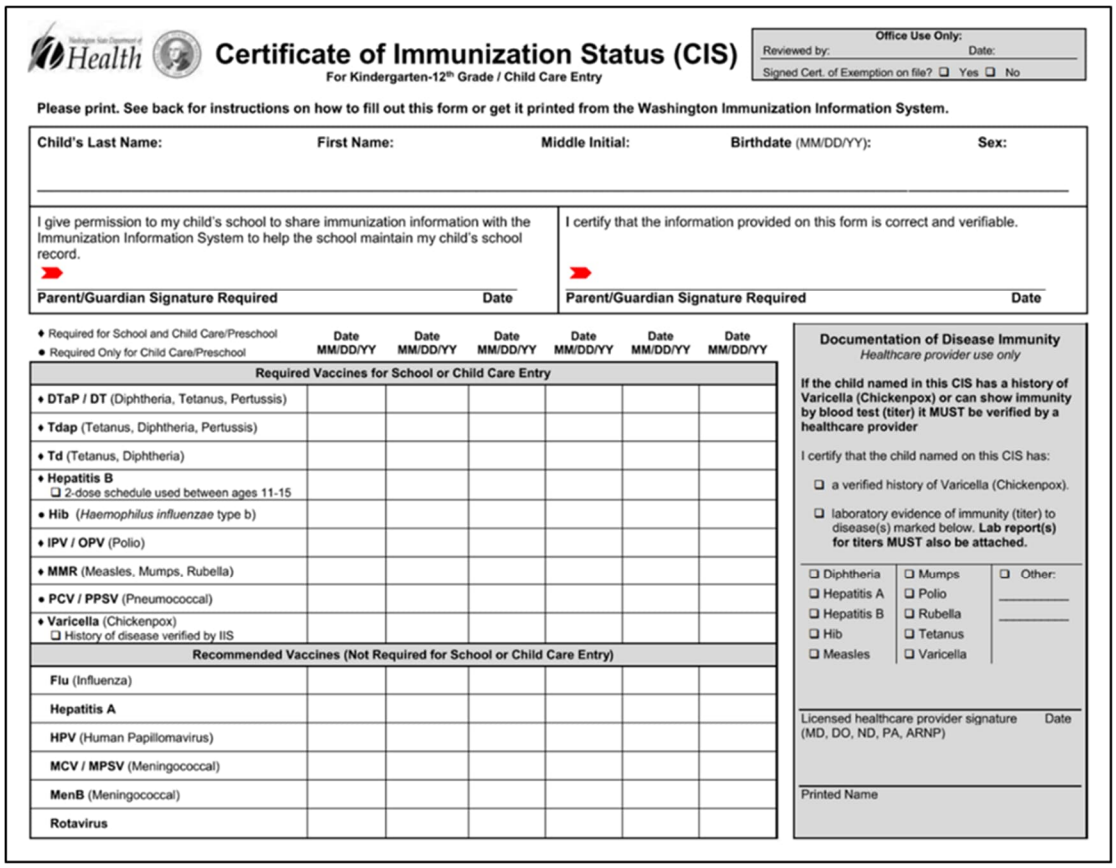
Parent/Guardian Signature Required **Date**

"I certify that the information provided on this form is correct and verifiable".

There has never been any suspicion of widespread error or fraud in the CIS system, and the consistency of the data over the years is an absolute argument against an inaccurate measurement. Error or fraud would result in variation from year to year. The WA State Data Validation Project did not identify any "phantom, not administered injections" listed by parents.

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

The Validation Project cross referenced CIS with medical records. The new talking point of the CIS not being "provider verified" is not based on any actual instances of a parent listing never administered injections. There is simply no motivation for parents to list phantom injections.



Health

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:
Reviewed by: Date:
Signed Cert. of Exemption on file? ❑ Yes ❑ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: First Name: Middle Initial: Birthdate (MM/DD/YY): Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required Date

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required Date

♦ Required for School and Child Care/Preschool
● Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
♦ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ❑ 2-dose schedule used between ages 11-15						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ❑ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

❑ a verified history of Varicella (Chickenpox).

❑ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

❑ Diphtheria ❑ Mumps ❑ Other: _____
❑ Hepatitis A ❑ Polio _____
❑ Hepatitis B ❑ Rubella
❑ Hib ❑ Tetanus
❑ Measles ❑ Varicella

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name

These accurate, excel file captures of Clark County CIS based statistics below document students who have a hard copy CIS in their files showing two injections of MMR certified by their parent or guardian signature. These 5 reports represent 10 of the 2018/2019 enrolled Clark County grades. The parent certified CIS records all exceed the weak IIS "78%" statistic.

Kinder County	School year	Reported_enrollment	Percent_complete_for_all_immunizations	Percent_conditional	Percent_out_of_compliance	Percent_with_any_exemption	Percent_with_medical_exemption	Percent_with_personal_exemption	Percent_with_religious_exemption	Percent_with_religious_membership_exemption	Percent_complete_for_diphtheria_tetanus	Percent_complete_for_pertussis	**Percent complete for 2 inj. MMR**	Percent_complete_for_polio	Percent_complete_for_HepatitisB	Percent_complete_for_varicella	**Current Grade**
CLARK	**2013-14**	5347	79.2%	2.1%	11.6%	7.2%	1.0%	5.4%	0.4%	0.4%	86.4%	86.3%	**86.5%**	86.0%	88.1%	85.1%	**5th**
CLARK	**2014-15**	5742	76.6%	2.3%	14.2%	6.9%	1.3%	5.1%	0.4%	0.2%	84.0%	84.0%	**85.4%**	83.3%	87.6%	83.4%	**4th**
CLARK	**2015-16**	5,620	76.7%	2.5%	13.3%	7.5%	1.2%	5.9%	0.3%	0.3%	84.0%	84.0%	**84.4%**	82.7%	86.9%	82.6%	**3rd**
CLARK	**2016-17**	5,671	78.4%	2.6%	11.9%	7.1%	1.2%	5.4%	0.4%	0.2%	84.6%	84.7%	**85.3%**	83.7%	87.8%	84.2%	**2nd**
CLARK	**2017-18**	5,680	76.5%	2.1%	13.5%	7.9%	1.2%	6.3%	0.3%	0.1%	83.7%	83.7%	**84.5%**	82.9%	86.3%	83.0%	**1st**
The MMR vaccine is a 2 dose series, the first dose at 12-15 months, the second dose in 3 year window between the 4th and 7th birthday. WA enrolls Kindergarten at age 5 by the first day of school.																	
Younger K students are fully within medical guidelines up to age 7 with a single dose. WA DOH does not have a way to measure them.																	
1st dose K students who are still in process of the 2nd dose are being improperly classified as "out of compliance", instead of "properly vaccinated for age".																	
The K MMR "complete" measurement above is for 2 doses by the first 8 weeks of school. If the measurement was for the 1st dose the rates would be above 90%.																	
The 6th grade rates shown below are reached long before the 6th grade report, in K and 1st grade as younger students complete 2nd doses																	
6th grade	**2013-14**	6183	59.2%	0.5%	32.6%	7.7%	0.7%	6.5%	0.6%	0.1%	61.2%	61.9%	**92.6%**	92.8%	93.0%	93.6%	**11th**
CLARK	**2014-15**	6164	61.1%	0.2%	29.1%	9.6%	1.1%	7.7%	0.9%	0.1%	64.5%	65.2%	**91.6%**	92.0%	92.6%	89.1%	**10th**
CLARK	**2015-16**	6,125	76.8%	0.3%	15.5%	7.4%	0.8%	5.8%	0.9%	0.2%	79.9%	80.7%	**94.2%**	94.4%	94.0%	92.7%	**9th**
CLARK	**2016-17**	6,189	61.8%	0.5%	30.0%	7.7%	0.7%	6.1%	0.8%	0.1%	64.2%	64.8%	**92.4%**	92.5%	92.5%	90.8%	**8th**
CLARK	**2017-18**	6,455	65.1%	0.1%	27.6%	7.2%	1.1%	5.6%	0.7%	0.1%	67.3%	67.8%	**93.2%**	93.1%	93.2%	92.1%	**7th**

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

Clark County 6th grade CIS reports that an average of 93% of parents certify receipt of 2 MMR vaccine injections. The Kindergarten average measurement for 2 injections is 85%. This 8% difference between K and 6th is because the 2nd MMR injection is CDC scheduled in a 3-year administration window between the 4th and 7th birthday. Kindergarten enrollment is age 5 by the first day of school and a one dose MMR is compliant to the medical guidelines to age 7.

