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From: lisa@informedchoicewa.org  
Sent: 11/13/2024 12:13:56 PM  
To: DOH WSBOH  
Cc:  
Subject: For today's meeting materials: Study re erroneous data utilized by DOH during Covid



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External Email

Dear Chair Hayes and Members of the Board,

Here's my public comment from this morning, with a little added info:

A research paper was published last month that reports significant data quality issues at the Washington Department of Health during Covid. It indicates that that DOH data, obtained through public records requests, should not have been used to guide policies.

The peer-reviewed article, entitled Evaluating Data Integrity and Reporting Challenges in Public Health: Lessons from COVID-19 Data Collection in Washington State

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublichealthpolicyjournal.com%2Fdata-integrity-and-reporting-challenges-in-public-health-lessons-from-covid-19-data-collection-in-washington-state%2F&data=05%7C02%7Cwsboh%40sbob.wa.gov%7Ca9e5d738f3774b016c9508dd041fb1c1%7C11d>

\*, by Clifford Knopik, a computer scientist specializing in data and analysis, was published in the journal Science, Public Health Policy and the Law

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublichealthpolicyjournal.com%2F>\*\*.

Summarizing the paper, Mr. Knopik said that DOH's "COVID-19 data had significant errors, rendering it unreliable for use in decision-making and visualizations."

Six types of data errors were found that undermine the entire dataset's credibility:

1. Five different types of data were misclassified as "Symptom Onset Date." This misled both Governor Inslee and the public in evaluating the status of the crisis.
2. That misclassification caused inaccurate representations of cases, hospitalizations, and deaths.
3. Probable cases were incorrectly classified as confirmed cases, further distorting the charts and graphs.
4. DOH labs used PCR tests at cycle thresholds that were high enough to potentially produce false positives, which is something that Tony Fauci himself cautioned about in an interview.
5. Unknown data was included in DOH's charts. For instance, 50% of the Symptom Onset Date information displayed in charts was missing, with the remaining half filled by incorrect date classifications.
6. In comparisons of vaccinated versus unvaccinated individuals, the data for the unvaccinated were skewed higher because DOH included several months before vaccines were widely available (February to mid-April 2021).

The paper provides citations and examples to demonstrate that:

\* At least 97% of the COVID data collected by DOH were unreliable and unfit to be used for graphs, or to inform the public and decision makers.

\* The multiple errors artificially made cases and unvaccinated numbers appear worse than they were.

This paper helps explain why Washington was different from other states, consistently promoting data that favored DOH policies and claims. These revelations should be cause for further independent investigation and for course-correction by the DOH, especially considering that the vaccine never worked as advertised, and that restrictive measures were ineffective and, in fact, counterproductive.

For the benefit of Washingtonians, would you consider seeking an independent investigation so that such costly errors are avoided in the future?

\* <https://publichealthpolicyjournal.com/evaluating-data-integrity-and-reporting-challenges-in-public-health-lessons-from-covid-19-data-collection-in-washington-state/>  
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublichealthpolicyjournal.com%2Fdata-integrity-and-reporting-challenges-in-public-health-lessons-from-covid-19-data-collection-in-washington-state%2F&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ca9e5d738f3774b016c9508dd041fb1c1%7C11d>

\*\* <https://publichealthpolicyjournal.com/>  
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublichealthpolicyjournal.com%2F>

Thank you,

Lisa Templeton

Director

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

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From: bill teachingsmiles.com  
Sent: 11/13/2024 5:53:37 PM  
To: Bill Ramos, ATG MI Service Documents  
Subject: Board of Health Department of Health

External Email

Hi Senator Bill Ramos and Washington State Board of Health, 11/13/2024

I'm so upset with the Board of Health if I were in the Senate I would vote to remove all of them, disband the Department and Board and start over. Maybe those who are hostile to governments have had bad experiences of unreasonableness like the Board of Health. A quarter million babies are being harmed each year in Washington State and the Board of Health has zero concern.

Last month the Board spent about an hour to make sure a child under a life guard's supervision did not stupidly bang his/her head on the bottom of a pool. OK, I agree important, but look at the big picture.