The report closes on November 1, and 8% of younger K students are still in process. This group is receiving that 2nd MMR dose by the timing of their pediatrician, but long before the 6th grade report. DOH does not have an "in process" designation, so they are "out of compliance".

The only way that the false, IIS based "78%" MMR rate claim could be true is if 15% of Clark County parents are logging, certifying, and submitting hard copy CIS forms listing MMR injections that their children have never received, and have been doing so every year since 2005. This is a wild and unprecedented claim. If this is true it would mean over 10,000 Clark County students have on file a hard copy CIS listing phantom MMR injections. They are tracked by the DOH and Schools to be MMR complete. They are not exempt, or "out of compliance". If true, this issue would be completely unrelated to exemptions.

False linking of the 5.3% MMR Exemption rate to the "78%" Rate

In virtually all communications and representations by the DOH et al disseminating the false "78%" rate it was consistently and improperly linked and blamed on the MMR exemption rate.

By CIS WA DOH School Statistics the MMR all type combined exemption rate for the Clark County K-12 system is only 5.3%.

Clark County K-12	School year	Reported_ enrollment	Percent_with_medical_exemption	Percent_with_personal_exemption	Percent_with_religious_exemption	Percent_with_religious_membership_exemption	Percent_exempt_for_diphtheria_tetanus	Percent_exempt_for_pertussis	**Percent exempt for measles mumps rubella**	Percent_exempt_for_polio	Percent_exempt_for_Hepatitis B	Percent_exempt_for_varicella
CLARK	2017-18	73,849	0.8%	5.8%	0.6%	0.2%	5.5%	5.2%	**5.3%**	5.2%	5.0%	5.9%

5.3% is the maximum downward pressure on rates exemptions can exert. 100% - 5.3% is 94.7%. Any rates below 94.7% are unrelated to exemption use. Even if the Clark County K-12 MMR vaccination rate was only "78%", the MMR exemptions could not be the cause.

There is simply no mathematical process where a 5.3% exemption rate could lower rates by 22% and result in a "78%" rate. There is no magical process whereby 5.3% of exempt students could somehow cause an additional 16.7% of not exempt students to be unvaccinated.

To represent that a 5.3% MMR exemption rate can cause a 22% vaccination deficit is simply mathematically impossible and therefore, intellectually dishonest and a scientific fraud.

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

HB 1638 and SB 5841 are false "solutions" to a false problem.

The existing RCW already requires accurate vaccination and exemption records to be provided at school registration. If there really is an only "78%" MMR rate in Clark County, then it is not caused by exemption use, and the legislation supported by the DOH et al is misdirected and will do nothing to correct that issue.

When challenged about the improper use of the IIS over the CIS reports, Clark County Health Director Dr. Melnick provided a nonsense, self-contradictory, non-answer. Dr. Melnick made unsubstantiated claims of CIS inaccuracy and attempted to obfuscate and cloud the critique with conflation between the CIS parent certified MMR rates and various other vaccination statuses. Dr. Melnick does not address or explain how the parent certified CIS MMR rates exceed the IIS by 15% or clarify how parents are mistakenly or intentionally falsifying MMR injections on the hard copy CIS forms on file in schools. Dr. Melnick's non-response is attached.

Because vaccination is a school entry compliance issue, and for measuring purposes vaccination is permanent, (a student cannot later choose to become, "unvaccinated"), there can be no sudden shifts, (plunging), in vaccination coverage in a K-12 school system. The rate can only be lower in the newest, incoming Kindergarten class.

It takes 13 years to establish an overall rate in a K-12 system. If 85% of students in a Kindergarten class reports 2 MMR injections in 2005/06, the lowest the rate can be for that same cohort when they move into 1st grade in 2006/07, and every year after, is 85%.

Rates from that initial Kindergarten measurement point forward for that cohort can only go up as students add vaccinations.

If 93% of 6th grade students report MMR complete, then in 7th grade and going forward the minimum rate for that cohort cannot be less than 93%. The rates can only go up.

For Clark County K-12 to have a "78%" rate in 2018/19 it would mean that every class since 2005 has been an average of "78%". You don't just wake up one day to discover, "Oops, we have a 78% K-12 MMR rate, how did that happen?". It requires 13 years.

In 2012, Dr. Melnick was quoted in the Oregonian Newspaper stating that, "While about 95 percent of sixth grade students in Clark County are vaccinated against diphtheria, tetanus, polio, measles, mumps, rubella and hepatitis B, less than 76 percent are vaccinated against whooping cough", without any qualification or reservation that the CIS is inaccurate.

(Here, Dr. Melnick is instead misrepresenting the status of Clark County pertussis coverage, implying that 25% of students are skipping the pertussis vaccine. That is physically impossible as every pertussis containing vaccine in the US is combined with diphtheria and tetanus- If you have 95% D and T you have 95% aP. This is a distortion of the 6th TDaP dose due in 6th grade. 95% of students have the first 5 injections, and 75% have those 5 plus a 6th TDaP, not "25% lack pertussis".)

https://www.oregonlive.com/pacific-northwest-news/2012/09/clark_county_vaccination_rates.html

Dr. Melnick also claimed that the Clark County MMR rate was uniquely lower than the other counties in WA. Most WA counties are in the 70%'s when IIS "estimates". Attached is a Spokesman Review article from January 31, 2019, citing a "74% IIS MMR rate" for Spokane County, when they have a 95% CIS rate, revealing that the 15%+ CIS vs IIS deficit exists statewide. https://www.spokesman.com/stories/2019/jan/30/global-threats-local-worries-world-health-organiza/

In another of Dr. Melnick's unfounded justifications for using the inferior IIS statistic, he claims that during an outbreak investigation it was determined that the online database (IIS) measurement is more accurate than the CIS records.

Problems with this claim:

Because the IIS number is lower than the hard copy CIS forms on file in schools, this is only possible if CIS forms list MMR injections that the students never received. To determine this would require examining hard copy CIS forms certifying "complete" for 2 MMR injections, challenging the parents to verify these injections, and then the parents being unable to do so satisfactorily.

A. Outbreak investigations only look at CIS for students that are not "complete" for the circulating infection in order to determine which students are to be excluded from school. They do not challenge the records of student CIS who are parent certified "complete", and then require them to "prove" they received the injections listed.

B. This outbreak only impacted a very small number of the schools in Clark County. If by some unusual circumstance an investigation challenging complete CIS did occur, and over 15% of parents in those few schools were found to be listing MMR injections never administered to their children, extrapolating that to the entire countywide K-12 system without surveying all CIS is a ridiculous overreach.

C. The inaccurate "78%" number was in use from the initiation of the outbreak, prior to any investigations.

There are broader issues to this claim that the CIS is not accurate.

If the CIS were suddenly found to be inaccurate at rates over 15% it would have dramatic implications through the county and the state. It would call all vaccination reports into question for the last 40 years. Clark County is not demographically unique. Because CIS rates have been steady county and statewide for the decades since school rules were started in 1979, it would mean that Clark County and WA state have never had MMR coverage over 80%.

If a reporting form that was too difficult to understand, or that generated parental resistance to compliance was unidentified for decades it would indicate institutional incompetence by the WA DOH personnel and agency responsible for the tracking of vaccination rates.

WA State and County Health Personnel and Agency Misrepresentation of Material Facts to Support Vaccine Exemption Restriction Legislation

Is DOH really now saying, "You can just discount all of the previous vaccination reports we have been issuing, as we only recently discovered that we have been doing it wrong, and the CIS has been inaccurate since the 1979/80 school year"?

Does it sound credible that WA DOH suddenly discovered the vaccination tracking system they have been using for 40 years was over measuring vaccination rates by more than 15% because of parent incompetence or fraud? What about the other vaccine series? Are they all faulty?

And if that was true, why then did DOH aggressively promote legislation that does not address or correct that issue but instead targets the small number of students properly using the exemptions provided in the original legislation? Even if 78% was true it is not caused by exemption use. Is it credible that the DOH made this error of using the inferior, incomplete, and inaccurate Immunization Information System data "on accident"?

If Dr. Melnick, Clark County and the WA DOH really believed that 15% of Clark Parents (10,000 students), are listing, certifying, and submitting hard copy records of not administered MMR, (creating an unidentified, unvaccinated group three times larger than the supposedly "dangerous" exemption group), wouldn't there be an all-out search of every CIS in Clark County, and the State, to ferret out these students to get their paperwork corrected? If this review is not occurring, then it demonstrates that DOH does not believe the IIS over the CIS.

The impact of this improper use of bad data cannot be overstated.

WA DOH used this false MMR coverage "78%" number in briefings to:

- WA State Governor to promote emergency declaration;
- Clark County Council Chair to promote emergency declaration;
- WA State and Clark County Legislators to promote exemption restriction legislation;
- US Federal Senate HELP Hearing;
- US Federal Congressional Commerce and Energy Hearing;
- Briefings to WA Senator's Murray and Cantwell's Health Policy Advisors;
- Briefings to House Representative Herrera Beutler, and other Federal Representatives;
- Multiple press releases and widespread media distribution.

Citizens have repeatedly brought the information of this misrepresentation of material facts forward to the Clark County Council, The Clark County Board of Health, the State Auditor Office, and the WA State Board of Health. These efforts include a petition to the SBOH to prohibit the sole use of the IIS without disclosing that it is an incomplete and inaccurate measurement that does not rely on school-based CIS data.

The pleas to use the accurate CIS data have been ignored.

From: shellies4@netzero.com
Sent: 7/24/2024 6:02:48 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Re

WAC 246-272A-0240

I DO NOT AGREE with this! We already have enough rules! Make it easier for a REGULAR HOMEOWNER to install a septic system without it having to have electricity run to it!!
I get that we want to keep our groundwater safe but REQUIRING something that MUST have electricity to operate is ridiculous! There are so many better ways available!!
I DO NOT WANT TO see this

WAC 246-272A-0240

Passed!!
Please deny it!!
Michelle!

_____

From: Steve Brown
Sent: 8/2/2024 9:01:13 AM
To: DOH WSBOH
Cc:
Subject: Board of Health August 7th Public Meeting Comments

External Email

Hi,

I am very concerned about the health of our students, especially in secondary school and high school. I understand that the students are not allowed to take showers after their PE and athletic sports activities. I am shocked. Is this the Board of Health's answer to cleanliness? Is this what the Board of Health recommends and teaches for personal hygiene?

I talked to the teachers. They say the students STINK after PE. Is this good for them, the teachers, and the other students? I need to know. I don't think so, and am shocked to discover that the Washington State Board of Health thinks that this is "Healthy".....

My daughter is a teacher in Washington. She also says the students stink after PE.

I talked to the Athletic Director in the state of Minnesota. He said that all students are allowed to shower and do personal hygiene after PE and all sports activities. Why are they allowed to do this in Minnesota and our students here in Washington are not? I understand that the new schools don't even have showers.

Please answer this question at your board meeting.

Thank you.

Steve Brown
253 740-2267

_____
From: Jean Hill
Sent: 7/22/2024 8:15:15 AM
To: Kamali, Andrew R (SBOH),DOH WSBOH,DOH HSQA Customer Service Center
Cc:
Subject: School Health and Safety Rules

attachments\3AB0CE48C7674E27_Outlook-icon.png

attachments\C661C65D458C4E5C_Outlook-youtube.png

attachments\B3A6DB08E9C64D79_Outlook-icon.png

attachments\1AC5FC5CAEF24B08_Outlook-linkedin.png

attachments\53FA4CDA243B458F_Outlook-facebook.png

attachments\88DA4F670EDA4909_Outlook-instagram.png

attachments\CB76791DB0FC44D7_Outlook-twitter.png

attachments\D75E70D0FAA843D2_Outlook-photo.png

attachments\36797DF425BA4A0D_Outlook-icon.png

External Email

Dear Dr. Shah, Chair Hayes, Mr. Kamali and Board Members:
The Washington State Catholic Conference, on behalf of the Superintendent's in the Archdiocese of Seattle, Diocese of Yakima and Diocese of Spokane and their 97 schools (serving over 20,000 students), respectfully request designation of a representative from our school system on the advisory committee reviewing and updated the rules for school environmental health and safety.
The $750,000 appropriation and requirement in SB 5950 to convene and advisory committee includes a number of considerations that will impact our schools as much, if not more, than the public schools. As you consider regional cost difference, the age of schools and the feasibility of implementing the proposed rules, an understanding of all of the schools your decisions will impact is critical. School district resources will vary widely, but also benefit from taxpayer dollars. Our schools will be implementing your decisions with no public assistance.
In the alternative, we would ask your support for an exemption from the rules for private schools. The costs of implementing Clean Building Standards along with revised health and safety standards could quicky become unsustainable for our schools, especially given the lack of public financial assistance for compliance. While our schools strive to maintain the safest and most environmentally sound environments for our students, unfunded state mandates are a substantial impediment to our ability to provide a quality education for underserved students, particularly in Eastern Washington.
We would be very interested in discussing both proposals further and look forward to hearing from you.
Regards,
Jean Welch Hill

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wacatholics.org%2F&data=0

Jean Welch Hill, J.D.
Executive Director

(206) 274-7680

wacatholics.org
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwacatholics.org%2F&data=05%7C

jean.hill@wacatholics.org <mailto:tracey.yackley@wacatholics.org>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWACatholi

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fwastatec

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

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2F%40WACat

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fcompany%
state-catholic-
conference%2F%3FviewAsMember%3Dtrue%26original_referer%3D&data=05%7C02%7Cwsboh%40sboh.

_____
From: Erol Morey
Sent: 7/20/2024 9:41:00 AM
To: DOH WSBOH,sihoun.hahn@seattlechildrens.org
Subject: Adding Wilson Disease to Washington State's Newborn Screening Panel

attachments\ABFDE17833BE468A_WD Letter WA State BoH 20 July 2024.pdf

External Email

Please see attached PDF letter on the subject topic.

v/r,
Erol Morey
303.910.1103

July 20, 2024

Washington Department of Health
Board of Directors
PO Box 47990
Olympia, WA 98504-7990

Subject: Adding Wilson Disease to Washington State's Newborn Screening Panel

Dear WA State Board of Health Directors,

I am writing you to voice my support in adding Wilson Disease to the Newborn Screening Panel. I understand that the subject topic is an agenda item on the August 7, 2024 Board Meeting.

I am a 63-year-old male with Wilson Disease who recently moved to Bellingham, WA. I was diagnosed at age 13 after experiencing jaundice and lower abdomen pain. I was one of the "lucky" ones who was diagnosed with Wilson Disease within days of my hospital admittance. However, many Wilson Disease patients are not so fortunate. Mis-diagnoses or delayed diagnoses can have devastating neurological or psychological ramifications for patients with Wilson Disease. Undiagnosed Wilson Disease is fatal.

Early-as-possible Wilson Disease diagnosis will greatly benefit those with the disease. There currently multiple gene-therapy trials underway as possible treatments, and perhaps cures, for those with this disease. Gene therapy relies on a gene vector to introduce a fully functional copper-processing gene into the liver to correct for the Wilson Disease abnormality. Wilson Disease patients, such as myself, who have developed antibodies to the gene vectors are unable to take advantage of these new and innovative gene therapies. Early-as-possible diagnosis via newborn screening can identify Wilson Disease patients before they develop antibodies to the gene vector – providing them with opportunities to take advantage of new treatments and possible cures.

I urge you to add Wilson Disease to Washington State's Newborn Screening Panel.