I just got back from November's Board of Health meeting. About an hour was spent on PFAS. Six people from the Department gave presentations on the potential for harm from probably more than six areas of the state with high concentrations. Foods, fish, chicken, beef, pans, lubricants, fake lawns, and so much more of possible concern. They maybe asking for funding and a whole new team of experts to work on the potential problem and how to reduce the risk. OK, I agree. PFAS is a concern and the solution is complex but does it deserve six people and an entire new bureaucracy when much of the problem so far centers on military, airports and firefighting training and of course education and reducing population exposures. With an unlimited tax payer budget, go for it. . . . However, PFAS is not my area of expertise.

Compare those two valid concerns with fluoridation.

#1.  The Board will not let me give a presentation. Max, 3 minutes, no questions, no response, but the Department gets much more time to extol the miracle benefits . . . And the law says to assure safe and says nothing about weighing any benefit.

#2.  The law says the Board of health SHALL provide a forum. . . . However, 3 minutes or 2 minutes is not a forum.

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

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

(2) In order to protect public health, the state board of health shall:

(a) Adopt rules for group A public water systems, as defined in RCW 70A.125.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>>, necessary to assure safe and reliable public drinking water and to protect the public health."

#3.  The law does not say anything about determining "benefit." Zip. Benefit is determined by the FDA CDER, not the Board or the EPA. Indeed, the Board about 14 years ago went to the FDA and the FDA told the Board (and the Board responded to me) that the FDA would "ban" fluoridation if the Board tried to gain approval. What about the word "ban" is so complex? And the FDA warns on toothpaste "do not swallow," referring to a pea size or 0.25 mg of fluoride- - same dosage as a glass of

fluoridated water. What about "do not swallow" or "ban" is so hard for the Board members to understand. They clearly had not read the evidence I sent them.

#4.  We are asking for is the Board to stop promoting fluoridation. Take the false unscientific claims off their web site. Deleting a small section of their web site would not cost the creation of a new department or a bunch of more employees.

And all it would take to stop the harm from fluoridation is to turn off the fluoride pumps. We don't need a new bureaucracy with bunches of people and major costs.

#5.  The Board is concerned about one kid under direct supervision. The Board is concerned about six sites and probably more for PFAS of known and unknown risks. However, the Board is not concerned about the 7.7 million people in Washington State. About 64% or 4,928,000 on fluoridated water, 5.3% are pregnant = 261,184 every year in Washington State.

We are concerned about the 261,184 babies. A quarter million babies having their brains harmed because I don't know the Board and Department's secret handshake. Nice people on the Board, but they just don't have critical thinking skills.

Healthline suggests

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bing.com%2Fsearch%3Fq%2Fpregnant-women-drink-10-8-oz-glasses-of-water-a-day-which-is-about-2-4-liters-of-water-a-day-that-is-about-what-my-wife-wanted-when-she-was-pregnant-especially-the-last-trimester-note-fluoride-concentration-in-urine-and-water-are-roughly-similar-half-the-fluoride-ingested-stays-in-the-body-and-half-the-exposure-is-from-other-sources-than-water-therfore-water-and-urine-fluoride-concentrations-are-sort-of-similar>>  
a pregnant women drink 10 8 oz glasses of water a day which is about 2.4 liters of water a day. That is about what my wife wanted when she was pregnant, especially the last trimester. Note: fluoride concentration in urine and water are roughly similar (half the fluoride ingested stays in the body and half the exposure is from other sources than water; therefore, water and urine fluoride concentrations are sort of similar).

The Court ruling Page 5.

"The pooled benchmark dose analysis concluded that a 1-point drop in IQ of a child is to be expected for each 0.28 mg/L of fluoride in a pregnant mother's urine. This is highly concerning, because maternal urinary fluoride levels for pregnant mothers in the United States range from 0.8 mg/L at the median and 1.89 mg/L depending upon the degree of exposure. Not only is there an insufficient margin between the hazard level and these exposure levels, for many, the exposure levels exceed the hazard level of 0.28 mg/L." (Court supplied emphasis)

In other words, a mother drinking one liter of water during pregnancy can expect her baby to have about 3 IQ lower IQ. If she is drinking 2 liters of water, she can expect her baby to have about 7 IQ less.