Very respectfully,

Erol Morey
4729 Bedford Ave
Bellingham, WA 98226-1214
303.910.1103
erolmorey@msn.com

From: Andre Garrett
To: DOH WSBOH
Subject: The health dept. Employees and whom ever the secret shotcallers(fake name hes / shes using) for Im aware of the real identity of this criminal / CONVICTED PEDOPHILE WHO HAS A ILLEGAL POWERFUL FAKE IDENTITY ,(S) in many positions in spokane washington.)
Date: Friday, July 19, 2024 5:14:40 AM

External Email

IVE COME TO KNOWLEDGE THAT MY BROTHERIN LAW John earl jones is in charge under fake identities at SRHD, city planning scraps, Spokanimal, publicdefenders,contractors, real estate fraud ,Washington trust bank ,Chase, Boa,wellsfargoadvisors ,Umpqua, Iccu, STCU USBanks fake names at lawfirms where he practices law fraudulently with Robert Ray Rowley, tax evasion for over 50 years, and unlawful guardianship, operation of a trust ,he's ordered off of ,and stealing my identity, widows exemption, my home ,and all my marital assets, bank fraud of peoples money, veterans abuse and medicaid and foodstamp fraud in the billions as a dept of human and health services representing he went to prison in Sacramento 17 yrsfor abusing a child under that title in California. HE GUISES AS A WOMAN AND AS MANY DFFERENT PROFESSIONALS WHERE HES TAKEN LIFE AS A pA at sacred heart hospital and he has hospice as a business and Hennessey funeral and crematorium. Spark,abhs.pioneer, and the new psychological unit behind health dept. To out people under court order into mental institutions against their will .he is Nai black ,good dale Barbieri, spokesman review. The islander, Black lens and this is just Spokane. He's done this in many states and Canada. And the evidence is open gov 100 Howard Spokane wa.99201 a computer address , Robert Ray Rowley Is Robert McKinley wanted in Utah by Da Trina Higgins and Barbarajo Jackson is John earl Jones, respectfully,Mrs.Jones 5094257592

From: bill teachingsmiles.com
Sent: 6/29/2024 1:59:48 PM
To: DOH WSBOH,Zermeno, Natalie (GOV)
Cc:
Subject: Response to Arcora Public Comment

attachments\96A693D670E64FF0_image.png

attachments\F0560A7F70D1497E_Response to Arcora Public Comment 6 12 2024.docx

attachments\B10198C2B71A4943_image.png

attachments\161804F2377F41D5_image.png

attachments\30D8E6F492984132_image.png

attachments\0F352BD7CE984846_image.png

External Email

Dear Board of Health Members,
At the June 12, 2024 BOH meeting, the Arcora Foundation representative, Stacy Torrance provided public comment <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tvw.org%2Fwatch%2F%3Fc
which included:
"Studies show that cities that don't have fluoridation. . . rates of rampant tooth decay in children triples."
I sent Stacy an email a couple weeks ago asking for references for those studies and to date she has not responded.
Those alleged "studies" do not exist in peer reviewed published form and at best are observational which are low quality. Don't get me wrong, Arcora does some good, but their marketing of fluoridation lacks quality scientific support without a single randomized controlled study reporting statistical benefit. Not one. In contrast, we have over 70 human studies reporting lower IQ, just one of many risks from fluoride ingestion.
Controlling for confounding factors such as socioeconomics, is essential. For example, Stacy compares Yakama ($19,325 pci per capita income), Issaquah ($83,644 pci and recently added fluoridation to the non-Seattle water), and Everett (about $48,923 pci Census Reporter) with unnamed cities in parts of Pierce County (County $27,446 pci Census Reporter).
Observational data lacks confidence. An example in my Public Health program explained observational data with an illustration: "More people drown during the summer and more people eat watermelon during the summer." Observational data can support almost any position on any subject if we cherry pick the cohorts and questions.
Consider the pyramid of research quality. Taking several RCT studies for a systematic review of RCT studies is the highest quality of evidence. But we don't have any with fluoridation. Ecological or observational studies of fluoridation are all we have.

Stacy was specific regarding "rampant tooth decay" sometimes called baby bottle caries or Early Childhood Caries (ECC) which is caused primarily by bad diet such as going to bed with a bottle of juice or milk and suckling while sleeping, constantly bathing the teeth in sugar. Let's look closer at ECC and three examples below. (See attached if these don't get through here)

Note, in all three cases the upper teeth have rampant caries but not the lowers. IF, and I repeat, IF, fluoridation prevented ECC, why would it only help the lower teeth and not uppers?
Obviously, fluoridation does not selectively just help lower teeth. Fluoridation does not reduce ECC. The tongue covers the lower teeth and helps protect the lower teeth while sucking on the juice. Don't get me wrong, I have treated many children's lower back teeth due to dental caries both in fluoridated and unfluoridated communities but they seldom had what I call ECC, rampant caries of the bottom front teeth.
And we have two other problems. It is well accepted that the alleged benefit of swallowing fluoride would be before the teeth erupt into the mouth. Lower front teeth enamel develop to a great deal in utero and sometimes one or two lower baby front teeth are present at birth. The baby's lower front teeth would not benefit from fluoridation. And no plausible theory has been presented for how the erupted tooth can get significant fluoride after the tooth has erupted. The dentin and enamel are highly resistant to the migration of fluoride within the tooth. Thus, fluoride can't get to where the caries are developing. Saliva's concentration of fluoride is too low for benefit.
Parental and care giver education reduces ECC, rampant caries, not fluoridation. At a minimum, parental education and socioeconomics are confounding factors

#1. There is only one randomized controlled prospective study (RCT) of fluoride ingestion (pills) peer reviewed and published during 70+ years of fluoridation and it did not find statistical benefit. Thus, other than the FDA which says the evidence of efficacy is incomplete, the fluoridation lobby such as Arcora use observational data and cherry pick the data to support their marketing agenda and dental profits (of which I benefited).

#2. To gain some significance for observational evidence, large samples need to be used controlling for known and unknown confounding factors and even those are less than reliable, although better than individual cities.

For example, years ago, I put the chart below together from available data. Note, there is no common cause with fluoridation when comparing caries prevalence and counties. Yes, there are differences in caries rates between the counties, but fluoridation makes no difference, no common cause regardless if everyone or no one is fluoridated.

#4. However, even larger groups of people with WHO data over time is even more reliable, see the graph below. Comparing dental caries rates between fluoridated and unfluoridated developed countries finds similar decrease in dental caries regardless of fluoridation.

#5. The graph comparing the 50 USA states is presented below, which compared the reported good teeth and ranked the states on their whole population fluoridated. Socioeconomics plays an important role, but fluoridation and caries do not show a common cause.
Increasing income will help oral health far more than fluoridation.

#6. Looking closer to home, we can compare unfluoridated Portland, Oregon, with Vancouver, Washington. In 2007, Maupome published this data in the Journal of Public Health Dentistry.
Portland – Not Fluoridated $176/yr dental expenses (children)
Vancouver - Fluoridated $180/yr dental expenses (children)
READ THAT AGAIN. Fluoridated Vancouver had higher dental costs, although not significant than fluoridated Vancouver.

However, including all adult cohorts the study reported enough benefit to pay for equipment repairs, but not all the other costs of fluoridation

The largest, most recent, highest-quality scientific studies on water fluoridation's effectiveness have shown NO significant reduction in cavities.
#7. The Cochrane Collaboration, a non-profit organization of 30,000 expert researchers and health professionals from around the world, is considered the gold standard of evaluating effectiveness of health interventions.
Its latest (2024) systematic review analyzed data from the 21 highest quality studies of fluoridation. It found that fluoridation increased cavity-free results in primary (baby) teeth by only 4% and in permanent teeth by only 3%. Neither result is statistically significant and include the possibility of no benefit at all. It also found no sufficient evidence that fluoridation benefitted low-income families.
#8. This is consistent with another 2024 study (Moore et al: the LOTUS study), 6.4 million people in the UK's National Health Service. It found only a miniscule 2% lower cavity rate in permanent teeth of adolescents and adults drinking fluoridated water – with "no meaningful reduction in social inequities . . ."
It is also consistent with the Iowa Fluoride Study (IFS), funded by the National Institutes of Health, the most comprehensive research project in the U.S. The 2018 IFS study found no significant correlation between ingested fluoride and cavity reduction, further validating its 2009 study that stated "recommending an 'optimal' fluoride intake is problematic."

#9. Many on-the ground experiences in cities such as Boston, New York, Cincinnati and Pittsburgh also showed fluoridation hasn't prevented cavities in low-income children. For instance, San Antonio reported in 2011 that "After 9 years and $3 million of adding fluoride, research show(ed) tooth decay hasn't dropped among the poorest of Bexar County's children. It has only increased – up 13 percent this year."