However, 2.4 liters of water a day would be closer to 8 or 9 IQ loss for the baby.

5 IQ loss increases the percentage of the population mentally retarded by about 70%.

Special education, incarceration, loss of jobs, homelessness all increase because the Board blindly follows the Department who cuts and pastes industry recommendations.

The Department of Health cherry picked the evidence and avoided the uncomfortable Court evidence and ruling. And the Board avoided other evidence of risk from dental fluorosis, cancer, thyroid harm, obesity, bone and tooth fractures, etc.

The Board lacks critical thinking skills, judgment, or reasonableness.

The Board's denial was almost cut and paste from the Fluoridation Lobby. Enough changes to avoid plagiarism.

The Board denied our petition today on the following (as I listened and understood):

1.

Denied because the Department claims 1.5 mg/L is safe. what??? The Board accepts 1.5 mg/L as not safe but 0.7 mg/L is safe. As though everyone only drinks 1 liter a day and no one gets pregnant and everyone has the same dose from other sources, drinks the same amount of tea, swallows the same amount of toothpaste, eats the same amount of non-organic foods, etc. etc. No margin of safety is used. The Board assumes everyone has the same perfect kidney function. Everyone is in the "mean" and no one deviates. In other words, we all wear the same size shoe and all are the same height and weight and age and total toxic burden.

The concept of dosage flies over the head of the Board.

If the Judge and the National Toxicology Program and the research of more than 60 human studies and the EPA employees can't convince the Board, what would?  
2.

Denied because the NSF/ANSI standard 60 and 61. NSF is a private company paid for by manufacturers and does not permit contaminants to be in excess of 10% of the EPA's MCL standards. When I contacted the NSF and explained that the EPA's MCL was 4 mg/L and 10% would be 0.4 mg/L and fluoridation is above NSF standards, the NSF argued that fluoride was the product, not the contaminant in the product. Oh. So that is supposed to make the toxic substance safer?

I asked if the name was changed to anything else, would fluoride exceed safety standards and they hung up. Not much later NSF made an exemption for fluoride. Changing their rules did not make fluoride safe.  
3.

Denied because the Department told the Board that my petition for rule change would ban chlorine from water. . . Which is not true. My petition states:

"(8) In keeping with the Federal Safe Drinking Water Standards, the Board of Health does not recommend chemicals, including fluoride compounds, be added to the water with the intent to treat or prevent disease in humans or animals."

If the intent of chlorine is to treat a human disease, the Department would be correct. However, chlorine is intended to make water safe, not as a drug to treat people. Fluoride treats people, chlorine treats water. I have given piles of evidence the intent of fluoridation is to treat people, not water. Fluoride is the only additive to water intended to treat human disease.  
4.

Denied because the Board said our petition deals with standards, not rule making.

Therefore, the Board is not going to protect a quarter million babies each year because I dealt with standards and not rules and I'm screwed unless I can figure out their secret handshake. Did the Board suggest an alternate course of action? No. This was petition number 21 over 14 years and no guidance, just obstruction.

We explained to the Board, we want the Board's promotion of fluoridation claiming it is safe and effective to be taken off their website unless they can provide scientific support for their claims. Very simple.

We are requesting the Board no longer promote, advertise, fluoridation. In effect, the Board is a marketing arm for dentists, so dentists can make a bundle treating dental fluorosis both cosmetic and functional harm. We did not ask the Board to stop fluoridation, just stop promoting a mass medicated unapproved illegal drug.  
5.

Not recommending fluoridation is a rule, not a standard. If we had requested to lower the standard of fluoride concentration from 0.7 mg/L to 0.2 mg/L, then our petition would be a standard change request. Well, that is my opinion. However, I am clueless on how to petition a standard change and do not think standards are the problem.

We need your advice and would welcome the Board's recommendation and the Attorney General's recommendation.

Is there anything we can do to protect a quarter million babies brains each year from harm?

Bill Osmunson DDS MPH

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