#10. Even the American Dental Association's and Center For Disease Control (CDC)'s highly questionable claims of 25% cavity reduction in children equates to only half a cavity per child.
Moreover, there is already a consensus (including CDC) that fluoride's effectiveness in preventing cavities is mainly topical (such as from toothpaste) – NOT swallowed.
References at: fluoridealert.org/fluoridation-ineffective

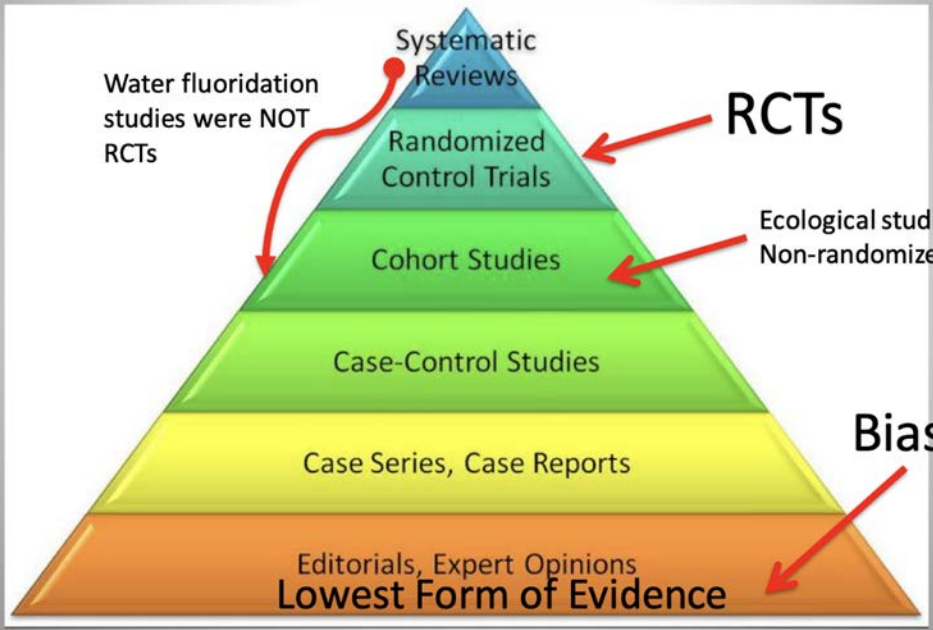
"RCW 43.20.050 Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules.

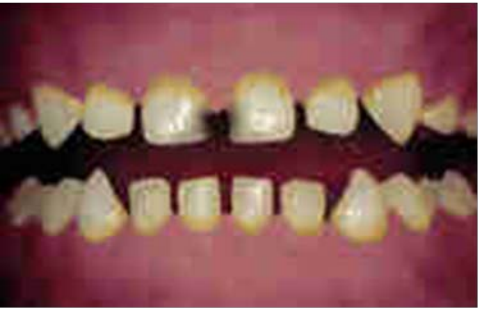
1. The state board of health shall provide a forum for the development of public health. . ."

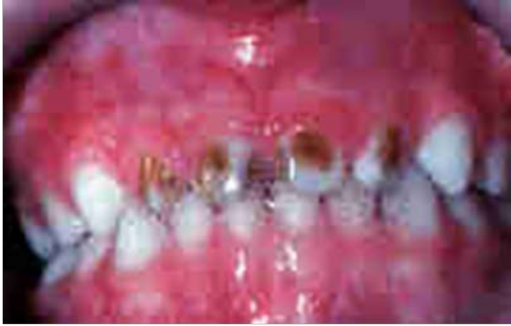
(2) In order to protect public health, the state board of health shall:(a) Adopt rules . . . to assure safe and reliable public drinking water and to protect the public health."

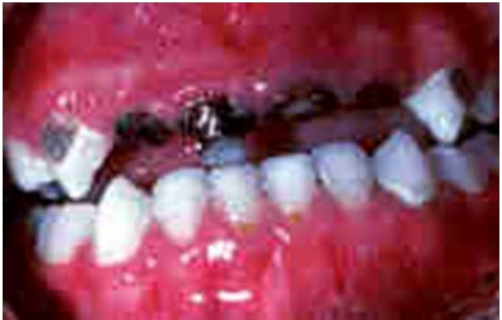
Three-minute public comments are not a forum where there is an exchange of ideas or views, discussion of issues. The Board of Health does not comment and science is not adequately exchanged or discussed. The public is being harmed and the intent of the law is not being followed.
Sincerely,
Bill Osmunson DDS MPH

CLINICAL Evidence for 'Effective'

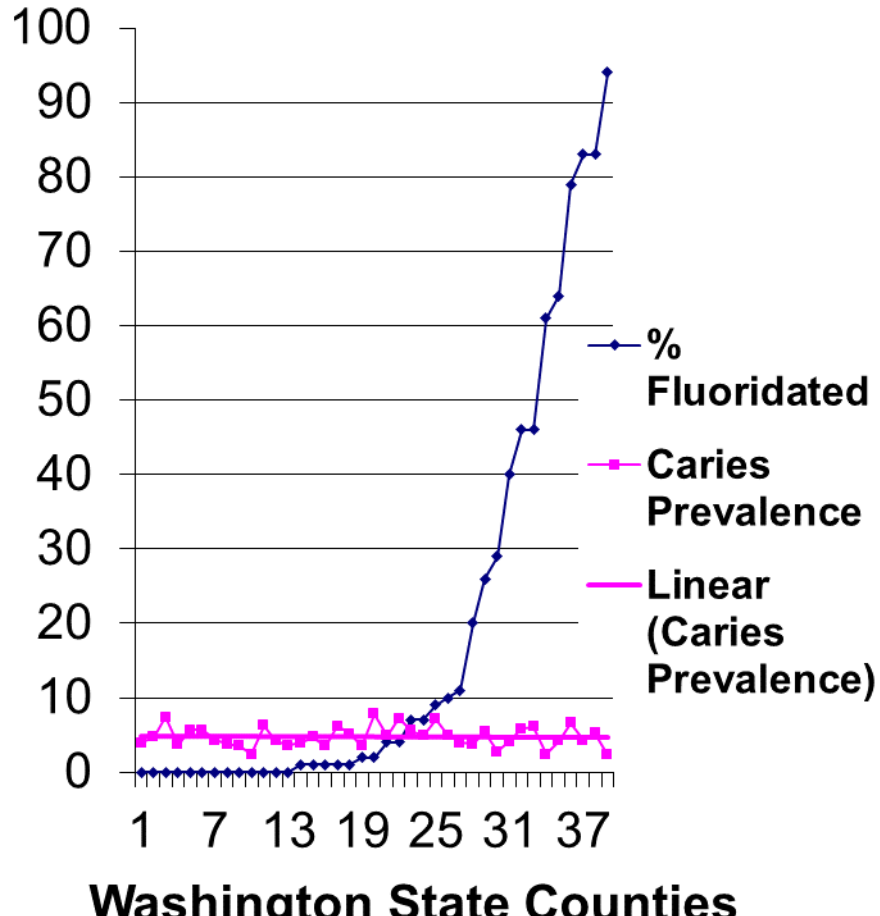






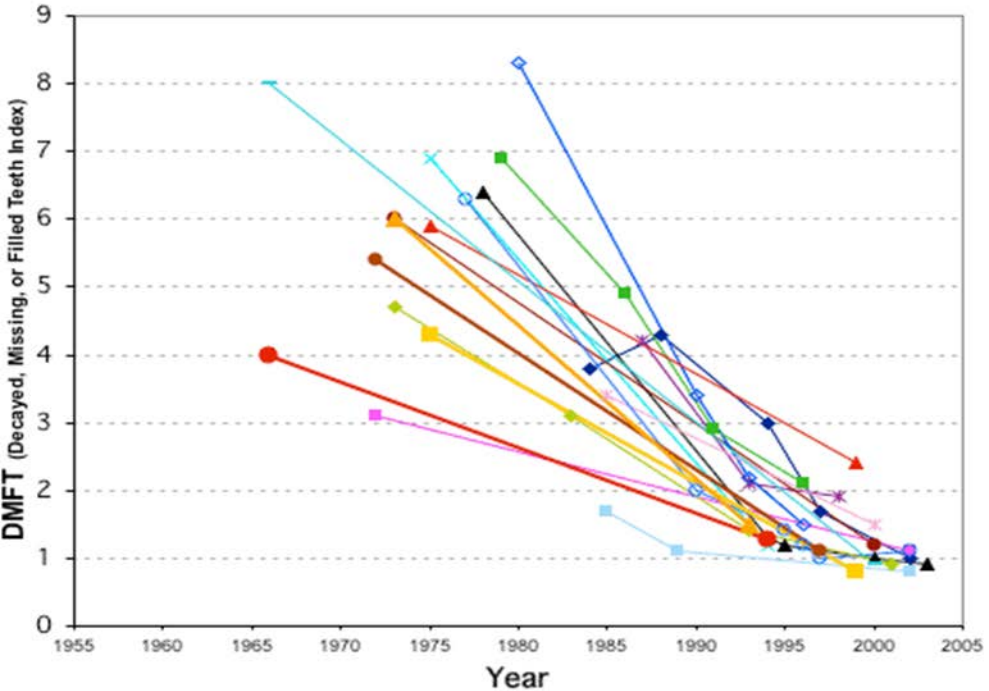


dfs+DFS Caries Prevalence and % of people Fluoridated



Tooth Decay Trends: Fluoridated vs. Unfluoridated Countries

Data from the World Health Organization - http://www.whocollab.od.mah.se/
Graph produced by Chris Neurath, FAN



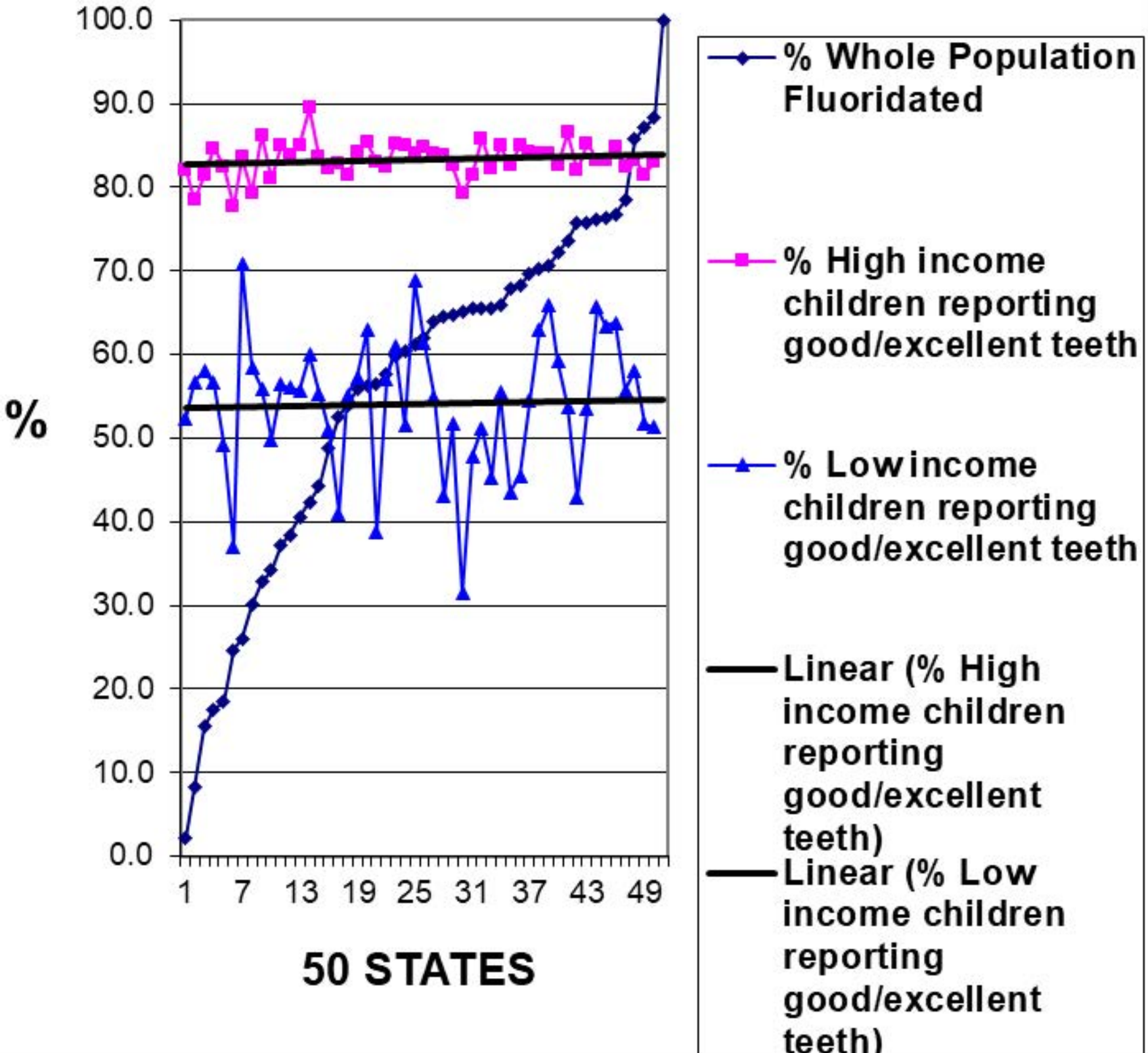
UNFLUORIDATED

- Austria
- Belgium
- Denmark
- Finland
- France
- Germany
- Iceland
- Italy
- Japan
- Netherlands
- Norway
- Sweden
- Switzerland
- United Kingdom

FLUORIDATED

- Australia
- Ireland
- New Zealand
- United States

GOOD TEETH AND FLUORIDATION



Dear Board of Health Members,

At the June 12, 2024 BOH meeting, the Arcora Foundation representative, Stacy Torrance provided public comment which included:

"Studies show that cities that don't have fluoridation. . . rates of rampant tooth decay in children triples."

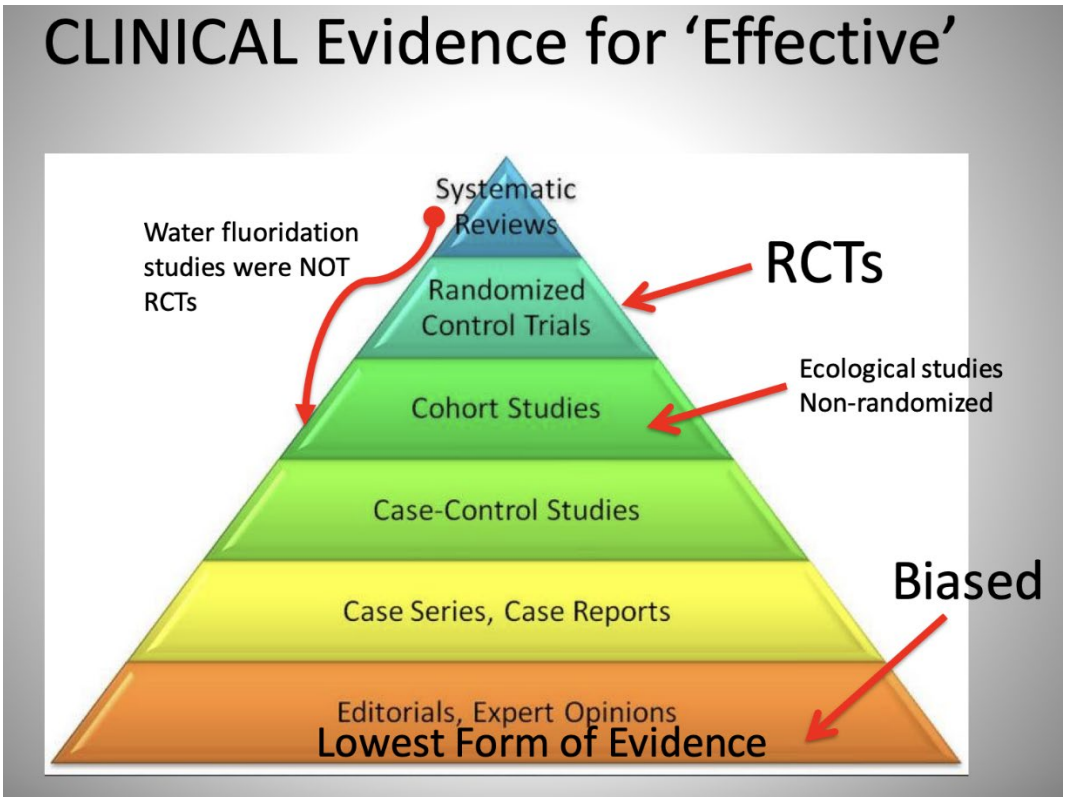
I sent Stacy an email a couple weeks ago asking for references for those studies and to date she has not responded.

Those alleged "studies" do not exist in peer reviewed published form and at best are observational which are low quality. Don't get me wrong, Arcora does some good, but their marketing of fluoridation lacks quality scientific support without a single randomized controlled study reporting statistical benefit. Not one. In contrast, we have over 70 human studies reporting lower IQ, just one of many risks from fluoride ingestion.

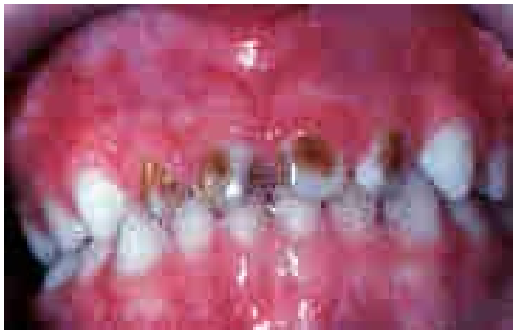
For example, Stacy compares Yakama ($19,325 pci per capita income), Issaquah ($83,644 pci and recently added fluoridation to the non-Seattle water), and Everett (about $48,923 pci Census Reporter) with unnamed cities in parts of Pierce County (County $27,446 pci Census Reporter).

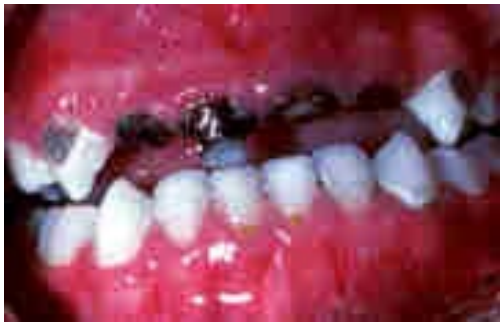
Observational data lacks confidence. An example in my Public Health program explained observational data with an illustration: "More people drown during the summer and more people eat watermelon during the summer." Observational data can support almost any position on any subject if we cherry pick the cohorts and questions.

Consider the pyramid of research quality. Taking several RCT studies for a systematic review of RCT studies is the highest quality of evidence. But we don't have any with fluoridation. Ecological or observational studies of fluoridation are all we have.



Stacy was specific regarding "rampant tooth decay" sometimes called baby bottle caries or Early Childhood Caries (ECC) which is caused primarily by bad diet such as going to bed with a bottle of juice or milk and suckling while sleeping, constantly bathing the teeth in sugar. Let's look closer at ECC and three examples below.





Note, in all three cases the upper teeth have rampant caries but not the lowers. IF, and I repeat, IF, fluoridation prevented ECC, why would it only help the lower teeth and not uppers?

Obviously, fluoridation does not selectively just help lower teeth. Fluoridation does not reduce ECC. The tongue covers the lower teeth and helps protect the lower teeth while sucking on the juice. Don't get me wrong, I have treated many children's lower back teeth due to dental caries both in fluoridated and unfluoridated communities but they seldom had what I call ECC, rampant caries of the bottom front teeth.

And we have two other problems. It is well accepted that the alleged benefit of swallowing fluoride would be before the teeth erupt into the mouth. Lower front teeth enamel develop to a great deal in utero and sometimes one or two lower baby front teeth are present at birth. The baby's lower front teeth would not benefit from fluoridation.

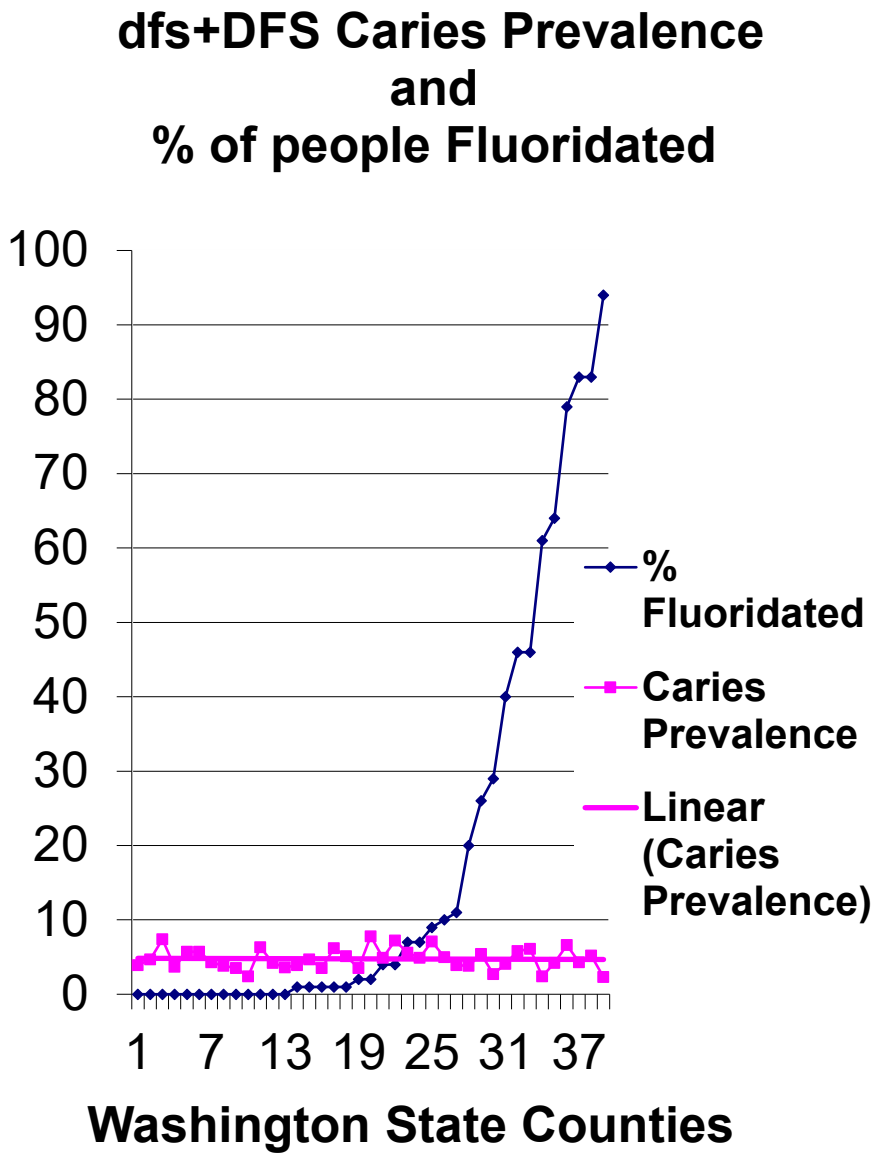
And no plausible theory has been presented for how the erupted tooth can get significant fluoride after the tooth has erupted. The dentin and enamel are highly resistant to the migration of fluoride within the tooth. Thus, fluoride can't get to where the caries are developing. Saliva's concentration of fluoride is too low for benefit.

Parental and care giver education reduces ECC, rampant caries, not fluoridation. At a minimum, parental education and socioeconomics are confounding factors

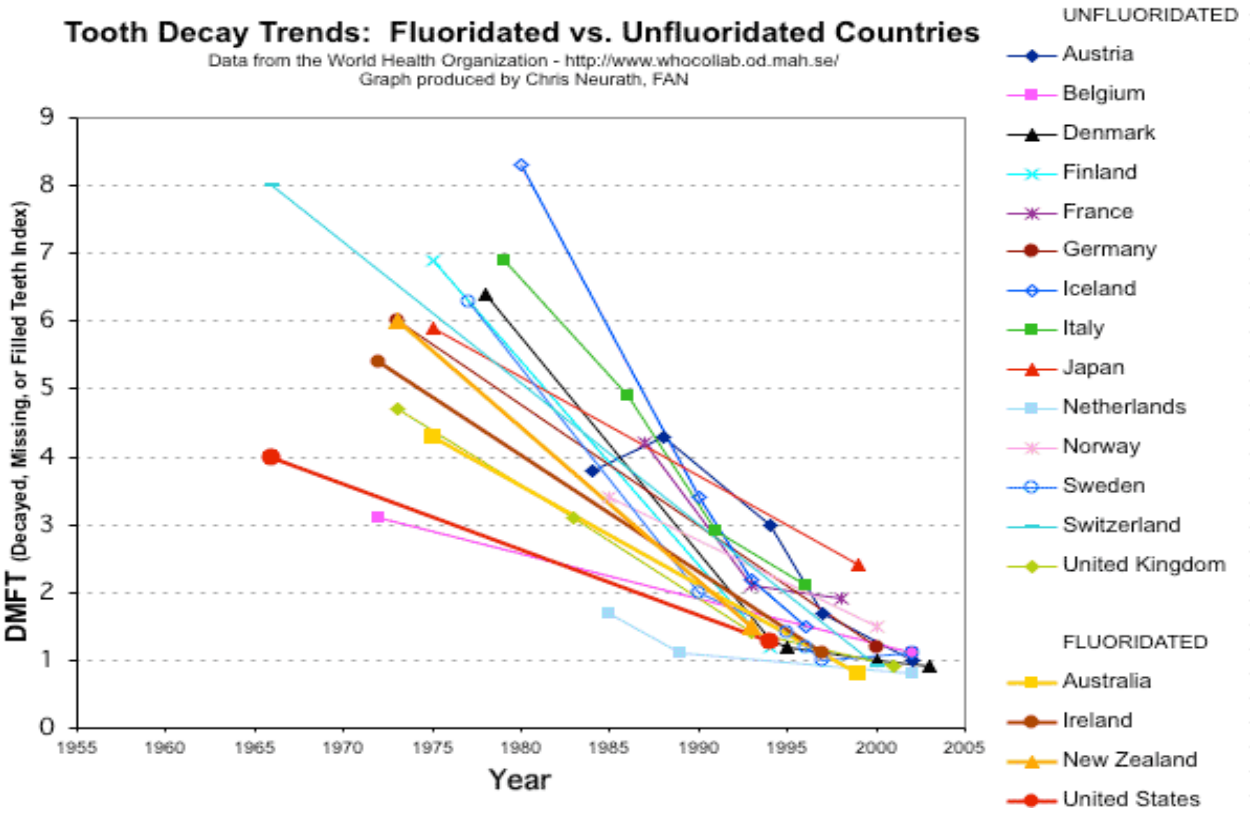
#1. There is only one randomized controlled prospective study (RCT) of fluoride ingestion (pills) peer reviewed and published during 70+ years of fluoridation and it did not find statistical benefit. Thus, other than the FDA which says the evidence of efficacy is incomplete, the fluoridation lobby such as Arcora use observational data and cherry pick the data to support their marketing agenda and dental profits (of which I benefited).

#2. To gain some significance for observational evidence, large samples need to be used controlling for known and unknown confounding factors and even those are less than reliable, although better than individual cities.

For example, years ago, I put the chart below together from available data. Note, there is no common cause with fluoridation when comparing caries prevalence and counties. Yes, there are differences in caries rates between the counties, but fluoridation makes no difference, no common cause regardless if everyone or no one is fluoridated.

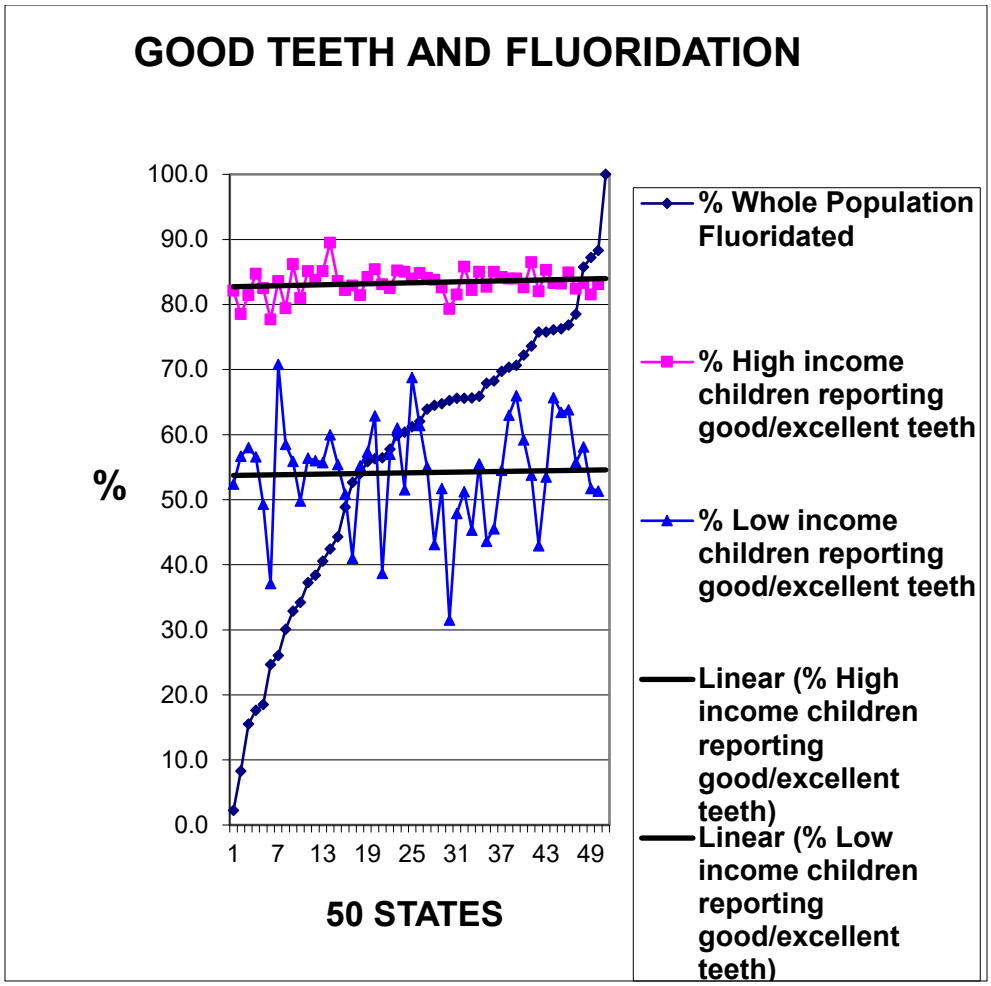


#4. However, even larger groups of people with WHO data over time is even more reliable, see the graph below. Comparing dental caries rates between fluoridated and unfluoridated developed countries finds similar decrease in dental caries regardless of fluoridation.



#5. The graph comparing the 50 USA states is presented below, which compared the reported good teeth and ranked the states on their whole population fluoridated. Socioeconomics plays an important role, but fluoridation and caries do not show a common cause.

Increasing income will help oral health far more than fluoridation.



#6. Looking closer to home, we can compare unfluoridated Portland, Oregon, with Vancouver, Washington. In 2007, Maupome published this data in the Journal of Public Health Dentistry.

Portland – Not Fluoridated $176/yr dental expenses (children)

Vancouver - Fluoridated $180/yr dental expenses (children)

READ THAT AGAIN. Fluoridated Vancouver had higher dental costs, although not significant than fluoridated Vancouver.

However, including all adult cohorts the study reported enough benefit to pay for equipment repairs, but not all the other costs of fluoridation

The largest, most recent, highest-quality scientific studies on water fluoridation's effectiveness have shown NO significant reduction in cavities.

#7. The Cochrane Collaboration, a non-profit organization of 30,000 expert researchers and health professionals from around the world, is considered the gold standard of evaluating effectiveness of health interventions.

Its latest (2024) systematic review analyzed data from the 21 highest quality studies of fluoridation. It found that fluoridation increased cavity-free results in primary (baby) teeth by only 4% and in permanent teeth by only 3%. Neither result is statistically significant and include the possibility of no benefit at all. It also found no sufficient evidence that fluoridation benefitted low-income families.

#8. This is consistent with another 2024 study (Moore et al: the LOTUS study), 6.4 million people in the UK's National Health Service. It found only a miniscule 2% lower cavity rate in permanent teeth of adolescents and adults drinking fluoridated water – with "no meaningful reduction in social inequities . . ."

It is also consistent with the Iowa Fluoride Study (IFS), funded by the National Institutes of Health, the most comprehensive research project in the U.S. The 2018 IFS study found no significant correlation between ingested fluoride and cavity reduction, further validating its 2009 study that stated "recommending an 'optimal' fluoride intake is problematic."

#9. Many on-the ground experiences in cities such as Boston, New York, Cincinnati and Pittsburgh also showed fluoridation hasn't prevented cavities in low-income children. For instance, San Antonio reported in 2011 that "After 9 years and $3 million of adding fluoride, research show(ed) tooth decay hasn't dropped among the poorest of Bexar County's children. It has only increased – up 13 percent this year."

#10. Even the American Dental Association's and Center For Disease Control (CDC)'s highly questionable claims of 25% cavity reduction in children equates to only half a cavity per child.

Moreover, there is already a consensus (including CDC) that fluoride's effectiveness in preventing cavities is mainly topical (such as from toothpaste) – NOT swallowed.

References at: fluoridealert.org/fluoridation-ineffective

"RCW 43.20.050 Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules.

(1) The state board of health shall provide a forum for the development of public health. . .”

(2) In order to protect public health, the state board of health shall:(a) Adopt rules . . . to assure safe and reliable public drinking water and to protect the public health.”

Three-minute public comments are not a forum where there is an exchange of ideas or views, discussion of issues. The Board of Health does not comment and science is not adequately exchanged or discussed. The public is being harmed and the intent of the law is not being followed.

Sincerely,

Bill Osmunson DDS MPH